The Caucus Corner
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The Centers for Disease Control and Prevention (CDC) is responding to a pandemic of respiratory disease spreading from person-to-person caused by a novel (new) coronavirus. The disease has been named “coronavirus disease 2019” (abbreviated “COVID-19”). This situation poses a serious public health risk.

The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this situation. COVID-19 can cause mild to severe illness; most severe illness occurs in older adults.

Situation in the United States

Different parts of the country are seeing different levels of COVID-19 activity. The United States nationally is currently in the initiation phases, but states where community spread is occurring are in the acceleration phase.
The duration and severity of each phase can vary depending on the characteristics of the virus and the public health response.

- CDC and state and local public health laboratories are testing for the virus that causes COVID-19.
- All 50 states have reported cases of COVID-19 to CDC.
- U.S. COVID-19 cases include:
  - Imported cases in travelers
  - Cases among close contacts of a known case
  - Community-acquired cases where the source of the infection is unknown.
- Three U.S. states are experiencing sustained community spread.

For more information, visit the Centers for Disease Control and Prevention, Coronavirus Disease (2019) at https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html

Coronavirus (COVID-19) Symptoms

Patients with COVID-19 have experienced mild to severe respiratory illness.

Watch for Symptoms

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases. The following symptoms may appear 2-14 days after exposure.

- Fever
- Cough
- Shortness of breath

If you develop emergency warning signs for COVID-19 get medical attention immediately. Emergency warning signs include:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

For more information, visit the Centers for Disease Control and Prevention, Coronavirus Symptoms, https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

How the Coronavirus (COVID-19) Spreads

Person-to-Person Spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Can Someone Spread the Virus Without Being Sick?

- People are thought to be most contagious when they are most symptomatic (the sickest).

  Some spread might be possible before people show symptoms: there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

Some viruses are highly contagious (spread easily), like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, spreading continually without stopping.

Spread from Contact with Contaminated Surfaces or Objects

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.
How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious (spread easily), like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, spreading continually without stopping.

Should older adults stay at home and avoid going out, even to senior centers?

The CDC recommends older adults and those who are at higher risk take the following steps:

- Stock up on supplies.
- Take everyday precautions to keep space between yourself and others.
- When you go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- Avoid crowds as much as possible.
- Avoid cruise travel and non-essential air travel.
- Postpone/reschedule medical appointments that are not medically necessary, such as routine checkups.

If COVID-19 is spreading in your community:

- Practice social distancing and stay away from anyone who is sick.
- Take extra measures to put distance between yourself and other people to further reduce your risk of being exposed to this new virus.
- Stay home as much as possible.
- Consider ways of getting food brought to your house through family, social, or commercial networks.

What Can Family and Friends Do to Support Older Adults?

- Family members, neighbors, and caregivers can:
  - Know what medications your loved one is taking and see if you can help them have extra on hand.
  - If you have problem getting refills, talk to your pharmacist about what can be done. Many insurance companies are easing limitations on refills during this crisis and allowing 3-months’ supply for many medications, except pain medication in some cases. Use mail order pharmacies if that is an option for you.
  - Monitor food and other medical supplies (oxygen, incontinence, dialysis, wound care) needed and create a back-up plan.
  - Stock up on non-perishable food items to minimize trips to stores.
  - Make a plan for who will care for your loved one, if they become sick.
  - Check in on older loved ones regularly by phone, email, and text to combat social isolation.
  - Help loved ones reschedule non-medically necessary doctors and other health professional appointments.


Who is Most At Risk for COVID-19?

Who is most at risk for COVID-19?

The Centers for Disease Control and Prevention (CDC) has identified older adults and people with severe chronic medical conditions like heart, lung, kidney or autoimmune diseases and cancer at higher risk for complications from COVID-19.

Why Are Older Adults So Affected?

The reason COVID-19 is so dangerous for older adults is the same reason they are at higher risk for complications from the seasonal flu. As people age, their immune system weakens, and they lose their ability to fight off infection. Older people also are more likely to have chronic diseases that make it harder to cope with and recover from illness.
What should someone do if they think their older loved one has COVID-19?

Potential COVID-19 symptoms include fever, dry cough, and shortness of breath. If you or your older loved one develops symptoms, call your doctor first before going to the doctor’s office or hospital. According to the CDC, emergency warning signs for COVID-19 that require immediate medical attention include difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or inability to arouse, and bluish lips or face.

How can people help stop the spread of COVID-19?

The same common-sense recommendations that are already in place for other viral infections also make the most sense now. These include:

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

It is also essential that people of all ages, even those who are not symptomatic, practice physical distancing and reduce physical contact with others as much as possible. This includes not gathering at sporting events, faith-based organizations, civic functions, and businesses.

For more information, visit https://www.ncoa.org/covid-19/covid-19-resources-for-older-adults/FAQs-for-older-adults-caregivers

Coronavirus, Social Distancing and Self Quarantine

Now that the new coronavirus and COVID-19, the illness it causes, are spreading among communities in the United States and other countries, phrases such as “social distancing,” “self-quarantine” and “flattening the curve” are showing up in the media.

What do they mean, and how might they apply to you, your family and your community?

What is Social Distancing?

While it may be disappointing to hear that so many sports events, cruises, festivals and other gatherings are being cancelled, there is a public health reason for these measures. These cancellations help stop or slow down the spread of disease allowing the health care system to more readily care for patients over time.

Cancelling events that are likely to draw crowds is an example of social distancing. Social distancing is deliberately increasing the physical space between people to avoid spreading illness. Staying at least six feet away from other people lessens your chances of catching COVID-19.

Other examples of social distancing that allow you to avoid larger crowds or crowded spaces are:

- Working from home instead of at the office.
- Closing schools or switching to online classes.
- Visiting loved ones by electronic devices instead of in person.
- Cancelling or postponing conferences and large meetings.

What is Self-Quarantine?

- People who have been exposed to the new coronavirus and who are at risk for coming down with COVID-19 might practice self-quarantine. Health experts recommend that self-quarantine lasts 14 days. Two weeks provides enough time for them to know whether or not they will become ill and be contagious to other people.

- You might be asked to practice self-quarantine if you have recently returned from traveling to a part of the country or the world where COVID-19 is spreading rapidly, or if you have knowingly been exposed to an infected person.
**Self-quarantine Involves:**

- Using standard hygiene and washing hands frequently
- Not sharing things like towels and utensils
- Staying at home
- Not having visitors
- Staying at least 6 feet away from other people in your household

Once your quarantine period has ended, if you do not have symptoms, follow your doctor’s instructions on how to return to your normal routine.

**What is Isolation?**

For people who are confirmed to have COVID-19, isolation is appropriate. Isolation is a health care term that means keeping people who are infected with a contagious illness away from those who are not infected. Isolation can take place at home or at a hospital or care facility. Special personal protective equipment will be used to care for these patients in health care settings.

**What is “Fattening the Curve?”**

Flattening the curve refers to using protective practices to slow the rate of COVID-19 infection so hospitals have room, supplies and doctors for all of the patients who need care.

**Lessening Coronavirus Impact**

It’s important to know what to do if you feel sick. The coronavirus pandemic is making everyone aware of handwashing and protecting others from coughs and sneezes. Along with those essential steps, practices such as social distancing, and self-quarantine and isolation when appropriate can slow the rate of infection in a city, town or community.

The pandemic can seem overwhelming, but in truth, every person can help slow down the spread of COVID-19. By doing your part, you can make a big difference to your health, and that of others around you.

After all, Markel points out, many emergency rooms and hospitals already operate close to capacity on a good day, without coronavirus. Adding a sharp spike in very ill COVID-19 patients to that traffic could mean some people don’t get the care they need – whether they have coronavirus or not.

The flatter, lower curve is a much better one – but it will take working together to make it happen, says Markel, who’s the director of the Center for the History of Medicine Medical School.

Flattening It Together Helps Everyone

If individuals and communities take steps to slow the virus’s spread, that means the number of cases of COVID-19 will stretch out across a longer period of time. As the curve shows, the number of cases at any given time doesn’t cross the dotted line of the capacity of our nation’s health care system to help everyone who’s very sick.

“If you don’t have as many cases coming to the hospitals and clinics at once, it can actually lower the number of total deaths from the virus and from other causes,” he says. “And, importantly, it buys us time for university and government scientists, and industry, to create new therapies, medications and potentially a vaccine.”

Another key factor to consider: the doctors, nurses, pharmacists, technicians and many other staff who actually work in healthcare. The more cases of COVID-19 there are at any given time, the more likely some of them are to catch it, whether in the community or at work. Once they’re sick, they need to stay away from patients for weeks. Which means fewer people to take care of the patients who need care.

The Bottom Line

Canceling, postponing or moving online for our work, education and recreation may be inconvenient, annoying and disappointing. Hospitals need to have enough room, supplies and staff to care for those who need hospital-level care -- whether it’s for coronavirus, a heart attack, car crash, broken bone or birth. That’s why it’s important to listen to public health authorities and leaders if and when they say it’s time to change how we live our lives temporarily.

“Coronavirus is a socially transmitted disease, and we all have a social contract to stop it,” says Markel. “What binds us is a microbe – but it also has the power to separate us. We’re a very small community, whether we acknowledge it or not, and this proves it. The time to act like a community is now.”

For the most updated information from Michigan Medicine about the outbreak, visit the hospital’s Coronavirus (COVID-19) webpage.

What If You Get Sick?

Stay Home Except to Get Medical Care

• Stay home: People who are mildly ill with COVID-19 are able to recover at home. Do not leave, except to get medical care. Do not visit public areas.

• Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.

• Avoid public transportation: Avoid using public transportation, ride-sharing, or taxis.

Separate Yourself from Other People In your home, This Is Known As Home Isolation

• Stay away from others: As much as possible, you should stay in a specific “sick room” and away from other people in your home. Use a separate bathroom, if available.

• Limit contact with pets & animals: You should restrict contact with pets and other animals, just like you would around other people.
  - Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people with the virus limit contact with animals until more information is known.
  - When possible, have another member of your household care for your animals while you are sick with COVID-19. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with them.

Separate yourself from other people in your home, this is known as home isolation

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Wear a Facemask if You Are Sick

- If you are sick: You should wear a facemask when you are around other people and before you enter a healthcare provider’s office.

- If you are caring for others: If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then people who live in the home should stay in a different room. When caregivers enter the room of the sick person, they should wear a facemask. Visitors, other than caregivers, are not recommended.

Cover Your Coughs and Sneezes

- Cover: Cover your mouth and nose with a tissue when you cough or sneeze.

- Dispose: Throw used tissues in a lined trash can.

- Wash hands: Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean Your Hands Often

- Wash hands: Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.

- Hand sanitizer: If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.

- Soap and water: Soap and water are the best option, especially if hands are visibly dirty.

- Avoid touching: Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid Sharing Personal Household Items

- Do not share: Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.

- Wash thoroughly after use: After using these items, wash them thoroughly with soap and water or put in the dishwasher

Clean All “High-Touch” Surfaces Everyday

Clean high-touch surfaces in your isolation area (“sick room” and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.

- Clean and disinfect: Routinely clean high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.

  - If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

  - Clean and disinfect areas that may have blood, stool, or body fluids on them.

  - Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

    - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.

    - Most EPA-registered household disinfectants should be effective.

Monitor Your Symptoms

- If have difficulty breathing:

  - Call your doctor before going in: Before going to the doctor’s office or emergency room, call ahead and tell them your symptoms. They will tell you what to do.

  - Wear a facemask: If possible, put on a facemask before you enter the building. If you can’t put on a facemask, try to keep a safe distance from other people (at least 6 feet away). This will help protect the people in the office or waiting room.
Follow care instructions from your healthcare provider and local health department: Your local health authorities will give instructions on checking your symptoms and reporting information.

If you develop emergency warning signs for COVID-19 get medical attention immediately. Emergency warning signs include*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

For more information about What to Do if You Are Sick, visit the Centers for Disease Control and Prevention at https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

What Does It Mean To Be Asymptomatic?

There are now more than 740 confirmed cases of the coronavirus in New Jersey, with nine proving to be fatal, and state officials are strongly encouraging social distancing in order to prevent the disease’s spread.

Older people and those with underlying health conditions are at higher risk of becoming seriously ill, if they are infected by COVID-19. But some people may be carrying the disease, and spreading it, without even knowing it.

That’s because they may be ASYMPTOMATIC — not showing any signs or symptoms of this fast-moving virus.

According to a new study released by Eurosurveillance, 18% of infected people remained asymptomatic throughout their sickness. The researchers looked at data from a recent coronavirus outbreak on a Princess Diamond cruise ship.

The CDC says the coronavirus is spread mainly between people who are in close contact with one another — within 6 feet of each other. It’s generally spread by respiratory droplets when a person coughs or sneezes, or when someone touches a surface with the virus on it, then touching their face, nose, eyes or mouth.

While asymptomatic spreading is not thought to be the primary way this coronavirus is transmitted, the CDC says “some spread might be possible before people show symptoms.” People are considered to be the most contagious when they are the sickest.

How to Prevent the Coronavirus from Spreading?

Aside from avoiding contact with people who are known to be infected, medical experts say the best way to prevent the spread of the coronavirus is to wash your hands often with soap and water for at least 20 seconds — especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing.

If soap and water are not readily available, the CDC recommends using an alcohol-based hand sanitizer with at least 60% alcohol. Alcohol-based hand sanitizers can “quickly reduce the number of microbes on hands in some situations, but sanitizers do not eliminate all types of germs,” the CDC said.

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New C.D.C. data shows that nearly 40 percent of patients sick enough to be hospitalized were age 20 to 54. But the risk of dying was significantly higher in older people.

American adults of all ages — not just those in their 70s, 80s and 90s — are being seriously sickened by the coronavirus, according to a report on nearly 2,500 of the first recorded cases in the United States.

The report, issued Wednesday by the Centers for Disease Control and Prevention, found that — as in other countries — the oldest patients had the greatest likelihood of dying and of being hospitalized. But of the 508 patients known to have been hospitalized, 38 percent were notably younger — between 20 and 54. And nearly half of the 121 patients who were admitted to intensive care units were adults under 65, the C.D.C. reported.

“I think everyone should be paying attention to this,” said Stephen S. Morse, a professor of epidemiology at Columbia University’s Mailman School of Public Health. “It’s not just going to be the elderly. There will be people age 20 and up. They do have to be careful, even if they think that they’re young and healthy.”

The findings served to underscore an appeal issued Wednesday at a White House briefing by Dr. Deborah Birx, a physician and State Department official who is a leader of the administration’s coronavirus task force. Citing similar reports of young adults in Italy and in France being hospitalized and needing intensive care, Dr. Birx implored the millennial generation to stop socializing in groups and to take care to protect themselves and others.

“You have the potential then to spread it to someone who does have a condition that none of us knew about, and cause them to have a disastrous outcome,” Dr. Birx said, addressing young people. In the C.D.C. report, 20 percent of the hospitalized patients and 12 percent of the intensive care patients were between the ages of 20 and 44, basically spanning the millennial generation.

“Younger people may feel more confident about their ability to withstand a virus like this,” said Dr. Christopher Carlsten, head of respiratory medicine at the University of British Columbia. But, he said, “if that many younger people are being hospitalized, that means that there are a lot of young people in the community that are walking around with the infection.”

The new data represents a preliminary look at the first significant wave of cases in the United States that does not include people who returned to the country from Wuhan, China, or from Japan, the authors reported. Between Feb. 12 and March 16, there were 4,226 such cases reported to the C.D.C., the study says.

The ages were reported for 2,449 of those patients, the C.D.C. said, and of those, 6 percent were 85 and older, and 25 percent were between 65 and 84. Twenty-nine percent were aged 20 to 44.

The age groups of 55 to 64 and 45 to 54 each included 18 percent of the total. Only 5 percent of cases were diagnosed in people 19 and younger.

The report included no information about whether patients of any age had underlying risk factors, such as a chronic illness or a compromised immune system. So, it is impossible to determine whether the younger patients who were hospitalized were more susceptible to serious infection than most others in their age group.

But experts said that even if younger people in the report were medical outliers, the fact that they were taking up hospital beds and space in intensive care units was significant.

And these more serious cases represent the leading edge of how the pandemic is rapidly unfolding in the United States, showing that adults of all ages are susceptible and should be concerned about protecting their own health, and not transmitting the virus to others.
The youngest age group, people 19 and under, accounted for less than 1 percent of the hospitalizations, and none of the I.C.U. admissions or deaths. This dovetails with data from other countries so far. This week, however, the largest study to date of pediatric cases in China found that a small segment of very young children may need hospitalization for very serious symptoms, and that one 14-year-old boy in China died from the virus.

Of the 44 people whose deaths were recorded in the report, 15 were age 85 or older and 20 were between the ages of 65 to 84. There were nine deaths among adults age 20 to 64, the report said.

Some of the patients in the study are still sick, the authors noted, so the results of their cases are unclear. Data was missing for a number of the cases, "which likely resulted in an underestimation of the outcomes," the authors wrote. Because of the missing data, the authors presented percentages of hospitalizations, I.C.U. admissions and deaths as a range. The report also says that the limited testing available in the United States so far makes this report only an early snapshot of the crisis.

Still, the authors wrote, "these preliminary data also demonstrate that severe illness leading to hospitalization, including I.C.U. admission and death, can occur in adults of any age with Covid-19."

Sharon Potter, 66, who is self-isolating in her home during the coronavirus outbreak, talks to her three grandsons through a glass storm door in their Newark, Delaware, home on March 17, 2020. She leaves groceries for them on the porch and doesn’t allow them to open the door. (Photo: Courtesy James Cook)

The stress increases even more in families where the grandparents live at home.

In New Orleans, Samantha Euraque has been trying to juggle work requirements, improvised school schedules and health precautions in a house crammed with her husband, their two children, her brother and her 77-year-old mother. Euraque, who is shifting to working from home this week along with her husband, says the first challenge was convincing her mother and her children that they have to stop hugging each other or making any kind of contact. “They are very huggy,” says Euraque, 41, a program administrator who works in HIV and hepatitis C care.

That’s been a challenge for her mother, who was quarantined in a hospital for a year in her 20s when she got tuberculosis. That history made it somewhat easier for her mother to understand what needed to be done, Euraque says, but it clearly some troubling memories for her.

“She was making really odd jokes. I could just see that she was shutting down a little bit,” Euraque says. “I kept telling her, ‘We’re just trying to protect you.’”

Now, everything has changed in the house. The nightly routine always included the kids curling up in bed with their grandmother to watch some TV before they go to bed. That’s over. The kids can’t touch her. The grandmother makes them food, but leaves it on the table and walks away.

Euraque is left struggling with the “mental gymnastics” of figuring out what the kids have touched, what her mother has touched, and how to minimize exposure between them 24 hours a day. One problem is bath time: Euraque doesn’t know what to do since the kids and their grandmother share a bathroom.

“Should we move the kids to shower them in our shower?” she says. “But if you get in the shower you get clean, right? But you touched it on the way in, so how long does (the virus) stay on the surface?”

All those restrictions and concerns have weighed heavily on the kids, as well. The boy has been having nightmares about giving coronavirus to his grandmother.

“We are living in a ridiculous situation,” Euraque says. “I don’t know how long this is going to last. I feel like we’re losing our minds slowly.”

In each case, the families are figuring out ways to cope without the grandparents.

Cook and his wife have set up a new schedule for the kids and block off time on their work calendars for family duties. They swap childcare duties back and forth throughout each day. His coworkers are accustomed to teleworking, so he can easily jump off a conference call if his wife has to jump on one of her own.

“I can catch up after the kids go to bed,” he says.

Euraque says her 9-year-old daughter has appointed herself the teacher and supervisor of her 6-year-old brother. That means she controls the schedule and makes sure that her brother, and her parents, adhere to it.

“I was working in the back and they came outside to jump on the trampoline. I said, ‘I need you all to be quiet,’ and she said, ‘This is our recess time, you can take your laptop inside,’” Euraque says. “And I was thinking, ‘She’s not wrong.’ So I went inside.”

In New Mexico, Toni Campbell got permission to take her eldest granddaughter, 13-year-old Dylann, out for a daily walk with the dog. Toni Campbell doesn’t touch the leash, only Dylann does that. They stay six feet apart. But during those short walks, they talk, they vent, and they maintain their relationship.

Samantha Green, left, walks her daughter Madison Green, a five-year-old kindergartner, to their car as school ends for the day Monday, March 16, 2020, at Roosevelt Elementary in Spokane, Washington. Officials say local schools will be closed for at least six weeks to help curb the spread of coronavirus.
Here are some things to keep in mind to reduce the threat of social isolation and loneliness as the pandemic continues:

1. **Social Isolation and Loneliness Are Serious Health Issues**

These related conditions affect a significant proportion of adults in the United States and have been calculated as being the equivalent of smoking 15 cigarettes a day. According to the scientific report mentioned above, published by the National Academies of Sciences, Engineering and Medicine and funded by AARP Foundation, 43 percent of adults age 60 or older in the U.S. reported feeling lonely.

A 2017 study showed that social isolation among older adults is associated with an estimated $6.7 billion in additional Medicare spending annually. At the same time, people 60 and older and people with severe chronic health conditions — such as heart disease, lung disease and diabetes — are at higher risk for developing more serious illness from COVID-19. Americans will all likely experience increased social isolation and loneliness in combatting the pandemic. Identifying these additional health risks and developing mitigation plans are important first steps.

2. **Plan and Connect**

It’s important to talk to family and friends to develop a plan to safely stay in regular touch as we socially distance ourselves, or if we are required to self-quarantine for a possible exposure or are in isolation for a COVID-19 infection. This plan should confirm whom you can reach out to if you need help accessing food, medicine and other medical supplies.

It’s also important that communication and planning allow us to remain safely connected as we practice social distancing. Involve another element: actual social connection. Remaining connected is especially important for people who live alone; regular social contact can be a lifeline for support if they develop symptoms. Regularly scheduled phone calls and video conferences along with texting and emails can help compensate for a lack of in-person contact. So take a break from news stories and social media; hearing about the pandemic repeatedly can be upsetting, and it’s important to talk with people you trust about your concerns and how you are feeling.

Family and friends will need to work together to make sure they can remain connected without exposing each other to COVID-19. Look at your schedule and identify social connections that might be disrupted during an outbreak and consider alternative solutions to stay connected. If you are a family caregiver or have someone close to you who’s more...
at risk of social isolation, discuss what will happen if either of you develops symptoms and whom you could call on for support or help.

3. Make a List of Organizations that Can Help

Create a list of community and faith-based organizations that you or the people in your plan can contact in the event you lack access to information, health care services, support and resources. If your neighborhood has a website or social media page and you haven’t joined it, consider doing so to stay connected to neighbors, information and resources. Consider including on your list organizations that provide mental health or counseling services as well as food and other supplies.

State and local governments are setting up resource lists for those affected by COVID-19. The federal Substance Abuse and Mental Health Services Administration also has an online locator and hotline, at 800-662-HELP (4357), to help people find counseling services near where they live. AARP Foundation's Connect2Affect program provides information, self-assessments and affordable options for low-income older people to stay connected.

4. Remember Pets (Their Value and Their Needs)

Pets can help combat loneliness, and some pets have been linked with owners’ longevity. The World Health Organization has also determined that dogs cannot get coronavirus. Still, it’s always important to wash your hands after contact with your pets. And just as you need to ensure you have sufficient supplies for yourself and family, be stocked with food and other supplies for your pets.

5. Know Who’s Most At Risk for Social Isolation and Loneliness

People at the highest risk of developing more serious illness from COVID-19 and who should be the most vigilant about social distancing will also be the most at risk of increased social isolation and loneliness. For example, the CDC has recommended that long-term care facilities discourage visitation.

Moreover, those under quarantine or in isolation will experience additional emotional and, possibly, financial hardship. While planning will be important, understand that many people are likely to experience increased social isolation and loneliness.

COVID-19 has also magnified existing disparities for low-income older adults. Internet coverage gaps — the so-called digital divide — are more prevalent in many places, especially low-income communities. These areas are often the last to get broadband and often at slower speeds, leaving these communities at an ongoing disadvantage. If public sources of internet access such as libraries and commercial establishments close, regular phone calls will be increasingly important for friends and families to remain connected.

I asked my older neighbor across the street last week if she needed help with groceries and if she could pass along my phone number to her children, who live out of town, so they would have another contact on the same street as their mother. That personal interaction reminded me that COVID-19 is testing the bonds that connect us all. Reaching out to our friends, families and neighbors can help protect all of us from COVID-19 as well as social isolation and loneliness.

Contributing Author: Erwin Tan, M.D., is a director at AARP Thought Leadership. His areas of expertise include geriatric and integrative medicine, health longevity, volunteering and perceptions of aging.

With the Coronavirus Restrictions, Can I Travel by Car?

We asked experts in epidemiology and infectious diseases, who offered precautions you should take to stay safe from infection.

With states across the country issuing instructions for residents to stay at home to help curb the coronavirus outbreak, readers from Atlanta to Central Oregon emailed with questions about whether it is safe to travel by car. Over the phone, email and in text messages, we asked experts in epidemiology and infectious diseases for answers — and what precautions you should take, if you must hit the road, to stay safe from infection.
With the new travel restrictions, are people allowed to drive to a different state? Will there be problems coming back?

As far as whether travel by car is permitted, that is determined by where you live. For example, Puerto Rico, a United States territory that has stringent restrictions in place, prohibits residents from going anywhere besides the supermarket or pharmacy after 9 p.m. — or risk a $5,000 fine or six months in jail.

Be sure to know your state’s rules and if you want to travel out of state, those of your destination and any states you must travel through.

“Given the strain we already have on our health care systems we don’t want people flocking to one place, getting sick, and then placing even more of a strain on the health care system” there, Dr. Kuppalli said, noting examples of people traveling to Hawaii, where additional illnesses would add undue strain to the state’s already overburdened system.

First consider why you want to travel.

“Traveling longer distances by car is not advisable right now, unless it is of a more urgent nature,” said Rachel Patzer, an epidemiologist and director of health services research at Emory University School of Medicine. “If it is far enough that it requires you to refuel or stop for food, this may be more difficult to practice social distancing and could put you or others at risk.”

Moreover, she said, “If you got sick and were far away from home it may be important for you to know where to go to get care, which may be more difficult if you are on the road traveling.”

I need to drive a far distance, but the trip is in only one state. Is that OK?

Again, traveling short distances are better than long ones, even if you’re not leaving the state, Dr. Patzer said.

I am in my 30s and healthy, and my son lives 150 miles away. He is 11 and healthy. Is it safe to travel to go pick him up?

“I don’t see why you shouldn’t be able to travel to go pick him up,” Dr. Kuppalli said, adding that the reader should clean out the car first. “I would be more concerned about the family he is planning on visiting. How old are they? Do they have medical conditions? What types of plans do they have for the visit? These are the things you need to think about.”

Important to note: Symptoms may be mild among younger children, but “they can transmit their infections to others.”

If you are driving alone, is it OK to go hiking outdoors a short distance from home? (Needless to say, hiking is a great way to escape from indoor anxiety.)

“This is in more of a gray zone right now,” Dr. Patzer said.

As this reader suggested, if you want to go for a hike, you should do it nearby, Dr. Patzer said — “where you would not have to make stops for refueling or food.” But be sure that you’re going to a location where you can practice social distancing.

Separately, if the area is under a “shelter in place” order, “hiking would not be appropriate because it is not an urgent need,” she said.

Even so, that doesn’t mean you can’t go outside to exercise close to home, said Dr. Patzer. “Walking around your neighborhood would still be appropriate as long as you can practice social distancing.”

What is the best method of travel, if you need to go somewhere and don’t have a car?

Public transportation is more risky than a shared car service because there are “many more opportunities for exposure,” Dr. Patzer said. However, if you can’t afford another form of transportation, then be sure to practice social distancing, avoid touching surfaces and your face and bring along some hand sanitizer.

A shared car service should be avoided for visiting friends and other less urgent matters, but for vital trips, taking an Uber or Lyft is “likely low risk” and preferable to using public transportation from a public health standpoint, Dr. Patzer said.
Some companies already have decided that one of the best ways they can deter the spread of COVID-19 among their employees in cities like Seattle, an early center of the U.S. outbreak, is to tell them to work from home. Many of these companies — Twitter, Facebook, Google and Microsoft, for example — are tech giants with employees who are already accustomed to working from home.

The dangers of taking a cab were outlined in a story of a woman in Bangkok who took one to the hospital. The driver later tested positive for the coronavirus.

Any final advice?

“I understand this is scary for many people,” Dr. Kuppalli said.

But don’t panic.

“People are driving themselves nuts thinking about things I don’t even think about,” she said, adding: “And I think about this all the time.” She noted that people needed to follow county recommendations and wash their hands before touching their face. And no matter what: “I wouldn’t get in the car with anyone who’s sick.”

4 Tips on Working From Home During the Coronavirus Outbreak

The option to work from home is usually thought of as a perk, something that companies dangle to attract talented workers who dislike the daily commute. But with rising concerns about COVID-19, the respiratory disease caused by the novel coronavirus, more companies are telling employees to telework to prevent possible infections from spreading in the workplace.

“Over the last few weeks, CDC has been on dozens of calls with different partners in the health, retail, education, and business sectors in the hopes that employers begin to respond in a flexible way to differing levels of severity, to refine their business response plans as needed,” says Nancy Messonnier, director of the National Center for Immunization and Respiratory Diseases, part of the U.S. Centers for Disease Control and Prevention (CDC).

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But according to U.S. Bureau of Labor Statistics data, only 29 percent of Americans work from home on a regular basis. That means that if more companies temporarily increase their telework options, many employees might have to work from home for an extended period for the first time. Here are four tips on how to work from home effectively amid the coronavirus outbreak:

1. Map Out a Home Office.

If you’ll be working from home for a week or longer, you’ll probably need more space than the kitchen counter. Try to carve out a dedicated work area that’s free from distraction and offers a semblance of privacy from your domestic life. Also, be sure to consider whether the chair and desk you’ll be working from are comfortable enough to use for several hours. Your employer might be able to provide ergonomically correct options and advice.

2. Talk With the IT Team

An extended period of telework will require more than just the laptop you might occasionally bring home. Make sure you have the correct power cords and adapters for your devices, of course. But you might consider adding other computer accessories: a mouse, for example, to make navigating your laptop easier, or a headset for videoconferencing.

Check with your company's information technology team ahead of time to see if you can get set up. When you’re discussing what gadgets and cords you'll need to bring home, be sure to also ask the IT team about how to set up and use some software on your computer when you’re outside the office. Be sure to learn how to access your company's virtual private network (VPN), if there is one, as well as your work email account.

3. Keep In Touch with Coworkers

When you’re working from home, all of the brief conversations that normally happen in the break room or after a meeting disappear. That means it’s even more important to make the extra effort to keep your colleagues looped in about your progress on assignments and your schedule in general. Be sure to connect with coworkers frequently by email, phone, video chat for web chat. That means having an up-to-date contact list.
on hand, in case you have trouble accessing your company network or email from home.

4. Stick to a Schedule

Keeping a daily routine really matters when your office also is your home, experts say. Without one, it can be easy to get distracted by your surroundings. Establish one or two steps that signal you’re about to start your workday — such as brewing a fresh pot of coffee or turning off the morning TV news. And schedule and time your work breaks to make sure they don’t take over your day.

It’s also important to have a routine to signal your workday has ended, such as shutting down any computer programs you use for work or maybe going for a short walk.

For more information, visit: https://www.aarp.org/work/working-at-50-plus/info-2020/coronavirus-working-from-home-tips.html#quest1

Who Should Be Tested?

Not everyone needs to be tested for COVID-19. Here is some information that might help in making decisions about seeking care or testing.

- Most people have mild illness and are able to recover at home.
- There is no treatment specifically approved for this virus.
- Testing results may be helpful to inform decision-making about who you come in contact with.

CDC has guidance for who should be tested, but decisions about testing are at the discretion of state and local health departments and/or individual clinicians.

- Clinicians should work with their state and local health departments to coordinate testing through public health laboratories, or work with clinical or commercial laboratories.

Medicare Covers Related Needs

- Medicare covers all medically necessary hospitalizations. This includes if you’re diagnosed with COVID-19 and might otherwise have been discharged from the hospital after an inpatient stay, but instead you need to stay in the hospital under quarantine.
- At this time, there’s no vaccine for COVID-19. However, if one becomes available, it will be covered by all Medicare Prescription Drug Plans (Part D).
- If you have a Medicare Advantage Plan, you have access to these same benefits. Medicare allows these plans to waive cost-sharing for COVID-19 lab tests. Many plans offer additional telehealth benefits beyond the ones described below. Check with your plan about your coverage and costs.

Testing for COVID-19

Call Your Doctor: If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice.

There are laboratory tests that can identify the virus that causes COVID-19 in respiratory specimens. State and local public health departments have received tests from CDC while medical providers are getting tests developed by commercial manufacturers. All of these tests are Real-Time Reverse Transcriptase (RT)-PCR Diagnostic Panels that can provide results in 4 to 6 hours.
Medicare has temporarily expanded its coverage of telehealth services to respond to the current Public Health Emergency. These services expand the current telehealth covered services, to help you have access from more places (including your home), with a wider range of communication tools (including smartphones), to interact with a range of providers (such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social worker).

During this time, you will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure you are able to visit with your doctor from your home, without having to go to a doctor's office or hospital, which puts you and others at risk of exposure to COVID-19.

- You may be able to communicate with your doctors or certain other practitioners without necessarily going to the doctor’s office in person for a full visit. Medicare pays for “virtual check-ins”—brief, virtual services with your established physician or certain practitioners where the communication isn’t related to a medical visit within the previous 7 days and doesn’t lead to a medical visit within the next 24 hours (or soonest appointment available).

- You need to consent verbally to using virtual check-ins and your doctor must document that consent in your medical record before you use this service. You pay your usual Medicare coinsurance and deductible for these services.

- Medicare also pays for you to communicate with your doctors using online patient portals without going to the doctor’s office. Like the virtual check-ins, you must initiate these individual communications.

- If you live in a rural area, you may use communication technology to have full visits with your doctors. The law requires that these visits take place at specified sites of service, known as telehealth originating sites, and get services using a real-time audio and video communication system at the site to communicate with a remotely located doctor or certain other types of practitioners. Medicare pays for many medical visits through this telehealth benefit.

Other Ways Medicare is Helping

Every day, Medicare is responsible for developing and enforcing the essential health and safety requirements that health care providers must meet. When you go to a healthcare provider, you expect a certain standard of care, and we work to make sure you get it. That includes taking additional steps in response to coronavirus:

- Establishing new codes to allow providers to correctly bill for services related to diagnosis and treatment of the illness.

- Instructing our national network of State Survey Agencies and Accrediting Organizations to focus all their efforts on infection prevention and other cases of abuse and neglect in nursing homes and hospitals.

- Instructing nursing homes and hospitals to review their infection control procedures, which they’re required to maintain at all times.

- Issuing important guidance answering questions that nursing homes may have with respect to addressing cases of COVID-19.

Manage Anxiety & Stress

Stress and Coping

The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make you, the people you care about, and your community stronger.

Everyone reacts differently to stressful situations.

How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.
People who may respond more strongly to the stress of a crisis include

- Older people and people with chronic diseases who are at higher risk for COVID-19
- Children and teens
- People who are helping with the response to COVID-19, like doctors and other health care providers, or first responders
- People who have mental health conditions including problems with substance use

Stress during an infectious disease outbreak can include

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Increased use of alcohol, tobacco, or other drugs

People with preexisting mental health conditions should continue with their treatment and be aware of new or worsening symptoms. Additional information can be found at the Substance Abuse and Mental Health Services Administration

Taking care of yourself, your friends, and your family can help you cope with stress. Helping others cope with their stress can also make your community stronger.

Things you can do to support yourself

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.

Call your healthcare provider if stress gets in the way of your daily activities for several days in a row.

For Parents

Children and teens react, in part, on what they see from the adults around them. When parents and caregivers deal with the COVID-19 calmly and confidently, they can provide the best support for their children. Parents can be more reassuring to others around them, especially children, if they are better prepared.

Not all children and teens respond to stress in the same way. Some common changes to watch for include

- Excessive crying or irritation in younger children
- Returning to behaviors they have outgrown (for example, toileting accidents or bedwetting)
- Excessive worry or sadness
- Unhealthy eating or sleeping habits
- Irritability and “acting out” behaviors in teens
- Poor school performance or avoiding school
- Difficulty with attention and concentration
- Avoidance of activities enjoyed in the past
- Unexplained headaches or body pain
- Use of alcohol, tobacco, or other drugs

There are many things you can do to support your child

- Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and share facts about COVID-19 in a way that your child or teen can understand.
- Reassure your child or teen that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- Limit your family’s exposure to news coverage of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Try to keep up with regular routines. If schools are closed, create a schedule for learning activities and relaxing or fun activities.
- Be a role model. Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.
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- Be a role model. Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.

For People Who Have Been Released From Quarantine

Being separated from others if a healthcare provider thinks you may have been exposed to COVID-19 can be stressful, even if you do not get sick.
Mixed emotions, including relief after quarantine
Fear and worry about your own health and the health of your loved ones
Stress from the experience of monitoring yourself or being monitored by others for signs and symptoms of COVID-19
Sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious
Guilt about not being able to perform normal work or parenting duties during quarantine
Other emotional or mental health changes

Children may also feel upset or have other strong emotions if they, or someone they know, has been released from quarantine.

The U.S. Centers for Disease Control and Prevention has offered a number of reference articles and official statements on how to best protect yourself and your family.

But for apartment dwellers, those with common spaces, mailbox clusters, lobbies, trash chutes and a plethora of door handles, keeping safe and practicing prevention habits is a bit more difficult.

1. Wash Your Hands Often
Wash your hands after you touch another person or a common surface. Wash your hands before and after you touch or prepare food. Wash your hands after using the restroom. Wash your hands after you cough, sneeze or blow your nose. Wash your hands when you get home from being out.

Wash by covering all surfaces of your hands and rubbing them together until they feel dry. When you wash, rub with soap and water for at least 20 seconds. Experts have recommended singing “Happy Birthday” twice. If you’re tired of that, try other songs with 20-second choruses like:

- “Take on Me” by A-ha
- “Jolene” by Dolly Parton
- “Raspberry Beret” by Prince
- “Truth Hurts” by Lizzo
- “Stayin’ Alive” by the Bee Gees

If soap and water are not available, disinfect your hands by utilizing a 60 to 95 percent alcohol hand sanitizer and following the listed instructions.
2. **Avoid Close Contact with People Who Are Sick**

This seems obvious. But since you never know who is sick, minimize contact in general, as well. Spread out on the bus or subway or in line. Touch elbows instead of shaking hands or fist-bumping, or politely decline to touch at all. Try to avoid touching common surfaces others touch in public places and in your apartment building or common areas as best you can. Don’t share food or drinks.

3. **Avoid Touching Your Face**

No matter how hard you try, you’re going to touch unsanitary surfaces or people. To prevent infecting yourself, do your best to refrain from touching your eyes, nose or mouth, as these are the main entry points for disease.

4. **Cover Your Mouth**

If you must cough or sneeze, cover your mouth with a tissue, then throw the tissue into a trash can that has a closed cover. The same goes for blowing your nose. If you don’t have a tissue, cough or sneeze into your upper sleeve like you’re doing “The Dab,” not into your hands.

5. **Maybe Forgo That Face Mask**

According to the CDC, people who are not sick (or don’t feel sick) should not wear protective face masks, because they’re not effective in keeping out the very small virus. Face masks are only for people who are already symptomatic to prevent them from spreading the disease to others. The only exception is for healthcare workers or other close-contact care providers.

6. **Clean and Disinfect**

Keep your apartment neat, clean and organized to maintain a healthy environment. Clean regularly and sanitize often using items like Lysol spray and Clorox wipes on “high touch” surfaces including countertops, tabletops, doorknobs, nightstands, bathroom fixtures, toilets, refrigerator handles, kitchen faucets, light switches, TV remotes, cell phones, computer keyboards and tablets.

7. **Stock Up But Don’t Hoard**

While unlikely, it’s possible you may wind up quarantined in your apartment, or even just sick and self-quarantining. For that scenario, which shouldn’t last longer than two weeks, you should stock up (but not hoard) a few basic items:

- Non-perishable items like canned meat, fish, beans, soups, broths and stews, fruits and vegetables, and canned or powdered milk
- Ready to serve items like peanut butter, jelly, crackers, nuts, trail mix, dried fruits and granola bars
- Baby food and pet food
- Bottled water, fruit juices and fluids like Pedialyte or Gatorade
- Toothpaste, toilet paper, tissues, feminine supplies, diapers, laundry detergent and disinfectant
- Hand sanitizer that’s minimum 60 percent alcohol, over-the-counter cold and flu medicines and any refills of prescriptions

For more information, visit [www.cdc.gov](http://www.cdc.gov).
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/
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### Prepare for the Coronavirus (COV-19)

The situation around the novel Coronavirus (COVID-19) is changing rapidly. The National Caucus and Center on Black Aging (NCBA) is taking proactive steps to share the best information we have to help protect your health and safety. **Now is the time to stay informed and follow basic tips to protect yourself and those around you.** Below are a few tips and resources you can use to develop your personalized emergency preparedness plan.

#### Creating a Plan – Advice from the CDC

https://www.cdc.gov/features/older-adult-emergency/index.html

The first step in preparing for an emergency is creating a plan. Work with your friends, family, and neighbors to develop a plan that will fit your needs.

- Choose a contact person who will check on you during a disaster, and decide how you will communicate with each other (for instance, by telephone, knocking on doors). Consider speaking with your neighbors about developing a check-in system together.

- Create a list of contact information for family members and friends. Leave a copy by your phone(s) and include one in your Emergency Supply Kit.

- Plan how you will leave and where you will go during an evacuation. If you are living in a retirement or assisted living community, learn what procedures are in place in case of emergencies. Keep a copy of exit routes and meeting places in an easy-to-reach place.

- Create a care plan and keep a copy in your Emergency Supply Kit. Try out CDC’s easy-to-use care plan templateCdc-pdf.

#### Additional Tips and Resources:

- **Food Assistance** - Contact your Area Agency on Aging (AAA) and register for home delivered meals (commonly referred to Meals on Wheels). You can search for your AAA here: https://eldercare.acl.gov/Public/Index.aspx or call 1-800-677-1116.

- **Register with Local Special Needs Registry** - Many city and county governments have a Special Needs Registry where older adults and people with special needs can sign up to be contacted for safety and well-being checks by emergency personnel during times of disaster and other emergency situations. You can search for your Local Special Needs Registry by Googling Your City and County. The information for your area will come up online with contact information.

- **Phone a Friend** - Stay connected by phone, email, or video chat with family and friends. This will help reduce feelings of loneliness and social isolation.

- **Look for Helpers** - Many people at lower-risk for severe outcomes related to COVID-19 want to help. Think of things you might need help with such as grocery shopping and picking up prescriptions and ask if they can help. You can arrange for them to drop your groceries and prescriptions at your front door or porch to maintain social distancing.

**Most importantly, call your doctor.** If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice.

For additional information about the Coronavirus (COVID-19), visit the Centers for Disease Control and Prevention at www.cdc.gov. To learn more about the National Caucus and Center on Black Aging, visit www.ncba-aging.org.