As COVID-19 Spikes, Let’s Stay Diligent

As communities and states begin to reopen their economies as part of the coronavirus recovery, it’s important for all of us to continue to take precautions and remain diligent. Older adults and those with underlying health conditions are still at high risk. As much as we would like all of this to be over, now is not the time to relax our own individual precautions.

While many businesses, restaurants, schools, churches, recreation facilities and other establishments begin the process of reopening and the number of people allowed to gather in one place increases, the reported cases of COVID-19 are skyrocketing. Many states, especially those in the south and west — such as Arizona, Texas, Florida and California — are reporting new daily cases surpassing the previous highs reported in April.

In testifying before members of Congress, White House health adviser Anthony Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases, called this a “disturbing surge” and said that the next two
weeks will be critical to slowing the outbreaks. He also warned that it’s impossible to anticipate the dynamics of a possible second wave of infection in the fall, with Robert Redfield, director of the Centers for Disease Control and Prevention, noting that the cold weather, people gathering indoors and flu season present additional risks in the months ahead.

The CDC reminds us that the best way to prevent illness is to avoid being exposed to this virus. There is currently no vaccine to prevent it. It is thought to spread mainly by person-to-person contact between those who are in close contact with each other (within about six feet). The coronavirus spreads when an infected person coughs, sneezes or talks, producing respiratory droplets that can land in the mouths or noses of people who are nearby, and they can possibly be inhaled into the lungs.

The message for all of us is clear: We must stay diligent in protecting ourselves and our loved ones. That means:

- Continue to practice social distancing. Staying at least six feet away from others is especially important for people who are at higher risk of getting very sick, such as older adults.
- Avoid close contact with people who are sick, even inside your home.
- If you must go out in public, wear a mask.
- Avoid crowds, particularly in confined and indoor spaces.
- Wash your hands often, for at least 20 seconds — or use an alcohol-based hand sanitizer that contains at least 60 percent alcohol — especially after you’ve been in a public place or sneezing, coughing or blowing your nose.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Clean and disinfect frequently touched surfaces daily, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks.
- Monitor your health. Be alert for symptoms such as fever, cough, shortness of breath and other signs the CDC has identified. If symptoms develop, take your temperature and follow CDC guidance.

By taking these precautions and staying diligent, we can help protect ourselves and our loved ones and stay healthy and safe. While we all look forward to a time when we can return to a more normal life, let’s keep in mind that it is a process, and it may be a long one at that. But by continuing to be diligent, we can help speed up that process.

Remember, we’re all in this together.
How Easily 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.


Who is Most At Risk for COVID-19?

Everyone is at risk for getting COVID-19 if they are exposed to the virus. Some people are more likely than others to become severely ill, which means that they may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die.

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.
• Help loved ones reschedule non-medically necessary doctors and other health professional appointments

**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](https://www.ncoa.org/covid-19/covid-19-resources-for-older-adults/faqs-for-older-adults-caregivers)

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**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.

For more information, visit: https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-social-distancing-and-self-quarantine

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.

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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

Coronavirus transmission: We all know that COVID-19 spreads from others who have the virus. A person catches the virus through droplets expelled when someone infected with coronavirus coughs, sneezes or speaks. But, what happens in case of asymptomatic COVID-19 patients? Can they spread the virus? The World Health Organization, in a recently released video, answers similar questions related to COVID-19 transmission.

**COVID-19 Transmission: What You Need to Know**

Dr Maria van Kerkhove, COVID-19 technical lead, says that most of transmission that is known till now is that people who have symptoms transmit the virus to other people through infectious droplets. "But there is a subset of people of don't develop symptoms. We still don't have the answer to understand how many people do not have symptoms," she says.

**What Does It Mean to be Asymptomatic or Pre-Symptomatic?**

Asymptomatic COVID-19 positive means a person has been tested positive but has no symptoms, and does not go on to develop symptoms, says Dr Kerkhove in the video. "A number of people are reported asymptomatic, actually may have mild disease. They may go on to develop symptoms. They may not quite register that they are sick. They can feel just a little bit unwell or under the weather or fatigued. Some of those individuals we would classify as pre-symptomatic," she adds. Pre-symptomatic COVID-19 positive means that a person has not yet developed symptoms.

**Is It Possible to Spread the Infection If There Are No Symptoms?**

Viral shedding studies for some of the lab work show that there are people who are infected with COVID-19 can test positive one to three days before they develop symptoms. "This is something that has been known for some time now. We need to better understand what proportion is that contributing to transmission. This is one of the major unknowns," says Dr Kerkhove.
How Asymptomatic People Can Spread the Virus?

Explaining how asymptomatic people can spread the virus, Dr. Mike Ryan, EXD, WHO Health Emergencies Programme says, "For instance, if someone is in a nightclub, trying to talk to someone, and it’s too noisy, and you are too close to them, it’s like you are projecting your voice at someone. In this situation, if the virus is present your upper respiratory mucosa, then there’s every likelihood that you can project the virus.”

Many people with COVID-19 experience only mild symptoms, especially in early stages of the disease. "It is possible to catch COVID-19 from someone who has just a mild cough and does not feel ill. Some reports have indicated that people with no symptoms can transmit the virus. It is not yet known how often it happens. WHO is assessing ongoing research on the topic,” states the WHO website.

Senior Medicare Patrol Warns of COVID-19 Fraud

The Senior Medicare Patrol (SMP) has been receiving complaints of unsolicited callers using the fear and uncertainty from the COVID-19 pandemic to prey on Medicare beneficiaries. SMPs, who operate in every state, help beneficiaries prevent, detect, and report Medicare fraud, errors, and abuse.

How to spot a scam or fraud

Be wary if you receive an unsolicited phone call that offers:

- To send you COVID-19 testing kits, vaccines, prescriptions, supplies such as masks, creams, and hand sanitizer, or even a COVID-19 treatment package. Beneficiaries who give out their information sometimes get back or orthotic braces in the mail instead.

- A new Medicare card and COVID supplies in exchange for a Medicare number. Medicare will not call you to offer a new card or request information in order to issue a new card.

- More Medicare insurance coverage. Insurance companies who do not already have a relationship with a beneficiary cannot initiate a call. Information about changes to Medicare coverage because of the pandemic can be found on this practice tip from the National Center on Law & Elder Rights.

Other examples of potential COVID-19 fraud that SMPs have seen are health care providers improperly diagnosing patients with COVID-19 in order to receive higher payment; people going door to door at senior housing to perform COVID-19 tests; and hospitals attempting to charge for COVID-19 antibody tests.

How to Protect Yourself

To protect yourself, we recommend that you:

- Contact your own doctor (not a doctor you’ve never met who calls) if you are experiencing potential symptoms of COVID-19.

- Do not give out your Medicare number, Social Security number, or personal information in response to unsolicited calls, texts, emails, or home visits. Personal information that is compromised may be used in other fraud schemes as well.

- Be suspicious of anyone going door to door offering free COVID-19 testing, supplies, or treatments.

- Carefully review your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB), looking for errors or claims for products or services that weren’t received.

- Follow the instructions of state or local government for other actions you should take in response to COVID-19.
• For Medicare coverage questions, contact the local State Health Insurance Assistance Program (SHIP) at shiptacenter.org or 1-877-839-2675.

For more information and resources related to COVID-19 fraud, errors, and abuse, visit the SMP National Resource Center’s COVID-19 Fraud web page.

**Contributing Author: The Senior Medicare Patrol National Resource Center**

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**Beware of Robocalls, Texts, and Emails Promising COVID-19 Cures or Fast Stimulus Payments**

Here are some other types of coronavirus scams to look out for.

Coronavirus scams are spreading nearly as fast as the virus itself. As of July 5, the Federal Trade Commission (FTC) had logged about 120,700 consumer complaints related to COVID-19 and stimulus payments, 68 percent of them involving fraud or identity theft. Victims have reported losing $77.4 million, with a median loss of $272.

Fraudsters are using the full suite of scam tools — phishing emails and texts, robocalls, imposter schemes and more — and closely following the headlines, adapting their messages and tactics as new medical and economic concerns arise. For example, the FBI recently warned that fraudsters are advertising fake COVID-19 antibody tests in hopes of harvesting personal information they can use in identity theft or health insurance scams.

**In-Demand Products and Bogus Cures**

No vaccines or drugs have been approved specifically to treat or prevent COVID-19, the disease caused by the novel coronavirus. That hasn’t stopped fraudsters from flooding consumers with pitches for phony remedies.

The FTC and the U.S. Food and Drug Administration (FDA) have sent more than 40 warnings to companies selling unapproved products they claim can cure or prevent COVID-19 and shut down a website that was promoting a nonexistent vaccine.

Teas, essential oils, cannabinoi, colloidal silver and intravenous vitamin-C therapies are among supposed antiviral treatments hawked in clinics and on websites, social media and television shows as defenses against the pandemic.

Other scammers claim to be selling or offering in-demand supplies such as surgical masks, test kits and household cleaners, often in robocalls, texts or social media ads. The FTC has issued warnings to companies suspected of abetting coronavirus robocalls, and the Federal Communications Commission (FCC) set up a dedicated website with information on COVID-19 phone scams.

**Financial Phonies**

With most Americans getting stimulus checks under the federal CARES Act and tens of millions of people newly unemployed, federal agencies are warning of a wave of schemes to steal government payments. A May survey of jobless Americans by Credit Karma found that more than 1 in 5 had been contacted by scammers about stimulus payments or unemployment benefits.

Watch out for calls or emails, purportedly from government agencies, that use the term “stimulus” (the official term is "economic-impact payment") and ask you to sign over a check or provide personal information like your Social Security number. With economic anxiety rising, crooks are also impersonating banks and lenders, offering bogus help with bills, credit card debt or student loan forgiveness.

Small businesses are being targeted, too. Scammers seek to siphon Paycheck Protection Program dollars earmarked to help smaller firms survive the pandemic, or reach out to owners with promises of quick capital or help with Google search results.

The outbreak has also spawned stock scams. The U.S. Securities and Exchange Commission is warning investors about fraudsters touting investments in companies with products that supposedly can prevent, detect or cure COVID-19. Buy those stocks now, they say, and they will soar in price.

It’s a classic penny-stock fraud called “pump and dump.” The con artists have already bought the stocks, typically for a dollar or less. As the hype grows and the stock price increases, they dump the stock, saddling other investors with big losses.

**Phishing Scams**

The Justice Department has shut down hundreds of bogus websites, many with terms like “coronavirus” or “covid19" in the domain name, that promise vaccines and other aid, often purporting to represent government agencies or humanitarian organizations.
The trap is triggered when you contact those malicious domains: You could start getting phishing emails from fraudsters in an attempt either to plant malware on your computer or to get your personal information. Google reported in April that its Gmail platform was blocking 18 million such messages a day.

The FTC is also warning consumers about phishing texts, supposedly from contact tracers warning you that you’ve been exposed to someone with COVID-19. The message includes a link that, if clicked, downloads malware to your device. (Messages from actual contact tracers working for public health agencies will not include a link or ask you for money or personal data.)

These communications often appear to be from real businesses or government agencies, and clicking on links or downloading attached files could import a program that uses your internet connection to spread more malware, or digs into your personal files looking for passwords and other information for purposes of identity theft.

Be careful when you browse for information about coronavirus. Developing and testing vaccines for viruses takes a long time, and you will hear about them first from a legitimate source, such as the U.S. Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO).

And make sure you are going to the genuine CDC and WHO websites: Scammers are impersonating them, too.

**Protect Yourself from Coronavirus Scams**

**Tips to avoid coronavirus scams**

- Avoid online offers for coronavirus-related vaccines or cures; they are not legitimate.
- Be wary of emails, calls and social media posts advertising "free" or government-ordered COVID-19 tests. Check the FDA website for a list of approved tests and testing companies.
- Do not click on links or download files from unexpected emails, even if the email address looks like a company or person you recognize. Ditto for text messages and unfamiliar websites.
- Do not share personal information such as Social Security, Medicare and credit card numbers in response to an unsolicited call, text or email.
- Be skeptical of fundraising calls or emails for COVID-19 victims or virus research, especially if they pressure you to act fast and request payment by prepaid debit cards or gift cards.
- Ignore phone calls or emails from strangers urging you to invest in a hot new coronavirus stock.

**Contributing Sources: FTC, FCC, FBI, SEC**

**About 10% of US Households Are Having Trouble Finding Food during the Pandemic**

On average, 3.7 million more adults are having trouble finding enough food than before the COVID-19 pandemic. So, are more families on SNAP?

The US Census Bureau created its weekly Household Pulse Survey to track the effects of COVID-19, including whether people have enough to eat. During the first eight weeks of the survey, an average of 24.9 million adults were unsure at some point in the week about where their next meal would come from.

Coupled with data on the Supplemental Nutrition Assistance Program (SNAP), the new survey provides an up-to-date picture of who doesn’t have access to food in the United States. Both data sources lead to similar findings: in times of higher unemployment and a weak economy, food insecurity increases. The data also shows that Black and Hispanic Americans make up a disproportionate number of households both with respect to food insecurity during the pandemic and SNAP usage.

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**Contributing Author: John Waggoner and Andy Markowitz, AARP, Updated July 6, 2020. Editor’s note: This article was published on March 9, 2020. It is being updated regularly with information on new coronavirus scams, law-enforcement actions and fraud statistics from the FTC.**
What is SNAP and how much are people using it during the pandemic?

SNAP, formerly known as the Food Stamps Program, is a lifeline for Americans experiencing food insecurity. Families at or below 130% of the federal poverty line can apply for SNAP and get help with their monthly grocery bills. In 2019, around 36 million Americans received SNAP benefits. Benefits can be used to purchase all food products except beer, wine, liquor, cigarettes, vitamins, medicines, and hot foods. Forty-four percent of all SNAP participants are children.

The federal government pays for all SNAP benefits, though it splits administrative costs with each state. Benefits increased nearly 50% from 2008 to 2009 following an expansion of benefits in the American Recovery and Reinvestment Act, which increased monthly benefits through 2013.

SNAP spending has declined in the last few years: Last year, it spent $53.8 billion.

Recent data from the United States Department of Agriculture (USDA) examines SNAP usage through March and was gathered before state lockdowns went into full effect and unemployed or under-employed Americans were forced to apply for food benefits.

In February, as COVID-19 was just beginning to be detected in the US, there were 36.9 million Americans on SNAP benefits. In March, as the virus spread through the country and certain sectors began closing shop, SNAP beneficiaries increased to 37.46 million, a number lower than SNAP usage in March 2019.

Certain states began shutdown efforts earlier than others. This patchwork of closures, stay-at-home orders, and the types of sectors hit hardest may be reflected in the stark contrast of SNAP usage by states. Twenty-eight states saw some uptick in SNAP usage from February to March, though however small. Sixteen states had at least some decline in usage, while six had no change in SNAP usage from February to March.

California confirmed its first case of COVID-19 on January 26, 2020. A state of emergency was declared on March 4, and a mandatory stay-at-home order followed on March 19. California had an almost 10% increase in SNAP participants between March 2019 and March 2020—from 3.67 million to 4.04 million.

Arkansas is one of the few states that never issued a stay-at-home order. The state detected its first case of COVID-19 on March 11; in the following days, the governor ordered the closing of schools, casinos, and dine-in restaurants. Requests for SNAP benefits grew 68% between February and March: from 339,463 to 570,133. Compared to March 2019, there was a 59.1% increase in SNAP usage this March.

Some states saw a double-digit decline in SNAP usage between March 2019 and March of year. Delaware reported its first case of COVID-19 on March 11, 2020. On March 23, the governor announced a state-wide stay-at-home order. Delaware had 130,125 people using SNAP in March 2019 and 114,978 in March of this year—an 11.6% drop.

Iowa confirmed its first case of COVID-19 on March 8. While the state never issued a stay-at-home order, it did close schools and certain businesses. Iowa had a 10% drop in SNAP usage—320,036 SNAP users in 2019 and 287,997 in 2020.

Congress and the USDA took several steps to expand SNAP access during the pandemic. The Families First Coronavirus Response Act allowed states to temporarily modify procedures to make it easier for families to continue participating in—or to apply for—SNAP benefits. It also suspended SNAP’s three-month time limit on benefits for unemployed adults under age 50 without children in their homes. The USDA also allowed states to provide benefits to children who normally receive free- or reduced-price school meals.

The effects of those measures should reflect in SNAP data due to publish later this summer.

What is the demographic makeup of those experiencing food insecurity?

The Census’ 2018 American Community Survey estimates that of the 121.5 million households in America, 13.8 million receive SNAP benefits. Compared to the general population, SNAP users are more likely to be Black/African American, Hispanic/Latino, or Native Americans.

Though Black Americans make up 12% of all households in America, they account for 27% of the share of households on SNAP. Twenty-four percent of all Black households in the US receive SNAP benefits. Similarly, Americans who identify as Hispanic or Latino accounted for 13% of all households in the US but 22% of the share of households on SNAP. And 19% of all Hispanic/Latino households receive SNAP benefits.
American number of households on SNAP. They also make up only 1% of all households in America. However, 23% of Native American households are on SNAP. In contrast, Americans who identify as “white alone” make up 76% of all US households and 59% of the share of total households on SNAP benefits. However, only 9% of “White alone” households are on SNAP. The weekly Census survey shows similar findings with 20% of Black adults having some trouble finding food compared with 15.6% of Hispanic adults and 6.7% of white adults.

Data on how many people are hungry and how many people are receiving benefits to pay for food can serve as an important measure of the economic situation of a given moment. The data can be further used to illuminate inequality between different demographics groups.

For more information, visit: https://usafacts.org/articles/food-insecurity-snap-covid-19/

How Older Adults Can Find Work-at-Home Jobs During the Pandemic

The COVID-19 pandemic is changing the U.S. job market and the way Americans look at work. In the first five weeks of this national emergency, more than 26 million people have filed new claims for unemployment benefits, and the nonessential workers who remain employed have mostly shifted to telecommuting due to states’ stay-at-home mandates. “It’s definitely changed how many people are looking for remote work,” says Brie Reynolds, career development manager for online job market FlexJobs, which specializes in flexible and remote work. “Lots more people are in search of that right now.”

Employers, too, are looking more favorably on the idea of a telecommuting workforce. “There often was a very big hurdle for some business owners to hire individuals who worked remotely, and that stigma has really been suppressed right now,” says Stacy Francis, president of Manhattan-based wealth-management firm Francis Financial. “It’s opening the eyes of business owners to a new possibility.”

Indeed, Reynolds notes that FlexJobs saw a 4 percent increase in remote job listings in March, compared with February. “It’s nothing huge, but a bit of positive news, a hopeful sign that the remote job market is holding pretty strong right now,” she says. Even without a global pandemic, working remotely can be a great option for people who are looking to ease out of a traditional full-time job but aren’t ready to give up work altogether. “For individuals who are looking at retirement, it’s a great way to stay busy, to earn an income and still have that accountability in their life with some type of work,” says Francis, who has a number of clients who have recently retired from demanding full-time jobs but continue to work as part-time consultants. “They love it because they can do it anywhere in the world, and they’ve really meshed it into their retirement.”

How can you compete for in-demand remote work opportunities? Here are some tips to help you rise to the top of the applicant pool.

1. Know Where to Look

First, tap your network. Having an insider’s support can boost your odds at winning the role, especially when you are competing for more senior-level jobs.

Next, search online. Most major job-search sites give you the option to limit your options to remote jobs only. You can also try sites that specialize in remote work, such as FlexJobs and Remote.com. Note, though, that you must subscribe to FlexJobs for full access to the site. Subscription packages start at $14.95 for one month.

Also, know which industries are most likely to have remote work opportunities. The medical and health category (which includes jobs in insurance, case management and social work, as well as care providers) leads in remote job listings on FlexJobs. Other top job categories for remote work: computers and IT, customer service, education and training, sales, and accounting and finance. “And all of these areas are being called on more now because of what’s going on,” Reynolds says”.

2. Highlight Your Remote Work Experience

Working from home comes with a unique set of challenges that can take getting used to, and employers want to know you can hit the ground running. So be sure your résumé, cover letter and LinkedIn profile include your remote work experience. “And it doesn’t have to be a formalized program,” Reynolds says. “It can be really casual experiences, too.”

For example, you might note instances in which you brought work home to finish at night or over weekends or times when you’ve worked from home while waiting for the plumber or cable provider. Having taken classes online or completed other remote training can showcase your tech skills and ability to work independently. Even experience working from your office with colleagues and clients in different buildings, cities and time zones can prove your long-distance communication and collaboration skills.
4. Expand That Tech Section of Your Resume

If the pandemic has not made you a Zoom expert already, you still have time.

In fact, you can take this time to get familiar with any and all digital tools that might come in handy for remote work and add those skills to your résumé. In addition to Zoom, that might include other web conferencing software such as GoToMeeting and Skype, messaging programs like Slack and Google Hangouts and document sharing platforms such as Google Docs, Microsoft OneDrive and Dropbox. “That’s one of the biggest things you can do pretty easily and quickly,” Reynolds says.

5. Be Patient

As an experienced professional, you might be hoping for a work-from-home job that’s relatively high up the ladder. The good news is you’ll find some opportunities. “Most of the remote jobs out there require at least some experience and oftentimes require managerial-level experience,” Reynolds says. “It’s kind of the flip of what most people assume.”

Rethinking Our Self-Care During the Pandemic

For several weeks—or even longer, depending where you are in the world—we have been finding ourselves trying to gain footing and get used to our new realities, which present differently for each person. As the pandemic continues to unfold, a few universal truths are reaffirming themselves to me: First, in almost all but extreme cases, we have a choice about how we want to respond to what is happening.

Second, the cliché and often-time overused metaphor of putting the oxygen mask on ourselves first so that we can help others has never been truer, whether we are on the front lines providing an essential service or finding ourselves at home. And finally, and perhaps most importantly, love and compassion are more viral than COVID-19.

We Have a Choice to Remain in Control

Two weekends ago, as the state where I live was finally waking up to the realization that preparation was in order and that we wouldn’t be spared, my husband and I made a trip to the supermarket to stock up on supplies and essentials. Now you have to understand that I live in a state that is under a threat of hurricanes almost annually at this point, and that what I saw was beyond the frenzy we experience when we are in the “cone of uncertainty” and being told to brace for impact.

All around us, people were frantically loading their carts with toilet paper, jugs of bleach, and bottled water. The panic in the air was infectious; we humans are not immune to panic.
I found myself on a mission to not only get as much as I could on my grocery list but also to not panic. For the first week, my husband took up a new hobby as the town crier only instead of announcing the time each hour, he would report the numbers of infected individuals and worse, the number of deaths.

On day, my mother called me to report that five people in her synagogue tested positive and that another had passed away the night before. Things were getting real, real fast. After hanging up with my mom, frustrated that I could not properly console her over our video call, I went outside to our backyard, sat on a deck chair and just lost it.

In the midst of crying inconsolably, I realized that this virus had me feeling sad—yes—but it also sent me into a tailspin and everything about my schedule, my hours of sleep, and my regular routine was completely out of control.

Taking a deep breath, reminding myself that I have tools to use, I wrapped up my crying, and began to feel like the clouds had parted. I could see clearly and I knew what I needed to do: Rewrite a new Self-Care Plan. The world had changed in a matter of days but my formalized plan had not—and so it was clear to me that, just as I needed to be adaptable, the plan needed to be, too. Adjusting my Self-Care Plan to meet this new normal was this shift that allowed me to launch the Pandemic of Love initiative (more on that later).

What is a Self-Care Plan and Why Do I Need One?

A Self-Care Plan is an intervention tool that keeps you from being completely sucked into the vortex, saving you when you find yourself standing on the precipice gazing into the dark abyss. It’s a fail-safe, created by you, and filled with your favorite self-care activities, important reminders, and ways to activate your self-care community—even virtually.

Here are my top three reasons to get on top of this plan, as early as you can (do not put it off!):

1. Customizing a Self-Care Plan is a Preventative Measure. By designing a roadmap that is unique to you, in moments when you’re NOT in crisis, you’re directing your best self to reflect on what you may need (and have access to) in your most challenging moments. The reality is that only YOU know how intense your stress levels can get and what resources are available to you. Write it down.

2. Having a plan takes the guesswork out of what to do and where to turn in moments of crisis. From a mindfulness point of view, it helps you respond instead of react to the situation at hand. When you have a plan in place, you’ll feel more in control of your circumstances and life won’t feel quite as chaotic. (It also makes it easier to ask for help from those you share your plan with.)

3. A Self-Care Plan helps you stay the course. You’ll find it far easier to stick to your personal care strategy and avoid falling into the trap of making excuses. Having a plan helps you establish a routine, ensuring that you and your self-care partners don’t wind up in isolation, but rather check in with each other (even if it’s virtually these days), hold each other accountable, and share the responsibility to support one another. To read more about Self-Care Plans, you can check out an in-depth article that I wrote for Mindful.org last February.

A COVID-19 Self-Care Checklist

Besides disinfecting and washing my hands, I made a list of the best ways I could take care of my heart and spirit in these times, putting that proverbial oxygen mask on first before I tend to my family, my community, and the world. Here are eight things that are on my extensive list:

1. Stick with My Normal, Daily Meditation Practice. It’s easy to lose track of time when the days blend into one another, but now more than ever, my twice daily meditation practice (20 minutes at a time) is so important. Also, I no longer have the excuse “I don’t have time” these days—all I seem to have is time, I just need to remain disciplined.

2. Maintain Contact Virtually by Creating a Schedule. Now is a great time to make sure that we check on the ones who matter to us, and those who we rarely get to see in person because they are so far away. However, it’s very easy to lose track of time—especially across time zones—so having a set schedule of times to check in, hang out and even eat “dinner” together can help to restore some social structure to the day.

3. Get Outdoors. If you are blessed to live in a place where there are parks or waterfronts (that are not closed during the pandemic) and you can access them with walks, runs, and bikes, it’s a blessing that should not be squandered. Each day I commit to getting outdoors and moving for at least an hour, plus taking a barefoot walk on grass.

4. Give Myself Permission to Cry. This is actually a point on my usual Self-Care Plan, which seemed appropriate to migrate over in these times. I know that I will inevitably feel sad, disheartened, or downright hopeless at times, but I also know that giving myself permission to feel these emotions fully and turn towards my suffering will help me release any
pain or tension and help me see the sun through the clouds once again.

5. Create a Venting-Hour. Just like some families have adopted a “happy hour,” we’ve adopted a “venting hour.” It sometimes only lasts five minutes but being that we are all stuck together in close quarters for the next few weeks or months, we make sure that there is an “airing of grievances,” (just like in Seinfeld’s fictitious holiday, Festivus), so that nobody keeps anything inside. I found that it reduces the build-up of tension and makes sure that there is no resentment, which is possible for even the kindest amongst us.

6. Limit How Often and Through What Means I Access the News and Information. I have personally noticed how I feel when I watch the news or hear certain people speak, so now, I limit myself to 30 minutes of news per day on the television with a news anchor and station I trust. Otherwise, I mostly get my news online by reading articles and transcripts of press conferences. I also make sure to not watch the news before I go to bed, because it can get me all worked up, which is counterproductive.

7. Be of Service to Others Without Depleting Myself. Within a few days of people in my community being laid off, I started to get emails and see posts on social media from my friends and community members who were scared about having their basic needs met—food, medicines, and other essentials.

I realized that because I did not share those concerns, I am in a position of privilege to help others and that I can use my platform to help neighbors, community members and even strangers. I put my grass-roots activism skills to work and launched the Pandemic of Love project, a mutual aid community that has connected more than 10,000 families in need with patrons who can offer help.

What skills can you bring to this moment in order to be of service? As always, it’s important to recognize and hold the boundaries that are safe for you. This is why your Self-Care Plan is so important. Offering help to others can give you meaning during this time of uncertainty. I know it has helped me stay on the side of hope, even when things seem hopeless.

8. When All Else Fails, Ask Myself: “What Do I Need In This Moment?” This is my default question—the one I immediately ask myself when I sense that I am not feeling right, physically or mentally. I just pause, take a long, slow deep breath and ask myself this question. In this space between, I almost always find the answer.

Each day, invariably, I find myself looking at this list. It provides me with a measure of comfort, reminds me that I am in control, and that in times of crisis, I have the choice to either be my own worst enemy, or my best ally. I choose the latter.


HOUSING

Where to Find Housing Assistance During the Pandemic

The COVID-19 (coronavirus) pandemic has brought hardships to citizens with mortgage or rent payments, along with citizens that are homeless or at risk of homelessness. The U.S. Department of Housing and Urban Development (HUD) manages federal programs designed to help Americans with their housing needs. HUD provides resources to increase homeownership, support community development and increase access to affordable housing free from discrimination.

Where Can I Find Resources for Homelessness Assistance?

Many citizens are experiencing homelessness or at serious risk of homelessness. HUD provides resources outlining help available and infection control guidelines during the coronavirus pandemic. In shelters, citizens should use the Centers for Disease Control and Prevention (CDC) guidelines to prevent the spread of the coronavirus by washing their hands with soap and water for at least 20 seconds as often as possible and cover their coughs and sneezes.
A HUD-approved housing counselor can also be a valuable resource to use during this time. Housing counselors provide advice on buying a house, renting, defaults, foreclosures, and credit matters. The Consumer Financial Protection Bureau provides a comprehensive list of nationwide HUD-approved counseling agencies or you can call 1-800-569-4287.

How Can I find Affordable Rental Housing Near Me?

HUD helps apartment owners offer reduced rents to low-income tenants. Search for affordable housing by using the HUD resource locator tool. HUD's Public Housing Program provides low-income families with safe rental housing. To check if you and your family may be eligible and apply for this benefit, visit the Public Housing Program benefit page.

Another benefit that provides affordable housing to low-income families is the housing choice voucher program. Housing can include single-family homes, townhouses and apartments and is not limited to units located in subsidized housing projects. Housing choice vouchers are administered locally by Public Housing Agencies (PHAs) and are used to subsidize rent.

I Am at Risk of Foreclosure. What Resources Are Available?

During this unprecedented time, many Americans are struggling to pay their next mortgage payment. If you are at risk of missing a payment, you should contact your lender immediately. This will allow you the opportunity to explain why you are unable to make the payment and provide details about your current income and expenses. Your lender will explain any plans set up to keep your home.

What Resources Are Available During the Coronavirus Crisis to Help Low-income Americans with Housing?

The HUD allocated additional funds specifically for coronavirus relief to help low-income Americans residing in public housing. The funding made available by the CARES Act legislation will be awarded to PHAs across the nation.

Across the country, millions of employees are now deemed essential workers. From grocery cashiers to pharmacy technicians to gas station attendants, many are balancing protecting themselves and working in low-wage jobs that provide necessary services to American society at large.

There are also frontline workers, such as doctors, elder care workers, nurses and police officers who are helping in this fight by directly helping those most impacted by this virus. And we can’t forget our sanitation and public work departments, plumbers, electricians, package handlers and postal workers who continue to ensure delivery of essential services.

Many of these frontline and essential workers are struggling financially, because of a household financial loss or because they are in a low-wage occupation. We must also consider the mental health impacts of being on the frontlines such as stress and anxiety as the pandemic continues to hit cities, towns, and villages across the United States.

Elected officials and business leaders can come together in the response phase of COVID-19 to offer essential workers assistance so the services we rely on remain available. As an elected official, you can work with business leaders to support community-grown initiatives, and influence long-term policy change such as increased wages, paid sick leave, and free transportation for essential workers. Here are measures communities around the country are taking to help alleviate our essential workers’ burden:

Test for COVID-19

Essential workers expose themselves daily. Expanding testing for essential workers who are at greater risk for transmission, helps them monitor their health and slows the spread of the disease.

Detroit announced testing for COVID-19 will be available for essential workers, even those who don’t have symptoms. In San Francisco and Los Angeles, testing has also expanded.

If They’re Sick, Send Them Home – On Sick Leave

Many essential workers in low-wage jobs can’t afford to take unpaid time off. They are frequently in public-facing roles, poised to expose dozens – or hundreds – of people daily. The Center for Disease Control recommends flexible sick time, suggesting employees be allowed advances on future sick time or to donate sick time to others in need.

In San Jose, an emergency bill requires companies to offer workers 14 days of sick leave if they have COVID-19. In New York, the city council proposed an “Essential Workers Bill of Rights” that includes sick leave and hazard pay.

Ensure They Have Personal Protective Equipment (PPE)

In some states or municipalities, anyone leaving their homes must wear a face mask, and some retailers are now requiring employees to wear PPE, yet healthcare workers are wearing garbage bags. New York is calling on manufacturers to produce PPE, and the United Food and Commercial Workers International Union urged state and federal governments to consider grocery workers extended first responders, so they have priority access.

PPE is a must for those whose duties bring them into others’ homes. Prior to entering the home, it is important for workers to understand household members’ health status, so precautions can be taken. Additionally, the workers’ health should be continually monitored, and they should wear PPE.

Basic Personal Protective Equipment for Sawmill Workers

- Ear Plugs
- Gloves
- Hard Hat
- Safety Glasses
- Steel Toed Boots

Provide Childcare

Many daycares are closed to all but essential workers, but this does not mean a daycare will remain open or affordable, especially if a spouse has been laid off. Additionally, some essential workers may have had private arrangements for childcare that are no longer available.

In Houston, Texas, officials have established a website where essential workers can be matched with available daycares and apply for financial assistance. In San Diego County, councilmembers requested $5 million for childcare, and, in Illinois, state officials have made emergency childcare available to essential workers.

Help Them Get to Work

In many larger cities, essential workers depend on public transit, representing an estimated 2.8 million riders, or roughly a third. With cities switching to shortened schedules amid cratering ridership, it makes it harder to get to work. In Boston, the Greater Massachusetts Bay Transportation Authority reinstated early morning rail at healthcare workers’ request. Essential workers in low-wage jobs struggle to afford to go to work.

In New York City, commuters now working from home set up a MetroCard swap to donate cards to in-need essential workers, and, in Seattle, King County Metro stopped collecting fares altogether.

Keep Them Fed

Frontline healthcare workers have received meals and care packages, but essential workers struggle in an economy that shed 26 million jobs in five weeks. Many school districts initially continued to feed children, but some are faltering as school food service workers – another essential job – become ill. The U.S. Department of Agriculture announced a Coronavirus Food Assistance Program that will purchase $3 billion in produce, dairy and meat for distribution to food banks.

The federal government also announced an additional $2 billion will be directed toward the Supplemental Nutrition Assistance Program. In Denver, residents founded “Feed the Frontlines Denver,” supporting local restaurants by purchasing meals for essential workers. Similar efforts have taken root in California, Michigan, and Virginia.
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This is an unprecedented ordeal for all residents citizens, but it would be that much worse without the services provided by essential workers. It is a shared duty to do what we can to alleviate their burden and sacrifice.

**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.

Samuel J. Simmons NCBA Estates located in Washington, DC

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

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

**2020 Census Operational Adjustments Due to COVID-19**

The United States Bureau of the Census is adapting or delaying some of their operations to protect the health and safety of their staff and the public and make sure they get the same population counted another way.
In light of the COVID-19 outbreak, the U.S. Census Bureau has adjusted 2020 Census operations in order to:

- Protect the health and safety of the American public and Census Bureau employees.
- Implement guidance from Federal, State, and local authorities regarding COVID-19.
- Ensure a complete and accurate count of all communities.

Information provided daily to the Census Bureau from FEMA, as well as State and Local authorities, is used to guide Census Bureau decisions on timing. As a result, selected field operations are resuming on a phased schedule on a geographic basis.

**Census Takers Are Following Up with Nonresponding Households**

Starting July 16, census takers will begin interviewing households that have yet to respond to the 2020 Census. In subsequent weeks, the Census Bureau will announce additional census offices as it prepares to begin enumeration activities nationwide. Most census offices across the country will begin follow-up work on August 11. All offices will conclude work no later than October 31.

**The Importance of the 2020 Census**

Older Americans have been more likely than other age groups to return their U.S. census forms and make sure they were counted.

But as the country gears up for the 2020 census next March — the first that will be completed largely online — experts say there will be challenges in getting older people to participate. A recent U.S. Census Bureau survey found that 56 percent of those 65 and older aren’t comfortable with an online response and prefer to fill out a paper census form. “The concerns over privacy and cybersecurity will have to be overcome, and those concerns are highest for those over 50,” says Steve Jost, a former Census Bureau official.

The stakes are high. In 2016, for example, more than 300 federally funded programs relied on census data to distribute more than $675 billion to states and localities. That includes funds for schools, roads and hospitals and programs that aid older Americans, like Medicare Part B. Participating in the census means getting counted to determine how much federal funding comes into your community and how congressional representation is “determined,” says AARP National Volunteer President Catherine Alicia Georges.

“AARP members need to make sure they are not left out of this very important process.” Georges says it is important for older Americans who don’t want to take the census digitally to know they won’t be forced to. “No one has to take the census online,” she says. News reports about the digital transformation have raised some questions about the census. Here are answers.

**How Will the New Census Process Work?**

Between March 12 and 20, most households will receive a postcard invitation to respond online to the 2020 census. Those who don’t answer will then receive the traditional paper form in the mail. If a household still does not respond, the bureau will send a census taker to knock on that door to collect the household’s data.

People who live in areas that the bureau has determined are most likely to lack broadband internet service will receive a traditional paper form in the first mailing. “The Census Bureau is confident that the 2020 census will be easy for everyone to participate in,” says Daniel Velez, a spokesman for the Census Bureau.

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