



WEEKLY E-MAILING

June 22, 2022

Table of Contents

[Helpful Links](#)

[Justice in Aging Newsletter: COVID Issues & Resource](#)

[Social Security Administration: SSI Exclusion for Pandemic-Related Financial Assistance](#)

[National Institute of Health: Life Expectancy Information](#)

[Jefferson Area Board for Aging \(JABA\) Newsletter](#)

[Link to DARS Independent Living Newsletter](#)

Helpful Links

ACL News & Information

Here is a link to news & information from the Administration for Community Living (ACL):

<https://acl.gov/>

ADvancing States (NASUAD) Information

Here is a link to state technical assistance from ADvancing States:

<http://www.advancingstates.org/state-technical-assistance/enhancedtechnical-assistance>

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Over **900,000 older adults have died from COVID-19**, and Native, Black, and Latino/a people are dying at younger ages than white people, accounting for a disproportionate share of deaths. While over 90% of seniors age 65 and older have been vaccinated, only 70% of them have received their first booster and **less than one-third who are eligible have received a second booster**. As we face another resurgence of COVID-19 infections, it is critical that older adults are accessing the programs and resources available. Here are the most up-to-date federal COVID-19 resources affecting older adults:

COVID.gov

- [COVID.gov](https://www.covid.gov) is a one-stop shop to **locate vaccines, testing, treatment, and high-quality masks**. The website is available in English, [Spanish](#), and [Chinese](#), and interpreters are available in more than 150 languages at 1-800-232-0233.
- The [Disability Information and Access Line](#) (DIAL) (1-888-677-1199) provides support to disabled individuals who need assistance with accessing and using COVID-19 testing, including help with self-administered at-home testing, help identifying other in-home testing options, and assistance with transportation or companion support to visit a community-based testing site.
- The [Administration for Community Living](#) has additional resources and information on COVID-19 for aging and disability networks.

Vaccine Guidance

- The CDC recommends that *all adults age 50 and older* should receive a *second* booster dose using an mRNA vaccine at least 4 months after their first booster.
- People age 12 and older who are moderately or severely immunocompromised should also receive a second booster dose using an mRNA vaccine at least 4 months after their first booster.
- People ages 18-49 years who received the J&J/Janssen vaccine as both their primary series dose and booster dose may receive a second booster dose using an mRNA vaccine at least 4 months after the Janssen booster dose.
- Everyone age 5 and older should receive 1 booster dose 5 months after their primary series.

Testing & Treatment

- All households can now order a third set of 8 free at-home rapid tests through COVIDtests.gov. Households that did not previously order tests can get two sets of 8 (16 tests total). The test kits are delivered through the mail by the US Postal Service and can be ordered online or at 1-800-232-0233 (TTY 1-888-720-7489).
- Medicare now covers up to 8 at-home rapid tests per month per enrollee. People with Medicare Part B can get the over-the-counter tests at any participating pharmacy or health care provider with no cost sharing for the remainder of the public health emergency. Coverage of at-home tests with no cost sharing is also available to people with private health insurance and with Medicaid.
- The “test to treat” program helps people who test positive for COVID-19 to receive antiviral pills immediately for free at participating local pharmacies, community health centers, and long-term care facilities. Starting antiviral treatment quickly is particularly important for older adults and others who are at high risk of becoming seriously ill from COVID-19. Test-to-treat locator tool.

Nursing Facilities

- The current Centers for Medicare & Medicaid Services (CMS) [nursing facility visitation guidance](#) emphasizes a resident’s right to receive visitors and rejects the lockdown strategy used in 2020 and 2021, acknowledging the “physical and psychosocial decline” no-visitor policies caused.
- Data on COVID-19 vaccine booster shots administered to nursing home residents and staff is posted on the [Medicare.gov Care Compare website](#).

Crisis Standards of Care

- HHS Office for Civil Rights [FAQs for Healthcare Providers during the COVID-19 Public Health Emergency on Federal Civil Rights Protections for Individuals with Disabilities under Section 504 and Section 1557](#).

Preparing for the End of the Public Health Emergency (PHE)

- CMS [guidance, toolkits, and resources on Unwinding and Returning to Regular Operations after COVID-19](#). HHS has not yet announced an end date for the PHE, but is expected to extend it again past the current July 15 end date.

[See Justice in Aging’s COVID-19 advocacy resources.](#)

Social Security Administration Updated Guidance

Kathy B. Miller, Director of Aging Programs

The **Social Security Administration** recently updated its guidance on pandemic-related financial assistance to clarify that these funds do not count as a resource for Supplemental Security Income (SSI) eligibility **indefinitely**. This clarification should help ensure that individuals receiving SSI who save pandemic-related financial assistance payments are not penalized. A [**new Justice in Aging fact sheet**](#) summarizes the pandemic-related payments that are excluded and includes information for individuals and advocates to reference in appeals.

As a reminder, pandemic-related financial assistance such as the three federal stimulus payments issued in 2020 and 2021 do not count as income or as a resource for SSI, as long as the individual saves the payments. Two guidance documents from the Social Security Administration detail which pandemic-related payments are excluded ([EM 20014 REV 5](#)) and how these payments should be processed for SSI individuals ([EM 21050 REV 3](#)).

[**Get the fact sheet.**](#)

National Institute of Health Thursday, June 16, 2022

Charlotte Arbogast, MS, Policy Analyst

Life expectancy in the U.S. increased between 2000-2019, but widespread gaps among racial and ethnic groups exist

County-level data provides unprecedented detail by geography and population groups.

From 2000-2019 overall life expectancy in the United States increased by 2.3 years, but the increase was not consistent among racial and ethnic groups and by geographic area. In addition, most of these gains were prior to 2010. This is according to a new study funded by the National Institutes of Health that examined trends in life expectancy at the county level. The study was led by researchers at the Institute for Health Metrics and Evaluation at the University of Washington's School of Medicine, Seattle, in collaboration with researchers from NIH and published on June 16th in *The Lancet*.

"These varied outcomes in life expectancy raise significant questions. Why is life expectancy worse for some and better for others? The novel details in this study provide us the opportunity to evaluate the impact of social and structural determinants on health outcomes in unprecedented ways. This in turn allows us to better identify responsive and enduring interventions for local communities," said Eliseo J. Pérez-Stable, M.D., co-author and director of the National Institute on Minority Health and Health Disparities (NIMHD), part of NIH.

In most counties, life expectancy for the Black population has increased more than any other racial and ethnic group but overall, the Black population still has a lower life expectancy than the white population. Meanwhile, the white population had a moderate increase, and in some counties, a decrease in life expectancy. Considering these two trends, the study noted that the decrease in the white-Black life expectancy gap could be attributed to the stagnation and reversal of gains in the white population. In addition, American Indian and Alaska Native populations have the lowest life expectancy of all populations and experienced a decrease in most counties, with a gap of more than 21 years in some counties.

At the same time, the Latino/Hispanic and Asian populations had the longest life expectancy at the national level, but this advantage was not observed in all counties. While these population groups maintained longer life expectancy than the white population, the advantage narrowed in a sizeable minority of counties for the Latino/Hispanic population (42%) and in most counties for the Asian

population (60.2%). Life expectancy at the county level varied from 58.6 years for AIAN to 94.9 years for the Latino/Hispanic population, a range of 36 years.

Among the findings and trends:

National level

- In 2019, overall life expectancy in years was 85.7 for the Asian population, 82.2 for the Latino population, 78.9 for the white population, 75.3 for the Black population, and 73.1 for the AIAN population.
- Between 2000 and 2019, life expectancy increased most for the Black population (3.9 years), the Asian population (2.9 years), and the Latino population (2.7 years). At the same time, the increase in life expectancy for the white population was more moderate (1.7 years). For AIAN populations, there was no improvement in life expectancy.
- From 2010 to 2019, the Asian, Latino, Black, and white populations experienced only small improvements in life expectancy.

County level

- From 2000 to 2019, 88% of U.S. counties experienced an increase in life expectancy; however, most of these gains were from 2000-2010.
- Almost 60% of U.S. counties experienced a decrease in life expectancy from 2010 to 2019.
- In 2019, life expectancy varied widely among counties. For all groups combined, the estimated life expectancy was below 65 years in some counties and over 90 years in others. The range of life expectancy also varied within groups.
- For the AIAN population, the estimated life expectancy in different counties in 2019 ranged from under 59 to over 93 years.

This is the first U.S.-wide time-series analysis of life expectancy at the county level that includes estimates for the American Indian/ Alaska Native (AIAN) and Asian populations as well as white, Black, and Latino/Hispanic populations. This is also the first county-level study that corrected misreporting of racial and ethnic identity on death records. Using novel small area estimation models, researchers analyzed death records from the National Vital Statistics System and population estimates from the National Center for Health Statistics, providing the most comprehensive data on life expectancy across 3,110 counties.

It is important to note that the study estimates for the Asian population do not separate the differences between Asian Americans and Native Hawaiian and Pacific Islanders (NHPI) populations. Researchers note that estimates for the Asian population likely masked important differences in life expectancy between these two populations. Previous regional studies generally show worse outcomes

for NHPI populations, further underscoring the need to study these groups individually.

This study gives a detailed analysis of life expectancy two decades preceding the COVID-19 pandemic, providing context for changes to mortality and disparities that have occurred since the beginning of the pandemic. [Provisional estimates\(link is external\)](#) for 2020 show substantial declines in life expectancy overall and for the Black, Latino, and white populations. These declines were larger for the Latino and Black populations than the white population, possibly reversing gains observed over the period of this study.

“The pandemic exposed stressors and weaknesses in local and national systems that continuously put our most vulnerable populations at risk. These findings offer county, state, and federal leaders a unique look at the pervasiveness of health disparities in their respective communities,” said Laura Dwyer-Lindgren, Ph.D., lead author and assistant professor of health metrics at the Institute for Health Metrics and Evaluation.

George Mensah, MD, co-author, and director of the Center for Translation Research and Implementation Science at the National, Heart, Lung, and Blood Institute (NHLBI) noted that the findings should be an alarm bell to urgently address root causes to truly eliminate health disparities and at the same time, promote healthy living and longevity for everyone. “Researchers, policymakers, and thought leaders can all benefit from this study if we use the data to inform our actions, and this begins with active community engagement,” he added.

Future researchers can use the data as a starting point for studying why the gaps in life expectancy vary so much between places. Possible reasons that previous research has found include county-level differences in income or education, exposure to environmental risks, and differences in the built environment.

The NIH co-authors of the study are members of the U.S. Burden of Health Disparities Working Group. They include NIMHD Director, Eliseo J. Pérez-Stable, M.D.; NIMHD Scientific Director Anna María Nápoles, Ph.D., M.P.H.; NHLBI Director of The Center for Translation Research and Implementation Science, George A. Mensah, M.D.; as well as researchers at the National Cancer Institute; National Institute on Aging; National Institute of Arthritis and Musculoskeletal and Skin Diseases; and the NIH Office of the Director.

The research paper is available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00876-5/fulltext\(link is external\)](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00876-5/fulltext(link is external)) and results for individual counties can be found on IHME’s [U.S. Health Map\(link is external\)](#).

National Institute on Minority Health and Health Disparities (NIMHD):
NIMHD leads scientific research to improve minority health and eliminate health

disparities by conducting and supporting research; planning, reviewing, coordinating, and evaluating all minority health and health disparities research at NIH; promoting and supporting the training of a diverse research workforce; translating and disseminating research information; and fostering collaborations and partnerships. For more information about NIMHD, visit <https://www.nimhd.nih.gov>.

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

NIH...Turning Discovery Into Health®

###

<https://www.nih.gov/news-events/news-releases/life-expectancy-us-increased-between-2000-2019-widespread-gaps-among-racial-ethnic-groups-exist>

Jefferson Area Board for Aging (JABA) Newsletter

Cecily Slasor, on behalf of Marta Keane

June 16, 2022

Message from Marta: the ongoing struggle for true freedom

Juneteeth and LGBTQ+ Pride Month offer opportunities for reflection and commitment



This Sunday, June 19, we celebrate Juneteeth. This day is also known as Freedom Day, Jubilee Day, Liberation Day and Emancipation Day. It is the holiday celebrating the emancipation of those who had been enslaved in the United States. It marks the past, present, and future of racial equality, equity and the ongoing struggle for true freedom.

At JABA, we seek opportunities to celebrate the value in diversity and strive for equity and inclusion. This month has offered us several different ways to honor members of our community.

On June 19, 1865, Federal troops marched into Galveston Texas, two months after the surrender of the Confederate General Robert E. Lee at Appomattox Virginia, to enforce the Emancipation Proclamation made official in 1863. With the reading of the Executive Order #3 by the Union General Gordon Granger, 250,000 enslaved people living in Texas were liberated.

The first Juneteenth celebration occurred in 1866 in Black communities across Texas. Since then, it has been internationally recognized. In 1979, it was made an official holiday in Texas. Two years ago, Gov. Ralph Northam made it official in Virginia. It has been

celebrated in Charlottesville long before 2020 - this year is the 22nd celebration. Last year, President Biden signed a law making Juneteeth a federal holiday.

We were pleased last year to add the Juneteeth holiday to our calendar (June 20), and thank the JABA Board of Directors for their commitment to equity and approving the new holiday.

On Juneteeth, we celebrate how far we've come, but we also recognize how far we need to go to ensure that everyone in our communities equally enjoy the same freedoms.

June is also LGBTQ+ Pride Month nationally

This month has also offered us a way to honor LGBTQ+ members of our community. The month was chosen because in June 1969 there was an “uprising” at the Stonewall Inn in NY, that sparked a liberation movement. These initials represent Lesbian, Gay, Bisexual, Transgender, Queer and allies as well as other ways of identifying sexual identity.

Of particular interest to JABA are the struggles that older LGBTQ+ adults must deal with. SAGE and the National Resource Center on LGBT Aging have presented some statistics that drive home why this is an area of need

- Nationally, there are 3 Million people identifying at LGBT over the age of 50, and it is projected that there will be 7 Million by 2030.
- 2x more likely to be single or live alone.
- 4x less likely to have children to provide support.
- 34% worry that they will need to hide their identify to access senior housing.
- 53% feel isolated from others.
- As caregivers, 21% of older LGBT people have provided care to friends, compared to only 6% of non-LGBT older adults.
- LGBT people become caregivers at a higher rate and make up 9% of all caregivers in the US.
- Overall they are more likely to face poverty, homelessness and have poor physical and mental health.

These statistics highlight the issues that we address with all seniors. Isolation, living alone, fewer with family to provide encouragement or support. However, the added fear of being honest about one's identity,

and having experienced victimization in their lifetime (2/3 have had this experience at least 3x already in their life), can make these issues even more challenging. JABA services and support programs are proud to recognize older LGBT people in our community. We are here for you!

With gratitude,
Marta Keane, JABA CEO

Doctors visit JABA to inspire their own center in Ghana



NBC29 - Doctors Charles and Isabella Sagoe-Moses visited JABA's Adult Care Center Wednesday, June 8. They are working to build a similar facility in their home country, and met with staff to learn about the organization.

“We want to see how we can also have something that is sustainable, how we can ensure that it's adapted to our own situation,” Dr. Charles Sagoe-Moses said.

“Obviously, our center will be just in one little corner of the country, but the need is great. So we see it as a potential learning site...and motivation for others to replicate,” Dr. Isabella Sagoe-Moses said. [Watch!](#)

JABA's Home Delivered Meals Program delivers!

Indeed, for many seniors who live alone or who are on fixed incomes, JABA's Home Delivered Meals Program (HDM) offers a sense of security and relieves stress. Same goes for family members and caregivers.

"Knowing a loved one is getting regular, pre-prepared and healthy meals provides real peace of mind," says **Crystal Donovan**, who coordinates the HDM Program. "We work with Mom's Meals and Meals on Wheels to provide meals right to your door."

JABA's HDM Program serves lower income older adults 60+ in Charlottesville and Albemarle, Fluvanna, Greene, Louisa & Nelson Counties who struggle to prepare meals for themselves. JABA can also connect you with other services within your community. Some eligibility requirements apply. Call **434.817.5244** or fill out [this online form](#) for more information.

JABA Jobs: Opportunities in Charlottesville, Albemarle County, Louisa County, and Greene County. [Apply today!](#)

When this Charlottesville shelter closes next year, its 100 elderly and seriously ill guests might have nowhere to go



An important story from *Charlottesville Tomorrow*: As the leaves on the trees turned from green to gold last fall, Howard and Ann — not their real names — sat outside their room at the Premier Circle emergency shelter in Charlottesville whenever they

could. The senior couple loved sitting together on their "perch," as they called it.

Their time together at Premier Circle wasn't long. Soon, Ann went to a rehabilitation center for her severe asthma. She was there last month, while Howard attended a cookout put on by a local church. He missed Ann, said he as he pushed a half-eaten chocolate chip cookie around his plate and adjusted his legs in

his wheelchair. But he felt that she'd get better.

A couple weeks later, Howard sat on the wheelchair ramp staff had installed outside his door alone. Ann didn't make it back, he said quietly. He had tears in his eyes. [Read more...](#)

JABA's Long-Term Care Ombudsman Program

You've got rights. And [JABA's Long-Term Care Ombudsmen](#) are here to protect those rights, resolve problems, and promote quality care. Ombudsmen are advocates for individuals in rehab centers, nursing homes, assisted living facilities, and even home and community settings. If you are an individual or family caregiver who needs help, calls are free and confidential: **434.817.5257**

Check out the [June 2022 activity calendars](#) at a [JABA Community Senior Center](#) near you!



Are you looking for a place to meet new friends, get involved in activities, learn about community resources, and enjoy day trips? If you are an independent adult age 60+ or with a disability, one of JABA's Community Senior Centers may be for you.

Does your loved one need extra care to be able to live at home independently?

Call us or [sign up online for a free lunch and tour](#) to learn more about

the customized and compassionate respite care available for your loved one at JABA's Adult Care Centers in Charlottesville and Louisa. Charlottesville Center: **434.817.5235**. Louisa Center: **540.500.5961**.

Immediate Volunteer Needs at JABA. Apply today!

- [Help a Senior with Household Tasks](#)
- [Help a Senior with Lawn Care](#)
- [Louisa County Commission on Aging Members](#)
- [Call BINGO for Seniors at Home](#)
- [Internships for Special Projects Available](#)
- [Advisory Council Louisa](#)
- [Donation Wish-list for Community Senior Centers](#)

Thank you for your support!

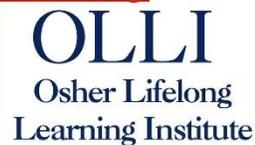
None of this would be possible without the support we receive from our donors. Thank you!

JABA helps people cope with life's biggest challenges - support the work we do today!

Donate



Promote your business or organization while supporting JABA with a **Digital Newsletter Sponsorship**.



Link to DARS Independent Living Monthly Newsletter
Kevin Koziol, Director of Independent Living

The current issue of IL Impact is available here:

<https://myemail.constantcontact.com/IL-Impact-Newsletter.html?soid=1134646283912&aid=L0fKZoz9eM4>
