The Caucus Corner

The National Caucus and Center on Black Aging, Inc. (NCBA)

Monthly Newsletter

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IN THIS ISSUE

November is National Alzheimer's Disease Awareness Month and Family Caregivers Month

Here are 8 Ways You Can Support Dementia Caregivers

November is National Alzheimer's Disease Awareness Month and Family Caregivers Month. To mark these events, the Alzheimer's Association is encouraging people to lend a helping hand to nearly 12 million family members and friends across the country serving as dementia caregivers.

Providing help and support to caregivers can be easier than most people think. Even little acts can make a big difference. The Alzheimer's Association offers these suggestions:

- **Learn:** Educate yourself about Alzheimer's disease – its symptoms, its progression and the common challenges facing caregivers. The more you know, the easier it will be to find ways to help.

- **Build a Team:** Organize family and friends who want to help with caregiving. The Alzheimer's Association offers links (https://www.alz.org/help-support/caregiving/care-options/care-team-calendar) to several free, online care calendar resources that families can use to build their care team, share takes and coordinate helpers.

- **Give Caregivers a Break:** Make a standing appointment to give the caregiver a break. Spend time with the person living with dementia and allow the caregiver a chance to run errands, go to their own doctor's appointment, participate in a support group or engage in an activity that helps them recharge. Even one hour could make a big difference in providing the caregiver with some relief.

- **Check In:** Many Alzheimer's and dementia caregivers report feeling isolated or alone. So, start the conversation – a phone call to check in, sending a note, or stopping by for a visit can make a big difference in a caregiver's day and help them feel supported.

- **Tackle the To-Do List:** Ask for a list of errands that need to be run – such as picking up groceries or prescriptions. Offer to do yard work or other household chores. It can be hard for a caregiver to find time to complete these simple tasks that we often take for granted.

- **Be Specific and Be Flexible:** Open-ended offers of support ("call me if you need anything" or "let me know if I can help") may be well-intended but are often dismissed. Be specific in your offer ("I'm going to the store, what do you need?"). Continue to let the caregiver know that you are there and ready to help.

- **Help for the Holidays:** Holiday celebrations are often joyous occasions, but they can be challenging and stressful for families facing Alzheimer's. Help caregivers around the holidays by offering to help with cooking, cleaning or gift shopping. If a caregiver has traditionally hosted family celebrations, offer your home instead.

- **Join the Fight:** Honor a person living with the disease and their caregivers by joining the fight against Alzheimer's. You can volunteer with your local Alzheimer's Association chapter, participate in fundraising events such as Walk to End Alzheimer's (https://act.alz.org/site/SPageServer/?pagename=walk_homepage) and Do What You Love to End ALZ (https://events.alz.org/event/dowhatyoulove/home?utm_source=google&utm_medium=paidsearch&utm_campaign=dwyl2026&utm_content=digitaladsearchdwyl26&gad_source=1&gad_campaignid=23055998632&gbraid=0AAAAD8nX1rmMxUo4811eXTa6mNRWhQJD&gclid=Cj0KCQjwovPGBhDxARIsAFhgkwSmwX1IFgj6wfrn6aVxgqejiH2i2Tx7A-rK5bB9b1K9a6SnDpbbUw8aAqXQEALw_wcB), advocate for more research funding, or sign up to participate in a clinical study through the Alzheimer's Association's Trial Match.

To learn more about Alzheimer's disease and ways you can support families and people living with the disease, visit alz.org.

America's Caregiving Crisis is Getting Worse

U.S. family caregivers are doing more than ever before — with less

Every morning at 6 a.m., Debbi from Eagan, Minnesota, begins her 18-hour shift caring for her son Josh, who was born with a brain hemorrhage that left him with cerebral palsy. For more than 30 years, she's managed his ventilator, feeding tube and medications. She does this without a paycheck or a single day off. It's complicated her ability to work and hopes for retirement. But without her, Josh would require institutional care costing hundreds of thousands of taxpayer dollars. More importantly, he'd have less dignity and independence.

Debbi and her family are not alone.

New research from the National Alliance for Caregiving and AARP finds that 63 million Americans, nearly one in four adults, now serve as family caregivers. An increase of 20 million from 2015 to 2025. The caregiving landscape has shifted from occasional help to high-intensity, complex care that rivals the work of clinically trained professionals.

More and more caregivers are administering IVs, managing medications and coordinating hospital discharges, often with little to no formal support.

Nearly one in three caregivers belong to the 'sandwich generation,' juggling care for both children and aging parents. Over 40% support someone with multiple chronic conditions, all while navigating fragmented health systems and insurance red tape.

This is what happens when modern medicine evolves rapidly but our caregiving infrastructure does not.

The Financial Drain of Caregiving

Take Anita from Atlanta. She left her job to care for her mother who is blind and has dementia and cancer. Seven months ago, she applied for Georgia's caregiver stipend program. She's still waiting for a response. In the meantime, she's been forced to drain her retirement savings just to pay someone to watch her mother so she can leave the house to run errands.

Stories like Anita's reveal a brutal irony: family caregivers collectively provide an economic value of $600 billion in unpaid care, yet nearly half experience negative financial impacts due to their care responsibilities. One in four have emptied their short-term savings.

About 80% pay out of their own pockets to help meet their loved ones' needs, averaging over $7,200 each year, or about 25% of their income. One in five has left bills unpaid or paid them late, and one in seven can't afford necessities like food. These are not abstract statistics. They are neighbors, co-workers, and family members holding together an overwhelmed system.

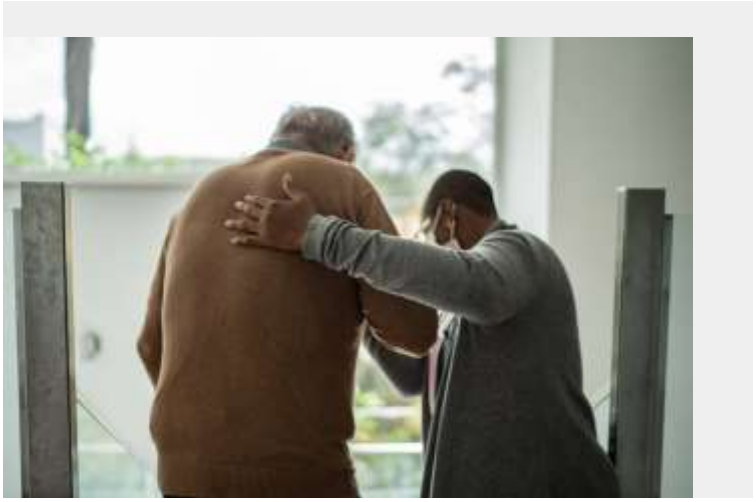
The inequities are glaring. Rural families, low-wage workers and caregivers of color are far less likely to have access to support policies and services like respite care. While some states have made progress by establishing policies like paid leave and some employers have greatly expanded workplace benefits, the patchwork nature of current policies is no match for the scale of this national crisis.

This Is a Crisis

And make no mistake - this is a crisis. When caregivers leave the workforce, skip their own health needs or suffer burnout, the entire health system feels the ripple effects, from increased emergency room visits to rising hospital readmissions. The brunt of those costs falls on Medicaid and Medicare.

The path forward includes and requires comprehensive federal action across five critical areas:

- **Expanding access to paid family and medical leave** – Whether caring for a newborn baby or an aging parent, cross-generational care solutions are more critical than ever.
- **Strengthening Medicare's recognition of family caregivers** as essential partners in care by improving access to new Caregiver Training Services that equip families with the skills they need for navigating complex medical and other tasks.
- **Establishing a federal tax credit to ease out-of-pocket costs** that caregivers face when purchasing assistive technology, home modifications and professional care services.
- **Allowing families to use their Flexible Spending Account (FSA) or Health Savings Account (HSA)** for qualified medical expenses paid for a parent or parent-in-law.
- **Reauthorizing and fully funding Older Americans Act programs** that provide the foundational caregiver support services in local communities nationwide. These community-based resources offer the respite care, adult day programs and family support services that keep caregiving sustainable.
- **Protecting home and community-based services through Medicaid** from further cuts, as millions of family caregivers depend on these services to make caregiving viable alternatives to costly institutional care.



More and more caregivers are administering IVs, managing medications and coordinating hospital discharges, often with little to no formal support. | Credit: Getty

These are smart, cost-saving investments. Supporting families who choose to provide care at home strengthens both the care recipient's quality of life and our health care system's sustainability, while offering a cost-effective complement to professional care settings.

The demographics are inescapable. Baby boomers are aging. Chronic illness is rising. And more Americans will become caregivers, whether by choice or by necessity.

For nearly three decades, the Caregiving in the US project has tracked these trends. We've never seen families stretched so thin. Policymakers have a choice: invest in comprehensive solutions now or wait until the system breaks entirely.

We have the data; we have the solutions; and we have 63 million reasons to act. What we need now is the political will to transform caregiving from a responsibility families shoulder alone into the shared commitment it must become.

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In-Home Care: Helping Loved Ones Age in Place

Three-quarters of older adults want to stay in their home and communities as they get older, according to AARP's December 2024 "Home and Community Preferences Survey."
Family caregiving is a key component to making that wish a reality.

Helping a loved one age in place may mean anything from stopping by a parent's home to check in every few days to assisting a spouse or partner with tasks such as bathing and meal prep, as well as activities including medication management and administering injections. Whatever level of care you provide, these tips can help you help your loved one remain at home for as long, and as comfortably, as possible.

1. Develop a Plan

Planning for both the short and long term is important. You need to stay on top of the daily stuff, the doctor appointments and prescription refills while thinking through the what-ifs of your relative's age and condition.

You can't anticipate every scenario, but being forward-thinking now will help you respond more quickly and effectively in an emergency. And don't go it alone. Reach out to form a larger team of family, friends and others who can help you.

Determine tasks and find consensus. Ask team members what they're willing to do to contribute to the individual's care. Even if they live far away, they can handle jobs such as paying bills, ordering prescriptions and scheduling medical appointments. Work with them on a plan.

Be honest with yourself. What are you prepared to do? If you are uncomfortable with hands-on caregiving tasks, such as helping a family member bathe, ask if another team member can step in, or discuss whether money is available to hire a professional.

Summarize the plan in writing. A written record will ensure that everyone on your team, including your loved one, is on the same page, thus avoiding is understandings. Remember, of course, that the plan will likely evolve; update it as time passes.

Make a back-up plan. If you are the primary caregiver, work with your loved one and other family members to create a contingency plan should you be unavailable or ill when caregiving help is required.

Review legal documents. Both you and your loved one can fill out health care surrogate and financial documents so that you are able to pay bills on their behalf and make decisions about their health care should they be unable to.

2. Make Adaptations for Safety's Sake

If the person you're caring for has difficulty getting around or has compromised vision or hearing, you'll need to consider ways to make the home less hazardous.

Consider consulting a professional, such as an occupational therapist, geriatric care manager or an aging-in-place specialist, who can assess the home and make recommendations. Be alert to changing needs over time.

Make simple fixes for fall prevention. Some basic, low-cost changes include removing trip hazards like throw rugs, making sure the home is well lit (use automatic night-lights) and installing items such as adjustable shower seats, grab bars and handrails. It's a good idea to set up a medical alert system so your loved one is able to call for help.

3. Manage Health Care Needs

Caring for an aging or chronically ill relative can mean performing some basic medical tasks and keeping track of a confusing mix of medications for a range of ailments. The key is to stay organized and know how to get the help you need.

Stay on top of meds. Create and maintain an updated medication list with the name, dosage, prescribing doctor and other relevant information — a handy document to bring to medical appointments.

Be ready to handle medical tasks. In the aftermath of a loved one's hospitalization, many family caregivers find themselves performing challenging tasks at home, such as injecting medicines and inserting catheters. Get detailed instructions and even a demonstration of how to do necessary procedures before you leave the hospital.

Prepare for emergencies. Prepare a home medical kit and, if you live in an area prone to extreme weather, an emergency go-kit. Consider putting plans in place in case evacuation is necessary.

Set up home health services. Medicare will cover certain in-home services deemed medically necessary, including part-time or intermittent skilled nursing care, or physical, occupational or speech therapy. A patient who is considered homebound, or who is unable to make an office visit, may qualify for these services on an ongoing basis.

4. Maintain a Healthy Lifestyle

Caregiving can become all-consuming, especially if you are sharing a home with the person you're caring for. You may find yourself playing nurse, life coach, nutritionist and social director. All of these roles are important for maintaining your loved one's mental and physical health. Just don't neglect your own.

Address social needs. Isolation and loneliness are associated with poorer health; helping your family member and yourself avoid them is a key part of caregiving. You could find a community arts program for seniors, invite friends and relatives to visit, or go out to eat together.

Manage nutrition. Be conscious of any dietary restrictions, and encourage your loved one to maintain a balanced diet and avoid processed foods. Look into home-delivered meal programs, and be sure the person drinks plenty of fluids, as dehydration can cause fainting, headaches and more conditions.

Encourage exercise. Staying mobile can help older people maintain strength, balance, energy and brain health, among other things. Your loved one's abilities will vary, and you should check any exercise regimen with a doctor, but the routine might include activities like walking, seated yoga, swimming or lifting small weights.

Establish boundaries. Everyone needs a level of privacy, especially if the person you're tending to lives with you and your spouse or partner. Ideally, you should have some separation between living areas and be able to schedule time together as a couple.

5. Get help

Depending on the severity of your loved one's problems, you may need a bit of assistance — or a whole lot of it.

Rely on your team for help with some caregiving tasks and to fill in so you can take breaks. Don't feel guilty: Your own health — and the quality of your caregiving — will suffer if you try to do everything and don't take time for yourself.

Ask friends and family members for help. Plenty of people in your life will be happy, or at least willing, to lend a hand if you ask. Maybe someone could pick up a prescription for you on the next trip to a nearby shopping center, or a neighbor could stop by with dinner once a week.

Farm out some household jobs. Consider paying for relatively small services that will relieve your burden, such as a weekly housecleaning, yard care or grocery delivery. If you live apart from your loved one, you could do the same for your home. Hire in-home care. You can go through an agency or hire a caregiver directly, but either way, be sure to check references and background, and monitor performance carefully. Cautionary tales abound. It's smart to rely on word of mouth. Ask fellow caregivers for recommendations.

Watch your mental health. As a caregiver, you are at a higher risk for stress and depression. If either grows serious, seek help from a mental health professional. And consider reaching out to other caregivers for support and advice.

AARP Resources

1. Toll-free caregiver support line has agents that can guide you to resources. The lines are staffed Monday-Friday, 8 a.m. to 8 p.m. ET at 1-877-333-5885, or in Spanish at 1-888-971-2013

2. An Initiative with United Way connects caregivers to resources in their state or community. Check out the online family resource guides with directories of services or call 211 for advice.

3. Family Caregivers Discussion Group is an active Facebook community where offers caregivers a place to connect, share stories and advice. The AARP website also has an online caregiving community where caregivers can interact with other caregivers.

4. Livable Communities' HomeFit guides has ideas on adjustments to makes to a house to make it safe for those that want to age-in-place.

For more information, visit:
https://www.aarp.org/caregiving/home-care/providing-homecare/?msockid=2493fe519b33619e29eaeac79a7c60ca

Care for the Caregiver

Caregiving can be very rewarding and also very draining. While your loved ones are the center of their caregiving plans, you are equally important; there wouldn't be care for them without you.

That's why making a conscious effort to care for yourself while caring for others isn't selfish or optional—it's practical.

- Take care of your mental health because you may experience a roller coaster of emotions ranging from joy, satisfaction and triumph to guilt, stress, anxiety, depression, grief and burnout. >

- Consider counseling or therapy, which can help with the emotional and mental strain of caregiving. Check your health insurance to find out what your coverage and costs are and try to find a counselor who understands family caregiving. >

- Connect with other family caregivers via local in-person facilitated caregiver support groups, virtual groups that meet online with video chat, or social media groups that can be accessed at any time. >

- Arrange for respite care for loved ones so you can get breaks from caregiving, creating time for self-care and rest, going to appointments, seeing friends or simply doing nothing

- Maintain your identity because it's easy to feel like you've lost yourself in caregiving. You will likely need to make sacrifices but try to adapt and keep up with friends, hobbies, other relationships and home life on some level.

- Keep working if you can, so you don't have a financial crisis in the future. Take advantage of employer supports which may include flexible work options; employee assistance programs (EAPs) that assist with counseling, services, referrals, legal matters and more; employee resource groups or support groups for caregivers; caregiving leave; and human resources counseling about your employee benefits. If you need to take an extended time off work, explore your eligibility for family and medical leave via the Family and Medical Leave Act (FMLA), a state-mandated policy or an employer policy.

- Protect your own financial security now and in the future. Financial advisers can help you monitor your finances and ensure you don't take on too many caregiving costs or assume debt.

How To Balance Caregiving Responsibilities with Full-Time Employment?

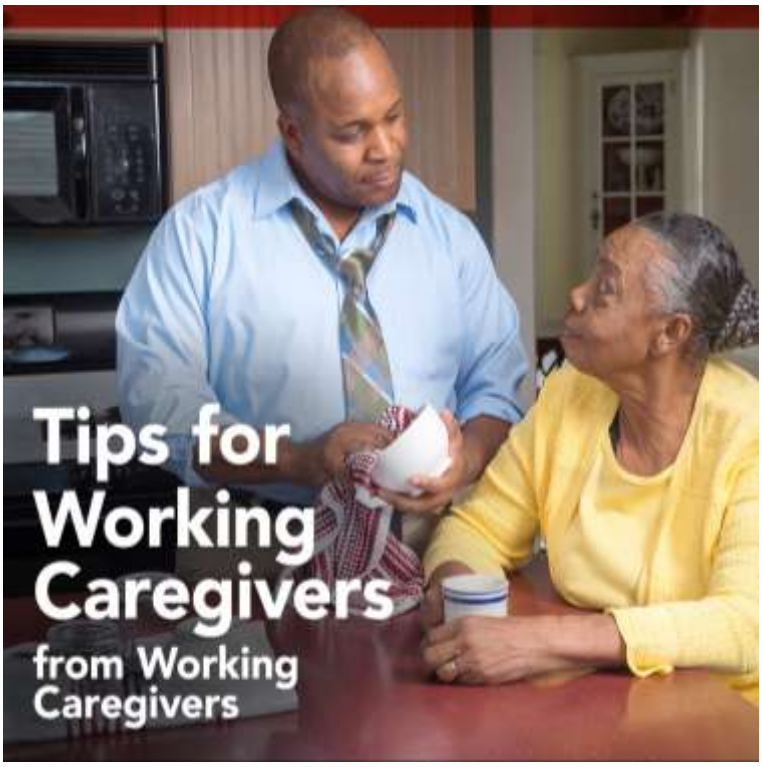
Juggling full-time work and caregiving is a daily challenge for many. 6 in 10 family caregivers of adults over 50 also work full or part-time jobs. This article offers practical strategies to balance your career and caregiving duties effectively.

Learn how to thrive in both roles

- 6 in 10 family caregivers of adults over 50 also work full or part-time jobs, making it crucial to balance work and caregiving duties.
- Open communication with employers about caregiving needs is key, as many companies offer flexible work options and Employee Assistance Programs to support caregivers.
- Flexible work arrangements like remote work, flextime, and compressed workweeks can help caregivers manage their responsibilities more effectively.
- Prioritizing and delegating caregiving tasks, using time management techniques, and leveraging technology can maximize efficiency in both caregiving and work roles.
- Caregivers should explore legal and financial considerations, such as tax credits, deductions, and Dependent Care Flexible Spending Accounts, to ease the financial burden of caregiving while working full-time.

Strategies for Balancing Full-time Employment and Caregiving

Balancing full-time work with caregiving duties requires smart planning and support. Open talks with your boss about your needs and using flexible work options can make a big difference.



Communicate openly with your employer about your caregiving needs

Open communication with your employer about caregiving needs is crucial. Schedule a meeting with your manager or HR to discuss your situation. Explain your caregiving responsibilities and explore flexible work options.

Many companies offer Employee Assistance Programs (EAPs) that provide short-term counseling and referral services for caregivers.

Clear communication is the foundation of a supportive work environment for caregivers.

Discuss potential adjustments to your work schedule or duties. Ask about family leave policies and remote work possibilities. Be prepared to suggest solutions that balance your caregiving needs with job responsibilities.

Emphasize your commitment to maintaining work quality and productivity while managing caregiving duties.

Utilize flexible work arrangements and family leave policies

Flexible work arrangements and family leave policies offer caregivers valuable options for balancing work and caregiving responsibilities. These policies can provide the necessary support to maintain employment while meeting caregiving needs.

1. **Flexible work arrangements:**
   - Remote work: Perform job duties from home or near the care recipient
   - Flextime: Adjust start and end times to accommodate caregiving tasks
   - Compressed workweek: Complete full-time hours in fewer days
   - Job sharing: Split one full-time position between two part-time employees
2. **Family leave policies:**
   - Family Medical Leave Act (FMLA): Provides up to 12 weeks of unpaid leave
   - Paid family leave: Some employers offer paid time off for caregiving
   - Intermittent leave: Take FMLA leave in smaller increments as needed
   - Reduced schedule: Work part-time while using FMLA leave
3. **Health benefits**:
   - Maintain health insurance coverage during FMLA leave
   - Use Flexible Spending Accounts (FSAs) for eligible medical expenses
   - Explore employer-sponsored elder care or childcare benefits
4. **Financial considerations**:
   - 78% of caregivers incur out-of-pocket expenses for caregiving
   - Caregivers spend about 25% of their income on caregiving costs
   - Investigate tax benefits for dependent care expenses
5. **Communication strategies**:
   - Discuss caregiving needs openly with your employer
   - Request accommodations in writing
   - Provide documentation of caregiving responsibilities if required

For more information, visit: https://bedforseniors.com/how-balance-caregiving-responsibilities-with-full-time-employment/#:~:text=This%20article%20offers%20practical%20strategies%20to%20balance%20your,it%20crucial%20to%20balance%20work%20and%20caregiving%20duties.

Taking Care of Yourself: Tips for Caregivers

Taking care of yourself is one of the most important things you can do as a caregiver. Caregiving is not easy — not for the caregiver and not for the person receiving care. It requires sacrifices and adjustments for everyone. Often, family caregivers must juggle work and family life to make time for these new responsibilities.

Caring for an older adult can also be rewarding. Many people find that caregiving provides a sense of fulfillment and that they like feeling useful and needed. But the ongoing demands of taking care of someone else can strain even the most resilient person. That's why it's so important for you to take care of yourself. This article can help you find ways to look out for your own well-being so you can be there for others.

How Do You Know If You Need Help?

Caregivers do a lot for others. Because there is so much on their plate, many caregivers don't spend time taking care of themselves. For example, they are less likely than others to get preventive health services, like annual checkups, and to practice regular self-care.

As a result, they tend to have a higher risk of physical and mental health issues, sleep problems, and chronic conditions such as high blood pressure. They are even at an increased risk of premature death.

It's not always obvious when a person needs help. Watch out for these signs of caregiver stress:

It's not always obvious when a person needs help. Watch out for these signs of caregiver stress:

- Feeling exhausted, overwhelmed, or anxious
- Becoming easily angered or impatient
- Feeling lonely or disconnected from others
- Having trouble sleeping or not getting enough sleep
- Feeling sad or hopeless, or losing interest in activities you used to enjoy
- Having frequent headaches, pain, or other physical problems
- Not having enough time to exercise or prepare healthy food for yourself
- Skipping showers or other personal care tasks such as brushing your teeth
- Misusing alcohol or drugs, including prescription medications

Don't wait until you are completely overwhelmed. Learn what your own warning signs are and take steps to minimize sources of stress where possible.

Caring for Yourself as a Long-Distance Caregiver

Long-distance caregiving brings its own kinds of stress. Caregivers who live far away may feel guilty about not being closer, not doing enough, or not having enough time with the person. They may even feel jealous of those who live closer and can do more. Many long-distance caregivers also worry about taking time off from work, being away from family, and paying for travel.

Although they might not have the same stressors as a primary caregiver, long-distance caregivers should be aware of when they may need help, too.

How Can You Ask Others to Help?

When people have asked you if they can lend a hand, have you told them, "Thanks, but I'm fine"? Accepting help from others isn't always easy. You may worry about being a burden, or you may feel uncomfortable admitting that you can't do it all yourself.

But many caregivers later say they did too much on their own, and they wished they had asked for more support from family and friends.

Understand that many people want to help, and it makes them feel good to contribute. If asking for help is hard for you, here are some tips that may help:

- Ask for small things at first, if that makes it easier for you. Many large jobs can be broken down into simpler tasks.
- If you aren't comfortable asking face-to-face, send a text or email with your request.
- Consider a person's skills and interests when thinking about how they could help.
- Be prepared with a list of things that need to be done, and let the other person choose what they'd like to do.
- If someone offers to help, practice saying, "Thanks for asking. Here's what you can do."
- Be honest about what you need and what you don't need. Not every offer is going to be helpful.
- Be prepared for some people to say "no," and don't take it personally.

Learn more about sharing caregiving responsibilities with friends and family.

Who else can you ask for help?

Family and friends are great people to ask for help, but they are not the only sources of support for caregivers. Others who may be able to help include:

- **Your doctor.** Tell your doctor that you are a caregiver. They can give you advice about taking care of your physical and mental health. Health care professionals may also know about support groups, **respite care**, and other resources offered in your community.
- **A counselor or other mental health professional.** If you are feeling anxious, frustrated, or depressed, help is available. Ask your doctor for referrals to counselors, and check with your health insurance provider to find out about your plan's coverage.
- **Your local senior center, state office on aging or social services office, or local Area Agency on Aging.** These organizations will be familiar with resources available in your community and may have tips for accessing them.
- **Your faith community.** Larger congregations may host support groups for caregivers. You can also ask for guidance from your pastor, rabbi, or other religious leader.

What else can a caregiver do if they're feeling overwhelmed?

If you're feeling overwhelmed by caregiving, tending to your own needs may be the last thing on your mind. But taking time for yourself can actually make you a better caregiver. If you can find small ways to lower your stress and boost your mood, you'll have more strength and stamina to take care of someone else.

Below are some suggestions that may help when you're feeling overwhelmed. Remember that you don't have to do everything all at once, especially if the thought of self-care just makes you feel more exhausted.

- **Be active.** Find something active that you enjoy. That might be walking, dancing, gardening, or playing with a pet. Even short periods of exercise can be beneficial.
- **Eat well.** Work on having a well-balanced diet that includes a variety of healthy foods. Drink plenty of water every day.
- **Prioritize sleep**. Aim to get seven to nine hours of sleep each night. Develop a relaxing bedtime routine to make it easier to fall asleep. Try to go to sleep and get up at the same time each day.
- **Reduce stress.** Experiment with relaxation techniques like meditation, tai chi, or yoga. Download a smartphone app with guided meditations or relaxing music. Many of these apps are free.
- **Make time to relax.** Carve out time each week to do something you enjoy that has nothing to do with caregiving. It can be as simple as watching a favorite TV show, reading a magazine, or working on a hobby.
- **Keep up with your own health.** Make that doctor's appointment you've been putting off. Tell your doctor that you're a caregiver: They may be able to suggest resources online or in your community.
- **Reach out for support.** Talk to a trusted family member or friend or seek counseling from a mental health professional. Join an online or in-person support group for caregivers. These are people who will know what you're going through and may have suggestions or advice.
- **Take a break if you need it.** Ask another family member or friend to step in, hire an aide to come for a few hours a week, or sign up the older person for an adult day care program.
- **Be kind to yourself.** You don't have to pretend to be cheerful all the time. Feelings of sadness, frustration, and guilt are normal and understandable. Express your feelings by writing in a journal or talking with a friend.

Remember that you are doing the best you can and that you are not alone. Many caregivers have trouble tending to their own health and well-being. But give yourself credit for everything you're doing. Your caregiving makes a big difference in someone else's life.

If you're not the primary caregiver, how can you support that person?

In many cases, one person takes on most of the everyday responsibilities of caring for an older person. It tends to be a spouse or the child or sibling who lives closest. If you are not the primary caregiver, you can still play an important role in supporting that person.

Be sure to acknowledge how important the primary caregiver is in the older person's life. Also, discuss the physical and emotional effects caregiving can have on people. Although caregiving can be satisfying, it also can be very hard work.

You can lighten the primary caregiver's load by providing emotional support, taking on specific tasks, and even providing full-time care for a short period of time to give the primary caregiver a break. Ask them what you can do that would be most helpful. Staying in contact by phone or email might also take some pressure off the primary caregiver. Just listening may not sound like much, but it can mean a lot.

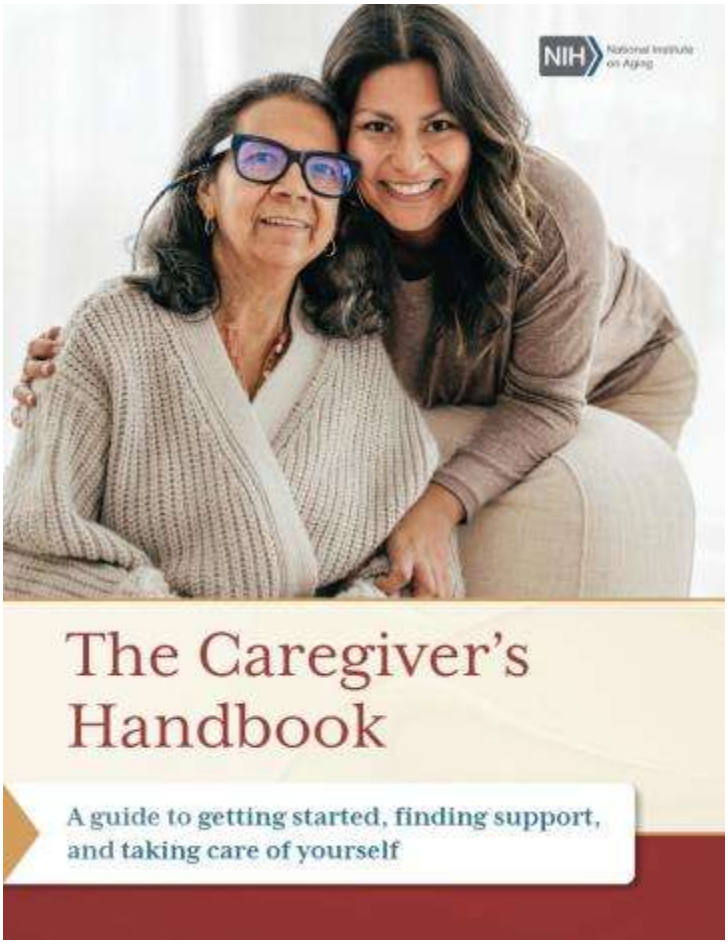
A primary caregiver — especially a spouse or partner — may be hesitant to ask for a break. Here are some ways you could help them get the rest they need:

- Offer to stay with the older person for one afternoon a week, for example, so the primary caregiver can have some personal time.
- Arrange for regular respite care in the form of a volunteer, an in-home aide, or an adult day care program.
- If you live far away, travel to stay with the older person for a few days so the primary caregiver can take a vacation or just have some time off.

In time, the older person may have to move to a residential (live-in) facility, such as assisted living or a nursing home. If that happens, the primary caregiver will need your support. You can work together to select a facility and coordinate the move. The primary caregiver may need extra support while adjusting to the person's absence and to living alone at home.

For more information, visit:
https://www.nia.nih.gov/health/caregiving/taking-care-yourself-tips-caregivers

Caregiver's Handbook



This guide is for anyone who provides care for family members or friends who need help with daily living.

It focuses on the needs of older adults who require care because of a serious health condition or disability, but it could also apply to other situations in which caregiving is needed.

For more information, visit: https://order.nia.nih.gov/sites/default/files/2023-03/caregivers-handbook-nia_0.pdf

RSV Vaccines Explained: Answers for Adults 50+

Respiratory syncytial virus (RSV) is a common respiratory virus. In many people, it causes cold-like symptoms, including cough, sore throat, fatigue, runny nose, and headache.

However, for adults ages 50 and older, RSV can be far more serious. It can cause more severe illnesses such as pneumonia, bronchiolitis (an infection of the lungs), congestive heart failure, or worsening of asthma or COPD symptoms. Adults who get very sick from RSV may need to be hospitalized — and severe RSV can be life threatening. - **Last Updated11/07/2025**

For more information, visit: https://cveep.org/news/rsv-vaccines-explained-answers-for-adults-50/

RSV Vaccines Explained: Answers for Adults 50+

CVEEP
Fighting Infectious Respiratory Disease

What is RSV?

Respiratory syncytial virus (RSV) is a common respiratory virus. In many people, it causes cold-like symptoms, including cough, sore throat, fatigue, runny nose, and headache.[1] However, for adults ages 50 and older, RSV can be far more serious. It can cause more severe illnesses such as pneumonia, bronchiolitis (an infection of the lungs), congestive heart failure, or worsening of asthma or COPD symptoms. Adults who get very sick from RSV may need to be hospitalized — and severe RSV can be life threatening.[2]

Why should I get vaccinated?

Vaccination is the most simple, effective tool to protect yourself from severe RSV illness. RSV vaccines can help prevent the risk of complications if you do get sick and reduce your chance of needing to be hospitalized or have further health setbacks.

Who should get an RSV vaccine?

The Centers for Disease Control and Prevention (CDC) recommends **everyone ages 75 and older get an RSV vaccine**. Adults ages **50-74** who are at increased risk of severe RSV are also recommended to get an RSV vaccine.[3]

If I've already received the RSV vaccine, do I need to get another?

The RSV vaccine is not currently an annual vaccine. Protection from the RSV vaccine lasts for more than a year, meaning that if you received a dose (including last year), you do not need to get another RSV vaccine.

What conditions put someone at increased risk?

Certain health and environmental conditions can put you at greater risk for severe RSV disease. If you have an ongoing health condition like chronic heart or lung disease, a weakened immune system, live in a nursing home — or just aren't sure — ask your health care provider or pharmacist whether an RSV vaccine is right for you.

Why is there a different recommendation for people under the age of 75?

While the risk of severe RSV increases with age, RSV can also exacerbate existing medical conditions in adults ages 50-74. For instance, a case of RSV in someone with COPD can trigger serious complications. Vaccination offers an added layer of protection for adults with ongoing health conditions.

If I am at increased risk for RSV, are there different steps to get vaccinated?

No. You do not need to bring supporting medical records or proof of any condition that puts you at increased risk. According to the CDC, self-reporting a risk condition is sufficient evidence. Pharmacists and providers should not deny RSV vaccination for this reason.[4]

cveep.org

When is the best time to get the RSV vaccine?

You can get an RSV vaccine at any time of year, but August through October is ideal — just before RSV season starts circulating widely. If you have not received your vaccine yet, it's not too late. Vaccination at any time still offers strong protection, which lasts for more than one year. RSV vaccines are not an annual vaccine, meaning you're covered for multiple seasons once you've received it.[4]

Where can I get the vaccine? What if my doctor doesn't have any in stock?

RSV vaccines are available at pharmacies, doctor's offices, and public health or community health clinics. If your provider or pharmacy doesn't have the vaccine in stock, ask for a referral or contact your state health department. You can also use CVEEP's vaccine locator tool to find nearby locations.

CVEEP Vaccine Locator Tool

Will my insurance cover the RSV vaccine?

Yes. Nearly all private and public health insurance plans cover vaccines recommended by the CDC's Advisory Committee on Immunization Practices (ACIP) free of cost.[5] If you don't have health insurance, contact your local or state health department to find free or low-cost vaccine programs.

Are there any side effects from the vaccine?

Like all vaccines, RSV vaccination can cause mild, temporary side effects. Common ones include pain, redness, and swelling at the injection site as well as fatigue, fever, headache, nausea, diarrhea, and muscle or joint pain. Individuals who experience these symptoms after receiving other vaccines are likely to experience the same with the RSV vaccine. In clinical trials, a small number of participants 60 and older developed a rare condition called Guillain-Barré syndrome (GBS). However, CDC continues to monitor vaccine safety and has concluded that by reducing RSV-associated hospitalizations and death, the benefits of RSV vaccination outweigh potential risks.[6]

[1] https://www.cdc.gov/rsv/about/index.html
[2] https://www.lung.org/lung-health-diseases/lung-disease-lookup/rsv/rsv-in-adults
[3] https://www.cdc.gov/rsv/adults/index.html
[4] https://www.cdc.gov/rsv/vaccines/adults.html
[5] https://www.cdc.gov/vaccines-adults/recommended-vaccines/how-to-pay-adult-vaccines.html
[6] https://www.cdc.gov/rsv/vaccines/adults.html#cdc_vaccine_recommendations_who_should-what-are-the-possible-side-effects

cveep.org

UPDATED: 11/2025

Vaccine Locator

Use this tool to find places near you that offer vaccines. Enter your ZIP code or city to see nearby pharmacies and health centers where you can get more information about vaccination and schedule an appointment.

To locate a vaccine in your area**, visit: https://cveep.org/vaccine-locator/**

Vaccines may also be available through your local health department.

Visit your local National Association of County and City Health Officials at: **https://www.naccho.org/membership/lhd-directory**

Data Sources and Disclaimer

This tool provides information on a variety of vaccination locations, including federally qualified health centers (FQHCs) and independent and commercial pharmacies, by combining location data from sources like Google API and the Health Resources and Services Administration (HRSA).

The accuracy and timeliness of this data depend entirely on the updates provided by these third-party sources. CVEEP does not guarantee the completeness, accuracy, or current availability of vaccines at listed locations. Users are encouraged to contact sites directly before visiting to confirm vaccine availability, operating hours, and eligibility requirements.

How Your Health Priorities Can Help You Achieve What Matters Most to You

Duryce, 72, has three children, 10 grandchildren, and nine great grandchildren. She also has 16 health problems, including diabetes, hypertension, asthma, reflux, back pain, and insomnia, resulting in 19 different medications prescribed by numerous specialists.

"I just felt like I'm living on medications and not free to do what I want," says Duryce. She suspected some of the medications were doing more harm than good and nearly stopped taking them. Duryce's story is not unique. Many older adults with ongoing health problems are overburdened by health care, but identifying your health priorities can help.

The problem with "one-size-fits-all" health care is that older adults don't always fit. Treatment recommendations are based on studies that, for the most part, exclude older adults, especially those with many health conditions. These studies don't always include the outcomes such as everyday activities and symptoms that matter most, either.

The result is often too many doctor and other medical appointments and too many medications, tests, and procedures, some of which may cause problems without offering much benefit to the outcomes that matter most to older adults.[1, 2]

While well-intentioned, this one-size-fits-all approach does not necessarily help older adults do what matters most to them—their own health priorities.

What are health priorities?

Health priorities are the health and life goals you most desire given what you are willing and able to do to achieve those goals.

Goals should be:

- **Specific**: Think about what you wish to do, when you will do it, where, with whom, how often, and for how long.
- **Realistic**: Consider your current life and health. What will you realistically be able to do, even if you cannot do it right now? Remember, with your health care team's help, improvements are possible.
- **Actionable**: By creating goals that are specific and realistic, your health care team can act by offering treatments and services to help you reach your goals.

Your health priorities are unique to you. For example, if spending time with your grandchildren at the playground is something you value, your top health priority might be, "To be less tired so I can play with my grandchildren weekly." Maintaining independence, enjoying life, and longevity are other values to consider when thinking about your health goals and priorities.

Benefits of identifying your health priorities

Identifying your health priorities has major benefits, including:

1. **Being an active partner in your health care decisions.** Your voice is the most important voice in the room when it comes to the care you receive. You are the expert in what matters most to you, and your health care team are the experts in helping you get there.

2. **Your health care will focus on your priorities.** When you share your priorities with your health care team, they can re-evaluate your care. They may be able to reduce care that does not align with your priorities and increase care that supports what matters most to you.

3. **Your loved ones will know what matters most to you.** People often assume their loved ones know what matters most to them. However, when it's time to make decisions, having clear and unambiguous health priorities written down can help your loved one ensure the care you receive is focused on what matters to you.

4. In the end, your health care should help you do what matters most to you. For many older adults with several health concerns, identifying their health priorities results in simplifying care. For caregivers, gaining clarity on what matters most to you can ignite a renewed sense of purpose.

Why should I identify my health priorities? Doesn't my health care team already know them?

While most health professionals consider patient preferences and goals, many may not know what they are. Your specific health priorities can help them plan your care in a more structured and understandable way—even providing guidance and troubleshooting for difficult cases.

Your goals and preferences can help you have productive conversations with your doctors, such as about the many tradeoffs involved in health care decision-making. The conversation shifts from, "You need (test or treatment) because

of your (disease)," to "I'm recommending (starting/continuing/stopping treatment) because it will help you achieve (your health goal) and is consistent with (your health care preference)."

How do I identify my health priorities? Start with My Health Priorities

My Health Priorities **(https://myhealthpriorities.org/)** is a free, online self-assessment tool that guides you through a series of simple questions to help you identify your health priorities. The questions ask about your values, health goals and bothersome health problems to reach your top priority.

When you're finished answering the questions, you will have a printable summary that you can save for your records and share with your doctors, other health care team members, and family.

If you have a caregiver such as a trusted family member or friend, doing the assessment together may be best. While they might think they know what matters most to you, talking through the questions together often sparks conversations about things they may not have considered. You can find more information on this approach to health care at Patient Priorities Care by visiting**: https://patientprioritiescare.org/patients-caregivers/.**

Please note that the information you provide on the My Health Priorities web site will always remain private. This web site does share personal information gathered through the questions.

Check out My Health Priorities at https://myhealthpriorities.org.

Patient Priorities Care (PPC) and its priorities identification tool, My Health Priorities, are aligned with the Age-Friendly Health Systems 4Ms Framework. Starting with what Matters, PPC anchors Medication, Mentation and Mobility. PPC is funded by The John A. Hartford Foundation.

Sources

1. Tinetti ME, et al. Patient priority-directed decision making and care for older adults with multiple chronic conditions. Clinics in Geriatric Medicine. May 2016. Found on the internet at https://pubmed.ncbi.nlm.nih.gov/27113145/

2. Davenport C, Ouellet J, Tinetti ME. Use of the patient-identified top health priority in care decision-making for older adults with multiple chronic conditions. JAMA Network Open. Oct. 28, 2021. Found on the internet at https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2785572

Finally—Help for Families Caring for Someone with Dementia

Best Programs for Caregiving is a first-of-its-kind free online directory of top-rated programs that support the family members and friends caring for individuals living with dementia. Best Programs for Caregiving provides detailed information on nearly 50 dementia caregiving programs across the country that can help you identify the resources and services you need, improve your hands-on skills, reduce stress and enhance your physical and mental well-being.

Simply enter your zip code on the home page to find high-quality education and support programs offered online, via telephone or in person. No login or account is required. You'll find a range of programs proven to help manage the challenges associated with dementia caregiving.

You can access information on the program features, eligibility, enrollment, costs, and program length and format. Best Programs for Caregiving is designed to help family caregivers get the help they need.

Visit the site at bpc.caregiver.org.

Housing and Medical: The Two Largest Retirement Expenses

Start planning now and invest in your biggest assets in retirement

Investing in retirement means more than money in the stock market. Managing your assets matters. Maintaining what you have now will help you lower your spending for your golden years. Your two biggest assets? Your home and your health.

Spending is often overlooked when planning for retirement. Instead, the myriad of investment details becomes the focus with pre-retirees forgetting about managing the expense side of the equation. These two assets are also what individuals spend the most on in retirement. This is the time to invest in yourself and your home. Housing and health are two definite known expenses for every retiree.

You *can* start planning now for these two large expenses by following the tips below:

Housing Costs

According to reports, housing expenditures increased 7.4% in 2022. Whether you rent or own, you do not need to see the studies to notice your housing costs have continued to go up rapidly. There are ways to keep this cost under your control and gain peace of mind in the process.

Regular maintenance and upkeep. If you own, keep your home in working order throughout the years. Regular maintenance and upkeep not only make a better place to live but also sustain the value in your home. Whether or not you are staying put in retirement, a home in good condition sells faster, is easier to live in and most of all, costs less if you chose to live there in your retirement years.

If your house needs a paint job, plan for it. Save for it and get it done. Perhaps it is time to install new windows? Even minor upkeep like gardening and a fresh coat of paint in a room has an added bonus: You get to enjoy it now while improving your home value.

Pay down (or off) your mortgage. Your home is often your biggest asset. Most people own it with the bank but when your home is fully paid off, the asset is totally under your control. Paying your home off faster gives you options in retirement.

When I suggested this approach to one client, they balked at "wasting the money," instead wanting to invest. Yes, the market may make you more money, but you could also lose money. Though you can manage your investment choices, the direction of the stock market is in other hands.

There is an ill-formed assumption to use "someone else's' money" to pay for your home and its improvements. Instead, you need to look at the next layer to understand you are *paying* for that privilege to use someone else's money. The interest the mortgage company or bank make from you is a fair business exchange. Though a deduction is nice, mortgage interest is no longer tax deductible, eroding the financial benefit on our end. Even if it is, your interest payments are typically greater than the amount lowered on your tax bill. Plus, owning a home outright is most valuable for peace of mind. Try it and see how different it feels.

Assess the space for future use. If your goal is to stay in your home during retirement, start to think critically now. Will living on one floor be an option for you? Or can you add a stair elevator when the time comes and/or extra hand railings now? When you make bathroom updates, add grab bars and comfort height toilets. You may be in super health today and intend to stay that way, but small updates make a substantial difference if you want to age in place.

Your goal is to live longer and safely at home. Making those minor upgrades will improve your quality of life. Doing it now while you have an income means less spending in retirement and being better prepared instead of waiting and needing a quick fix. Or an expensive move because you were not prepared for a change in mobility.

Explore locations that may work for you. If you would like to relocate when retirement comes or be a "snowbird," start exploring locations now. You do not need to move or buy property. Visit a friend for a few days. Or take a vacation in a location you are considering living in. Sampling locations will give you a bit of an opportunity to see if the area fits your lifestyle and needs.

Even if you are thinking about downsizing and staying local, you need to understand the type of properties that are available in your area. Today's options are expansive. From regular condominium units to over 55 living communities to lifecare communities, recognizing which one fits for you can be overwhelming. Checking the places out by visiting or stopping by a sales office is a good investment of your time.

Thinking now how each choice affects your pocketbook, lifestyle and retirement goals will make it easier when the time comes to make any choices.

Medical Expenses

Medical conditions as a result of aging are inevitable. They range from minor to life changing. Some may be conditions we are genetically disposed to, but even those we can make better by staying on top of our health.

Manage your medical conditions. Consider ways now to prioritize your health. You cannot change it, but you can be attentive. Do not wait until retirement to concentrate on what is going on in your body. Starting to get cataracts? Wear sunglasses more to help slow them down. Pre-diabetic? Manage your sugar intake. Get regular checkups to stay healthy.

Exercise regularly. This important phrase is repeated so often we may have tuned it out. However, have you ever considered it a part of your retirement plan? If you want to stay active in retirement, start moving. Exercise for your mental and physical health. Try a walk after dinner, a new yoga class, or a membership to a gym (that you go to!). Every physical activity will lead to a healthy and happier retirement.

A bonus: You may work at a company that offers the additional wellness benefit, which supports gym memberships, sneakers and other healthy equipment.

Eat right for your health. This sounds good but what is eating right for your health? If you have never met with a nutritionist or learned about good eating, this may be the time. Though you cannot stop every disease with food, you can feel better. There are huge benefits to many different types of eating. Learn about the Mediterranean diet, which may help you live longer.

Do you not think you can make lifestyle changes? Check out three pre-retirees I know:

- At 60, Mario took up long-distance running to manage his health conditions. He lost weight, feels great and has stayed off medication.
- At 50, MaryAnn finally gave up smoking and now is walking most days.
- At 45, Jose gave up his Friday night drinking with the boys and now is off alcohol all together because he feels better and lost weight.

These folks all have one thing in common: consistent attentiveness to their bodies which has benefited their health. Manage what you can now as you save for retirement, and you will be positioning yourself better in retirement.

We cannot control most things in life. You know that there are no guarantees; however, know what you can control as far as your future expenses. As a result, you will be positioning yourself for a successful retirement.

Invest in yourself, your home, your future.

Contributing Author: C.D. Moriarty, CFP, is a financial speaker, writer and coach, living in the Green Mountains of Vermont where she is working on a memoir. She can be found at MoneyPeace.com.

GrandFamilies

Family and Kinship

Why Grandparents Are Becoming Full-Time Parents Again—Financially and Emotionally

Across the country, more grandparents are stepping into the role of full-time parents—raising grandchildren due to family crises, addiction, incarceration, or economic hardship. This shift, known as "kinship care," is no longer rare. Nearly 2.7 million grandparents are now primary caregivers for children under 18, according to recent census data. While the arrangement can be rewarding, it also brings financial strain, emotional stress, and lifestyle changes that many older adults weren't prepared for. Retirement plans are being rewritten—and family dynamics are evolving.

Retirement Savings Take a Hit

Grandparents raising grandchildren often dip into retirement savings to cover everyday costs: food, clothing, school supplies, and medical care. Many were living on fixed incomes before taking on caregiving responsibilities, and the added expenses can be overwhelming. Some delay retirement entirely, while others return to work part-time to make ends meet. The financial toll is compounded by the fact that many do not receive child support or formal assistance. What was once a nest egg for aging comfortably becomes a lifeline for raising a second generation.

Legal and Custody Challenges

Kinship care isn't always formalized through the courts, which can create legal complications. Without legal custody, grandparents may struggle to enroll children in school, authorize medical treatment, or access benefits. Navigating family court is expensive and emotionally taxing, especially for seniors unfamiliar with the system. Some states offer kinship navigator programs to help guide families through the process, but awareness is low. Legal uncertainty adds another layer of stress to an already demanding role.

Emotional and Physical Demands

Parenting is hard at any age—but for older adults, the physical and emotional demands can be especially intense. Grandparents may face health issues, limited mobility, or chronic conditions that make caregiving more difficult. They also grapple with grief, guilt, or anger over the circumstances that led to kinship care. Despite the challenges, many say the bond with their grandchildren is worth it. Still, the emotional toll is real—and support systems are often lacking.

Education and Technology Gaps

Helping grandchildren with homework, navigating online school portals, and managing digital devices can be daunting for seniors. The education system has undergone significant changes, and many grandparents feel unprepared to keep up. This can lead to frustration, embarrassment, or disengagement. Schools and community programs are beginning to offer tech training and tutoring support for grandparent caregivers—but access varies widely. Bridging the generational gap is essential for academic success and family harmony.

Financial Assistance Is Available—But Underused

Many grandparents don't realize they may qualify for financial aid, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and child-only grants. Some states offer kinship care subsidies or foster care payments if legal guardianship is established. However, application processes can be confusing, and stigma may prevent families from seeking help. Advocacy groups are working to raise awareness and simplify access, but more outreach is needed.

Community Support Makes a Difference

Support groups, faith-based organizations, and local nonprofits are stepping up to help grandparent caregivers. These groups offer emotional support, legal guidance, and practical resources like diapers, school supplies, and transportation. Connecting with others in similar situations can reduce isolation and build resilience. Grandparents who engage with community programs often report better outcomes—for themselves and their grandchildren.

Policy Changes Are on the Horizon

Lawmakers are beginning to recognize the unique challenges faced by grandparent caregivers. Proposed legislation includes increased funding for kinship care programs, expanded access to legal aid, and tax credits for informal caregivers. Some states (**https://www.aging.nm.gov/2025/04/15/governor-signs-kinship-caregiver-support-pilot-program/)** are piloting grandparent-specific support services, including housing assistance and mental health counseling. As the trend grows, policy must evolve to meet the needs of these unexpected parents.

A New Definition of Family

Grandparents raising grandchildren are redefining what family looks like in America. They're blending generations, rewriting retirement, and showing extraordinary resilience. While the journey is often difficult, it's also filled with love, purpose, and second chances. These caregivers deserve recognition, support, and resources to thrive—not just survive.

The Reality of Grandparents Raising Grandchildren

More grandparents are becoming full-time parents again—and it's changing everything from finances to family dynamics. With the right support, they can navigate the challenges and build strong, stable homes for future generations. It's time to shine a light on their stories and ensure they're not doing it alone.

Are you a grandparent raising grandchildren? Share your experience or advice in the comments—we'd love to hear how you're managing.

For more information, visit: https://www.savingadvice.com/articles/2025/11/08/1017098 6_why-grandparents-are-becoming-full-time-parents-again-financially-and-emotionally.html

NCBA Supportive Services

Founded in 1970, NCBA is a national 501 (c) (3) nonprofit organization. Headquartered in Washington, DC, NCBA is the only national aging organization who meets and addresses the social and economic challenges of low-income African American and Black older adults, their families, and caregivers.

NCBA Supportive Services include:

Job Training & Employment Programs

The Senior Community Service Employment Program (SCSEP)

SCSEP is a part-time community service and work-based job training program that offers older adults the opportunity to return or remain active in the workforce through on the job training in community-based organizations in identified growth industries.

Priority is given to Veterans and their qualified spouses, then to individuals who: are over age 65; have a disability; have low literacy skills or limited English proficiency; reside in a rural area; may be homeless or at risk for homelessness; have low employment prospects; failed to find employment after using services through the American Job Center system.

Annually, NCBA and CVS partner to host job fairs to orient SCSEP participants about the benefits of working at CVS as a mature worker.

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

The Senior Environmental Employment Program

NCBA administers the Senior Environmental Employment (SEE) Program with funding from the U.S. Environmental Protection Agency.

Agency (EPA) to older adults, age 55+ with professional backgrounds in engineering, public information, chemistry, writing and administration the opportunity to remain active in the workforce while sharing their talents with the U.S. Environmental Protection Agency (EPA) in Washington, DC, and at EPA Regional Offices and Environmental Laboratories in NC, OK, FL, and GA.

To learn more about the Senior Employment Environment Program (SEE), visit: https://ncbainc.org/see/

Health

The NCBA Health and Wellness Program offers continual education, resources, and technical assistance either in-person, online, or through self-paced learning opportunities. The program offers a wide variety of social and economic services and support including, the delivery and coordination of national health education and promotion activities, and the dissemination of and referral to resources.

To learn more visit: https://ncbainc.org/the-ncba-health-and-wellness-program/

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://ncbainc.org/affordable-housing/

Samuel J. Simmons NCBA Estates located in Washington, DC

Carl F. West Senior Estates --Now Open

Carl F. West Senior Estates and Grandfamily Apartments are now OPEN!

For more information, call 202-289-1700 or visit: info@ncbacfw.com.

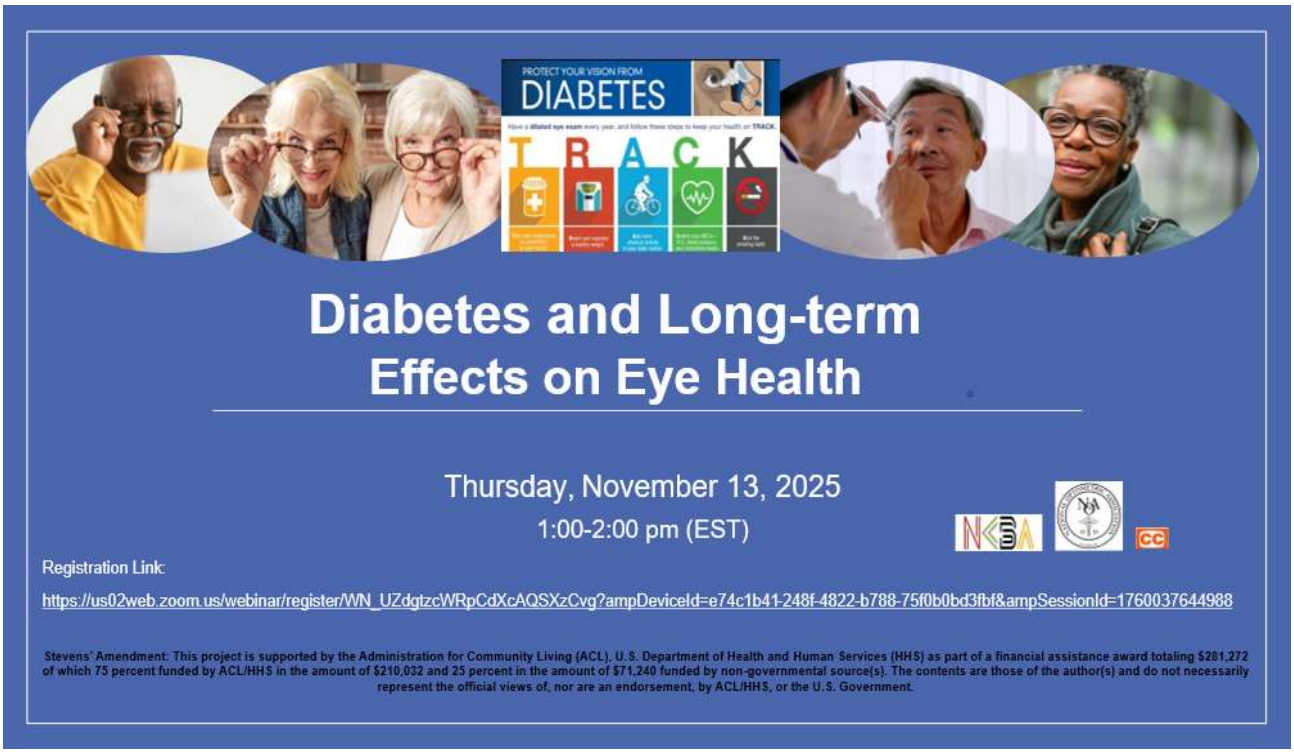
Social Media

To learn more about NCBA programs, services, and upcoming events, follow us on Facebook, Twitter, and Instagram!

Facebook @NCBA1970
Twitter@NCBA1970
Instagram@NCBA_1970

You're also welcome to learn more about NCBA by visiting our website at www.ncbainc.org. We look forward to hearing from you!

UPCOMING EVENTS



MEDICARE ENROLLMENT FOR 2026

The Medicare open enrollment period for 2026 runs from October 15 to December 7, 2025 allowing beneficiaries to review and adjust their plans for the upcoming year.

Key Dates

- **Open Enrollment Period**: October 15 to December 7, 2025
- **Coverage Start Date**: January 1, 2026

Important Changes for 2026

1. **Negotiated Drug Prices**: For the first time, Medicare will offer negotiated prices on ten high-cost prescription drugs, which is expected to save beneficiaries approximately $1.5 billion in out-of-pocket costs. 2
2. **Out-of-Pocket Spending Cap**: The annual out-of-pocket spending cap for covered Part D drugs will be set at **$2,100**, an increase of $100 from 2025. This means once beneficiaries reach this amount, they will not pay any more copays or coinsurance for the rest of the year. 2
3. **Part D Deductible Increase**: The maximum deductible for Part D plans will increase to **$615**, up from $590 in 2025. Some plans may offer lower deductibles or none at all. 1
4. **Medicare Advantage Premiums**: The average monthly premium for Medicare Advantage plans is projected to decrease from $16.40 in 2025 to **$14.00** in 2026, providing some financial relief for beneficiaries. 2
5. **Adult Vaccines Coverage**: Starting in 2026, adult vaccines will be covered without any deductibles or copays, enhancing preventive care benefits for Medicare beneficiaries. 1

4 Sources

Enrollment Options

During the open enrollment period, beneficiaries can:

- Review their current coverage and make necessary changes.
- Switch from Medicare Advantage to Original Medicare or vice versa.
- Enroll in or change their Part D prescription drug plans.
  It is crucial for beneficiaries to take the time to compare plans and ensure their coverage aligns with their health needs for the upcoming year. For more detailed information and resources, you can visit the AARP Medicare page here. 1

7 Changes Coming to Medicare in 2026

Lower prices on 10 drugs, new features in plan finder, no reenrollment in prescription payment plan? Check, check and check……

Key takeaways

- ✓ You'll see lower prices on 10 popular high-cost prescriptions.
- ✓ Misled by plan finder? You'll have a chance to change MA plans.
- ✓ Drug spending cap rises. Payment plan reenrollment is put on auto.
- ✓ Original Medicare begins prior-authorization pilot program.
- ✓ Advantage plan pilot shut down; limits added to second program.

The new year will bring a new round of Medicare coverage, cost and policy changes that will affect each beneficiary differently, depending on their medical needs, income and other factors. To help you stay in the know, AARP lists some of the most significant changes that will shape your 2026 coverage.

1. **Medicare-negotiated lower drug prices start**

Ten prescription drugs (**https://www.aarp.org/medicare/first-medicare-negotiated-drug-prices-debut/**) with high costs for Medicare will be available at lower prices in 2026.

The first round of these Medicare-negotiated prices, made possible under a prescription drug law (**https://www.aarp.org/advocacy/inflation-reduction-act-questions-answers-2022/**) passed in 2022 that AARP supported, will help make medications more accessible and affordable. The lower prices for these 10

medications (**https://www.aarp.org/advocacy/medicare-drug-price-list-2024/**)— which include arthritis, blood clot, cancer and diabetes drugs — are expected to improve quality of life for millions of beneficiaries.

The negotiated prices, which become effective Jan. 1, must be made available to eligible Medicare beneficiaries, and the 10 drugs must be included among the covered drugs for all Medicare Advantage prescription drug plans and stand-alone Part D drug plans that beneficiaries in original Medicare can buy.

The savings are expected to lower recipients' out-of-pocket spending by an estimated $1.5 billion in 2026, and the savings will continue every year. If lower prices had been in effect in 2023, Medicare itself would have saved about $6 billion, the Centers for Medicare & Medicaid Services (CMS) says.

Drug name	Negotiated price	List price in 2023	Percent discount
Januvia	$113	$527	79%
NovoLog/Fiasp, several pens	$119	$495	76%
Farxiga	$178	$556	68%
Enbrel	$2,355	$7,106	67%
Jardiance	$197	$573	66%
Stelara	$4,695	$13,836	66%
Xarelto	$197	$517	62%
Eliquis	$231	$521	56%
Entresto	$295	$628	53%
Imbruvica	$9,319	$14,934	38%

Source: Centers for Medicare & Medicaid Services • Embed

AARP

2. <u>Some enrollees may get another chance to switch plans</u>

If you've looked at the 2026 Medicare Plan Finder **(https://www.medicare.gov/plan-compare/#/?year=2026&lang=en)**, readied for Medicare open enrollment Oct. 15 to Dec. 7, CMS has included information about which doctors and other health care providers are included in a Medicare Advantage plan's network **(https://www.aarp.org/medicare/medicare-plan-finder-provider-listings/).**

Now many consumers interested in a Medicare Advantage plan won't have to leave the plan finder to see if their doctors, hospitals and other health care providers are included in an insurer's provider network. Previously, potential enrollees had to get that information by visiting each plan's website, calling each company or enlisting an insurance broker to assist them. Be advised: The provider-directory information is not listed for all plans; new information will be added and updated as CMS receives it.

Enrollees who choose original Medicare can see any physician who accepts Medicare, which is about 98 percent of all doctors who aren't pediatricians, according to KFF (**https://www.kff.org/medicare/how-many-physicians-have-opted-out-of-the-medicare-program/)**, a nonpartisan health policy nonprofit headquartered in San Francisco with a presence in Washington, D.C.

About half of Medicare beneficiaries have Medicare Advantage plans, the privately run alternative to original Medicare. These plans limit participants to their lists of providers and charge more or require full payment for out-of-network services.

If Medicare Advantage enrollees who used plan finder during their first three months on a new plan discover that its information was wrong and their doctors are not in-network, they'll be eligible to switch to a plan that has their providers or go to original Medicare during an only-in-2026 special enrollment period. So as soon as coverage begins, you should determine whether the providers you want really do take your insurance.

3. Deductibles and spending caps for Part D plans go up

The $2,000 limit on out-of-pocket expenses for prescription drug plans, which includes stand-alone plans that go with original Medicare and drug coverage provided through Medicare Advantage plans, is rising in 2026 to $2,100. The cap was introduced in 2025. This $100 increase, a 5 percent climb, reflects the annual percentage increase in average spending for covered Part D drugs that occurred in 2024.

Also increasing is the maximum Part D deductible, adjusted each year. It will be $615, up from $590 in 2025. Some Part D plans will have lower deductibles or none at all.

4. No reenrolling in Medicare drug payment plan needed

In 2025, original Medicare enrollees in Part D prescription plans and Medicare Advantage plans with prescription coverage had the option to pay out-of-pocket costs in monthly installments rather than all at once at a pharmacy. Paired with the $2,000 cap on out-of-pocket prescription costs, that might have meant

that a $2,000 bill in January became a $167-a-month payment through the Medicare Prescription Payment Plan.

To make enrollment in the program easier in 2026, those who participated in 2025 will be reenrolled automatically unless they opt out or change to a new Part D or Medicare Advantage plan. If you do change plans and want to continue on a payment plan, just contact your new drug plan. “Automatic renewal eases burden for both participants and plan sponsors,” CMS said. For participants who decide not to stay, Part D plans must process their opt-out request within three days.

5. Original Medicare begins prior authorization test

In a six-year experiment that begins Jan. 1, millions of original Medicare beneficiaries in six states could be required to get advance approval, called prior authorization (**https://www.aarp.org/medicare/faq/what-is-medicare-prior-authorization**)/, before certain medical services, procedures or devices are covered.

If successful, the pilot project could lead to wider use of prior authorization in original Medicare, possibly using artificial intelligence (AI). The practice is already widely used in Medicare Advantage (**https://www.aarp.org/pri/topics/health/coverage-access/prior-authorization-federal-rules-protecting-people-medicare-adv/**), with some plans using AI and algorithmic software to help make coverage decisions. The experiment runs through December 2031 and could involve up to 6.4 million original Medicare beneficiaries in parts of Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington, according to estimates from McDermott+, a health care consulting firm in Washington, D.C. It’s designed to speed up coverage decisions and cut wasteful spending on at least 16 devices, procedures and services that are “particularly vulnerable to fraud, waste and abuse or inappropriate use,” according to CMS. Technology companies that participate will be paid based on savings from denied medical claims, which has drawn the ire of the American Medical Association and consumer organizations.

The pilot project comes amid concerns from lawmakers, government watchdogs (**https://oig.hhs.gov/reports/all/2022/some-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care/?url=https%25253A%25252F%25252Foig.hhs.gov%25252Freports%25252Fall%25252F2022%25252Fsome-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care%25252F&data=05%25257C02%25257Capugh%252540aarp.org%25257Cfb748b2785aa43b3bab808ddf706fc91%25257Ca395e38b4b754e4493499a37de460a33%25257C0%25257C0%25257C638938331558182711%25257CUnknown%25257CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAi**

OiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%25253D%25253D%25257C0%25257C%25257C%25257C&sdata=551hGfAFuzT8BaM1tIVhSDMcNQepQj1x7fcGSY5uGXQ%25253D&reserved=0) and others that Medicare Advantage plans' prior authorization procedures (**https://www.aarp.org/medicare/faq/medicare-part-d-restrictions/)** can create burdens for caregivers, who have to figure out how to appeal, and risk the health of patients by delaying or denying care that would otherwise be covered under original Medicare.

7. Medicare Advantage plans limit nonmedical benefits

The Bipartisan Budget Act of 2018 expanded the types of supplemental benefits that Medicare Advantage plans could offer to chronically ill enrollees. In 2026, CMS is limiting the types of allowable coverage. This help, called Special Supplemental Benefits for the Chronically Ill, doesn't have to relate to health but must have a reasonable expectation of improving or maintaining the health or function of someone who has a persistent medical condition, according to CMS.

Among the benefits and treatments that **WONT** be allowed in 2026:

- Alcohol, cannabis and tobacco products
- Certain cosmetic surgeries and procedures, such as facelifts, treatment for facial lines and remedies for atrophy of collagen and fat
- Funeral planning and expenses (**https://www.aarp.org/money/personal-finance/ways-to-lower-funeral-costs/)**
- Life insurance and hospital indemnity insurance (**https://www.aarp.org/money/personal-finance/keep-life-insurance-or-cash-out/)**
- Unhealthy foods (**https://www.aarp.org/health/healthy-living/foods-to-avoid-after-50/)**

"We believe that codifying a non-exhaustive list of examples of items or services that do not meet these standards will provide transparency and greater certainty for MA organizations and enrollees about the rules that govern these benefits," CMS says in the rule.

For more information, visit: https://www.aarp.org/medicare/whats-new-in-medicare-2026/

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