The Caucus Corner

NCBA Monthly Newsletter
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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. 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.

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

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

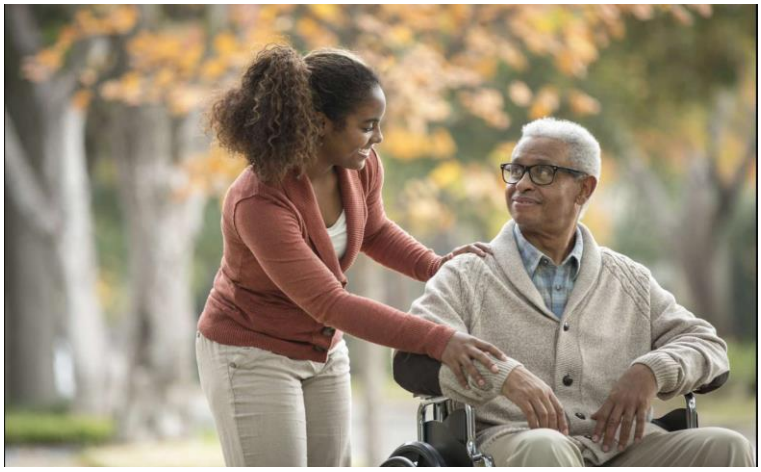
And make no mistake - this is a crisis. When caregivers leave the workforce, skip their own health needs or suffer burnout, the entire health system feels the ripple effects, from increased emergency room visits to rising hospital readmissions. The brunt of those costs falls on Medicaid and Medicare.

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.

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.

For more information, visit: https://www.nextavenue.org/americas-caregiving-crisis-is-getting-worse/

What are the Pros and Cons of Receiving Pay as a Family Caregiver?

Money changes everything, including relationships with siblings and other members of a care team

Imagine a 53-year-old woman named Melissa who, six months after beginning to receive a salary for serving as her father's personal care attendant, feels generally satisfied with the arrangement. Although she only earns $13 an hour for helping him with dressing, grooming, and getting around his apartment, as well as cleaning and cooking for him, the money she makes allows her to afford her father's medical copays, cans of protein supplement and basic repairs to his house where she now lives with him. She also keeps a portion of her wages for herself to offset the income she lost by leaving her better-paying job as an administrative assistant to become his full-time paid family caregiver.

A recent systematic review of research studies in the September 2024 edition of *The Gerontologist* seems to confirm Melissa's impressions. The studies analyzed were all about

family members who received monies for caring for a family member under a state-run self-direction program, which allow Medicaid recipients to pick who is hired to care for them; many choose family members. (Other family caregivers whose care receivers don't qualify for Medicaid may still be paid an agreed-up sum directly by their care receivers or other relatives.)

The review found, not surprisingly, that paid family caregivers experience improved personal and social well-being. It also noted that paying them increased their intention to continue caregiving.

We can interpret these conclusions to mean that money matters materially and psychologically for family caregivers. Even a modest salary may help support a caregiving household. It may help family caregivers feel acknowledged and valued, not taken for granted as many unpaid family caregivers do.

The review was not entirely positive, however. It found that paid family caregivers experience more "emotional strain" than personal care attendants who are not related to the care receiver. That suggests that caring for someone with whom they have a familial bond causes more stress (though this is also likely true for unpaid family caregivers). It is also possible that getting paid may complicate family dynamics.

For example, without coming right out and saying it, Melissa's two brothers seem to resent her for profiting from Dad's decline as if she is some sort of greedy mercenary rather than his loving daughter. Since she started receiving a salary, they drop by the house less often and rarely offer to help her. It is as if they believe the family caregiving job is now hers and hers alone.

Family caregivers should be able to earn a wage for their hard work without family drama. How is that possible? Here are some ideas:

First, Do Homework

There is not one self-direction program implemented throughout the country for paying family caregivers; every state has its own or several different ones, and they vary in terms of who is eligible and how they are run. For instance, in some states, spouses can be paid for caring for a partner, in others, not. Some require family caregivers to undergo specified training; others don't.

To figure out which program rules may apply to you in the state where your care receiver resides, you can put the name of that state and the term "self-direction" (or "consumer-direction" or "participant-direction," also commonly used for the same type of program) into an internet search engine to find an online site with information.

Alternatively, you can call the state's Medicaid department (often called the Department of Human Services) or the care receiver's local Area Agency on Aging (AAA) to obtain information. (You can look up which AAA to contact by going to the Eldercare Locator and putting in the care receiver's ZIP code.)

Set Clear Role Expectations

Paid family caregivers don't stop being first and foremost family members. That means they should make clear to care receivers and other family members that they aren't employees who are obliged to jump at every barked order; they are family caring for family and deserve respect.

If Melissa's father becomes demanding, impatient, or irritable with her, she can tell him that she expects him to treat her politely just as she might in any father-daughter interaction. If one of her brothers expresses his resentment that she is raking in a "fat" salary, she can tell him she expects he will be a supportive sibling.

Be Open and Frank

There should be no family secrets about money in family caregiving. Paid family caregivers should inform care receivers and other family members about exactly how much they are getting paid for completing which duties and what portion of that amount is being put toward paying for services that benefit care receivers. It should be evident that the primary caregiver is not reaping riches from a relative's decline. And paid family caregivers needn't feel guilty or shy about asking for help.

Receiving a wage doesn't give them superpowers to manage what can be an overwhelming job; they still need support. Other relatives aren't suddenly exempt from all responsibility toward the care receiver or the paid family caregiver. Money changes many things, but not that.

For more information, visit:
https://www.aarp.org/caregiving/financial-legal/pros-cons-paid-family-caregiver/?cmp=PDSVATTL0DND8&gclid=0c07f340c1e41f17bbbe9ac2ddd85a0e&gclsrc=3p.ds&msclkid=0c07f340c1e41f17bbbe9ac2ddd85a0e&utm_source=bing&utm_medium=cpc&utm_campaign=Caregiving-PaidFamily-NonBrand-Phrase&utm_term=getting%20paid%20taking%20care%20of%20elderly%20parents%20at%20home&utm_content=Paid-ElderlyParent

10 Common Mistakes That Family Caregivers Make

Experts share how to avoid these caregiving pitfalls

Family caregivers make mistakes. If they didn't, they wouldn't be human. Yet these caregivers of older parents and friends are handed the impossible task of making everything OK on their watch. But when they make a mistake — big or small — it often feels to them as if they have committed a crime.

The real crime is taking mistakes personally. The *opportunity* is to learn from these errors. That's why AARP reached out to gerontologists, professors and authors who have written about adult caregiving to find out what they believe are the most common miscues that adult caregivers make — and how to prevent them. This is what the experts revealed:

1. Holding back the offer to help adult parents

Sometimes the biggest mistake can be waiting to assist aging parents. "Out of respect for their parents, many hold back too long to help their relatives," says Donna Benton, a research associate professor of gerontology at the USC Leonard Davis School of Gerontology in Los Angeles.

The secret sauce for getting parents to accept your help, she says, is often in how you present it. Parents are often more likely to accept help from an adult child if you make the request about your well-being, not just theirs, she says. For example, you might earn their trust by saying something like, "If you let me help around the house and let me drive you more often, it will help me to worry less about you," says Benton.

2. Failing to report medical side effects to the doctor

Adult family caregivers are typically pretty good at listening to — and accurately abiding by — any medical advice a doctor provides to their parents or loved ones. Unfortunately, that's where the help stops. Too often, caregivers fail to report back to the doctor on possible side effects from any medication or treatment, says Benton.

Don't ever be afraid to question side effects, says Benton. For example, if there's a change in personality over a day or two, it might have something to do with the medication, she says. To do this, though, you must have open communication with your loved one's doctors, which might also require advance verbal or written permission from your parent.

3. Trying to change lifelong habits of your parent

Suppose, for example, the parent who you are providing care has eaten junk food — like candy, soda pop and potato chips — all their lives. On top of that, they've never much liked to exercise and prefer to sit on the couch much of the day watching TV. But their doctor has asked them to eat better and exercise more. Where does that leave you?

It's not likely that you're going to be successful at getting a parent to change their lifetime bad habits, says Pamela Wilson, an adult caregiving expert, advocate and speaker. But there is a middle ground. You may want to validate by telling your parent that you agree their doctor is asking for a lot. Even, then, you need to advise them of the consequences that are likely to occur if they continue to ignore their doctor's advice, says Wilson. As long as a person is fully aware of the repercussions of not taking care of their health condition, they have the right to say no, she says. "You have to have the conversation that asks: What is your plan if you get too sick and can no longer stay in the house?"

4. Disregarding the financial aspects of caregiving

All aspects of health care are expensive. The best time to speak with your parents about the costs of caregiving and healthcare is before they actually need it, says Wilson. Talking about money with your parents is hard, but it's much harder under the stress of a medical event, says Wilson. "You have got to find out how your parents have planned for care needs — or not," she says.

This financial discussion ultimately should include getting all the important paperwork done — including getting access and passwords to their online bank and brokerage accounts. If they don't have a plan — which is often the case — it's time to help them start to make one.

5. Forgetting to plan social opportunities for your parent

For overburdened caregivers, it's tempting to laser focus on the most important things — like picking up groceries and medicine — and ignore the things you believe you don't absolutely have to do, like arranging social outings for your parent. But social isolation is incredibly damaging to the physical and mental health of older adults, says Sharona Hoffman, professor of law and bioethics at

Case Western Reserve University in Cleveland,. "It's important to make sure they are interacting with others and engaging in activities — even if they have dementia," she says.

This is the sort of task for which you can certainly reach out for help, says Wilson. There's probably a volunteer at their church or synagogue who would be willing to drive them to a service. And they may have neighbors who want to help but don't know what to do. These nearby friends could be encouraged to take your parent for a walk around the block or take them to activities at the local senior center.

6. Assuring your parent that they can age in place

Many older adults are understandably adamant about wanting to age in place. After all, there is often comfort in the familiar. And many want nothing to do with living only with their peers. But it's still a mistake to assure your parent that you will make certain they will always be able to stay in their own home, says Hoffman.

"If they live alone at home, there is a real risk that they will become socially isolated," says Hoffman. So, for many older adults who mostly just see their caregivers and their doctors, it would be a mistake not to at least explore the possibility of senior communities or assisted living options, she says.

7. Thinking you're a bad caregiver if you make a mistake

People need to understand that adult caregiving is a very, very hard job, says William Haley, professor at the School of Aging Studies at the University of South Florida located in Tampa, Florida. There are so many things a caregiver must be: a nurse, psychologist, dietician, activity director, financial manager, housekeeper and safety inspector. "It's very challenging to manage all of these duties," he says.

In the end, every caregiver will make mistakes. What's most critical is not to take mistakes personally but to think of them as learning opportunities. This is an issue that may lead some caregivers to feel depressed — especially those who are perfectionists, he says. Don't let that happen, Haley advises. "There's a long learning curve."

them their favorite foods daily. Or be the person who is the conduit to them seeing their friends. That's why it's important to take the time to reflect on the joy and comfort you're bringing to a family member by being their caretaker, Haley says, "And not taking the easy way out."

8. Waiting for a crisis to ask for help from others

Caregivers tend to think they can do everything — until they can't. Then, by the time a crisis occurs and they desperately need assistance, that help is not immediately available. Why wait? poses Haley. Many caregivers, by nature, as used to doing for others but not for themselves. It's crucial to nix that mindset early on.

The best way to seek help is early — and to ask, initially, for smaller things. Maybe there's a sibling who is good at math and would be happy to help with the bill-paying. Or maybe there's a neighbor who would like to stop by and visit with Mom weekly.

At the same time, you want to make certain that before your parent faces a health crisis you've had them sign proper paperwork that gives you power of attorney.

9. Neglecting self-care

It's one thing to get your parent to a doctor's appointment or to the hair salon, but what about yourself? asks Benton. Forgetting to self-care — like getting regular exercise and respite from caregiving duties — is one of the most common mistakes made by adult caregivers. It is also the one thing that can be among the most crushing because it can ultimately result in you burning out or even getting sick.

What happens to your loved one if you aren't available to care for them? she asks. "You don't want to get sicker than the person you're caring for."

10. Minimizing the importance of their caregiving

Adult caregivers are often so busy caregiving that they forget how critical their mission is for their parents — and for themselves, says Haley.

Think of all the good things you're doing. You may be helping a parent to stay a bit longer in the home that they love. You may be the one who is feeding them their favorite foods daily. Or be the person who is the conduit to them seeing their friends. That's why it's important to take the time to reflect on the joy and comfort you're bringing to a family member by being their caretaker, Haley says, "And not taking the easy way out."

Contributing Author: Bruce Horovitz is a contributing writer who covers personal finance and caregiving. He previously wrote for The Los Angeles Times and USA Today. Horovitz regularly writes for The New York Times, The Wall Street Journal, The Washington Post, Investor's Business Daily, AARP The Magazine, AARP Bulletin, Kaiser Health News and PBS's Next Avenue.

Benefits of Flu Vaccine

What to Know

Despite the many benefits offered by flu vaccination, only about half of Americans get an annual flu vaccine. During an average flu season, flu can cause millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths. Many more people could be protected from flu if more people got vaccinated.

The benefits of flu vaccination

There are many reasons to get an influenza (flu) vaccine each year. Below is a summary of the benefits of flu vaccination and selected scientific studies that support these benefits.

Reduce Flu Illness

Flu Vaccination Can Keep You from Getting Sick with Flu

- Flu vaccine prevents millions of illnesses and flu-related doctor's visits each year. For example, during 2019-2020, the last flu season prior to the COVID-19 pandemic, flu vaccination prevented an estimated 7 million influenza illnesses, 3 million influenza-associated medical visits, 100,000 influenza-associated hospitalizations, and 7,000 influenza-associated deaths.

- During seasons when flu vaccine viruses are similar to circulating flu viruses, flu vaccine has been shown to reduce the risk of having to go to the doctor with flu by 40 - 60%.

Reduce Severity of Illness

Flu Vaccination has been shown in several studies to reduce severity of illness in people who get vaccinated but still get sick.

- A 2021 study showed that among adults hospitalized with flu, vaccinated patients had a 26% lower risk of intensive care unit (ICU) admission and a 31% lower risk of death from flu compared with those who were unvaccinated.

- A 2018 study in New Zealand showed that among adults hospitalized with flu, vaccinated patients were 59% less likely to be admitted to the ICU than those who had not been vaccinated. Among adults in the ICU with flu, vaccinated patients spent on average four fewer days in the hospital than those who were not vaccinated.

Reduce the Risk

Flu Vaccination Can Reduce the Risk of Flu-Associated Hospitalization

- Flu vaccination prevents tens of thousands of hospitalizations each year. For example, during 2019-2020 flu vaccination prevented an estimated 100,000 flu-related hospitalizations.
- A 2018 study showed that from 2012 to 2015, flu vaccination among adults reduced the risk of being admitted to an ICU with flu by 82%.
- A 2017 systematic review found that during 2010-2011 through 2014-2015, flu vaccines reduced the risk of flu-associated hospitalization among older adults by about 40% on average.
- A 2014 study showed that flu vaccination reduced children's risk of flu-related pediatric intensive care unit (PICU) admission by 74% during flu seasons from 2010-2012.

Chronic Conditions

Flu Vaccination is an Important Tool for People with Certain Chronic Health Conditions

- Flu vaccination has been associated with lower rates of some cardiac events among people with heart disease, especially among those who have had a cardiac event in the past year.

- Flu vaccination can reduce the risk of a flu-related worsening of chronic lung disease, such as chronic obstructive pulmonary disease (COPD), which requires hospitalization.

- Among people with diabetes and chronic lung disease, flu vaccination has been shown in separate studies to be associated with reduced hospitalizations from a worsening of their chronic condition.

Getting yourself vaccinated may also protect people around you, including those who are more vulnerable to serious flu illness, like babies and young children, older people, and people with certain chronic health conditions.

For more information, visit: https://www.cdc.gov/flu-vaccines-work/benefits/index.html

Senior Flu Shots

Key Takeaways

- Senior flu shots are more potent and meant for people 65 years and older.
- The CDC recommends Fluzone, Flublok, and Fluad flu vaccines for seniors.
- Older adults should get their flu shot between late September and the end of October.

What Is a Senior Flu Shot?

The CDC recommends an annual flu vaccine for everyone 6 months and older (with a few, rare exceptions).[3]

However, the standard flu vaccine is not as effective in persons 65 years and older, and older adults are at higher risk for complications, and even death, from the flu.[4]

The immune system gets progressively weaker with aging, a process called immunosenescence. This causes a slowing of immune cell generation in response to pathogens, leading to an increased susceptibility to disease in the older population.[5]

In 2022, the CDC recommended that persons 65 years and older receive annual high-potency influenza vaccines instead of standard flu shots.[6] These senior flu shots prompt a stronger immune response for greater protection against the influenza virus.

Types of Flu Shots for Seniors

Senior flu shots are available in two formulations: high-dose or adjuvanted. Three of these vaccines available for the 2024-2025 flu season include:

- Fluzone high-dose vaccine
- Flublok recombinant vaccine
- Fluad adjuvanted vaccine

These senior flu vaccines are formulated to address specific immune system issues in people 65 years and older. They help boost immunity and prevent complications from influenza.[3]

High-Dose Flu Vaccines

High-dose flu vaccines contain higher amounts of flu virus antigens. Antigens prompt the immune system to produce antibodies against influenza strains. Antibodies are proteins that recognize and bind to specific antigens and neutralize pathogens.

The antibodies you develop from the flu shot help your immune system quickly mount a defense when exposed to the live flu virus.

High-dose vaccines promote a stronger immune response because they have more antigens than standard flu vaccines. Studies show high-dose vaccines offer older adults 24% more protection against the flu than the standard vaccine.[7]

The following high-dose flu vaccines are available this season:

- **Fluzone High-Dose** contains antigen levels four times greater than standard-dose vaccines. Fluzone is only approved for people 65 years and older.[7]

- **Flublok** contains antigen levels three times greater than regular flu shots. It is a recombinant vaccine manufactured without eggs. Flublok is approved for people age 18 and older and is not limited to older adults.[8]

Both these vaccines can be given with other live or inactivated vaccines.

Adjuvanted Flu Vaccine

The adjuvanted flu vaccine contains the same level of antigens as the standard vaccine but has an extra ingredient (an adjuvant) to trigger a stronger immune response.[9]

Fluad Quadrivalent is the only adjuvanted flu vaccine available for the current flu season and is only approved for people 65 years and older.[10]

Research in older adults shows the adjuvanted flu vaccine is more effective than the standard flu shot, helps to prevent complications and hospitalizations, and also appears to provide longer protection.[11]

Which Flu Shot Is Best for Seniors?

According to the CDC, the best flu shots for people 65 years and older are Fluzone, Flublok, and Fluad. Known as senior flu shots, the CDC gives no preference to one over another.[3]

A 2023 study found high-dose vaccines offer slightly stronger immunity than adjuvanted ones, though the difference was not statistically significant.[12] Consult your healthcare provider to determine which flu vaccine is best for you.

Why You Should Get the Senior Flu Shot

People 65 years and older are at the highest risk for influenza complications. About half of flu-related hospitalizations and up to 85% of flu-related deaths originate from this age group.[3]

An annual senior flu shot is critical to prevent these complications because immunity wanes over time, and the vaccine is tailored annually to the current most prominent flu strains.[13]

Research shows older adults often have weaker immune responses to the flu vaccine than younger people. The exact reason for this remains unclear, but investigators suspect two factors may contribute:[14]

- Pre-existing antibodies from prior flu seasons
- Chronic inflammation from arthritis, diabetes, heart disease, or other underlying health conditions

Senior flu shots address these issues to promote a stronger immune response and boost effectiveness.[15]

Prevent Flu Complications

Both high-dose and adjuvanted flu shots provide older adults with better protection against potential complications from the flu. Compared to standard vaccines, senior flu shots reduce flu-related hospitalizations and deaths.[6]

Some serious flu complications that require immediate medical care, include:[3]

- Difficulty breathing
- Chest or abdominal pain or pressure
- Dizziness or confusion
- Seizures
- Severe muscle pain or weakness
- Not urinating, or other signs of dehydration
- Fever or cough that continues or worsens
- Worsening chronic medical conditions

It's important to know that the flu can develop into pneumonia, a serious and potentially fatal lung infection. Pneumonia and flu symptoms can overlap, Always inform your healthcare provider about any unusual or worsening symptoms.

What Flu Vaccines Should Seniors Avoid?

Older adults should not be given Flumist, the nasal spray vaccine. This vaccine contains weakened, live influenza viruses and is not approved for use in adults over 50 years.[16] The older population should also avoid getting the standard flu shot unless higher-dose or adjuvanted influenza vaccines aren't available.[1]

When Should Older Adults Get a Flu Shot?

The best time for older adults to get the flu shot is late September through the end of October. This helps to ensure you have enough time (about two weeks) to build immunity before the holidays when flu activity starts to ramp up.[4]

People 65 years of age and older are advised against getting the flu shot too early in the season. The vaccine's protection fades faster in this population. An August vaccination could lose effectiveness before the end of flu season, typically at the end of May.[4]

However, a late flu shot is better than none at all. If you didn't get your annual influenza vaccine by the end of October, you can still get it in November or December.[4]

What Are the Side Effects?

The extra immunity offered by senior flu shots is also more likely to cause some side effects vs. standard flu shots. For the most part, side effects of the senior flu shot are mild to moderate and only last a few days.[17]

Senior flu shot side effects can include:

- Fatigue
- Headaches
- Injection site pain and redness
- Malaise
- Muscle aches

Rates of side effects vary among the different vaccines, as follows:

- **Fluad**: Injection site pain (16.3%), headache (10.8%), and fatigue (10.5%)[10]
- **Flublok**: Injection site tenderness (34%), injection site pain (19%), headache (13%,) and fatigue (12%)[18]
- **Fluzone**: Injection site pain (33%), myalgia (18%), headache (13%), and malaise (11%)[19]

For more information, visit: https://www.verywellhealth.com/senior-flu-shots-5215868#:~:text=TheCDCrecommendsanannualfluvaccineforeveryone6monthsandolder(withafew,rareexceptions).However,thestandardfluvaccineisnotaseffectiveinpersons65years

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/**

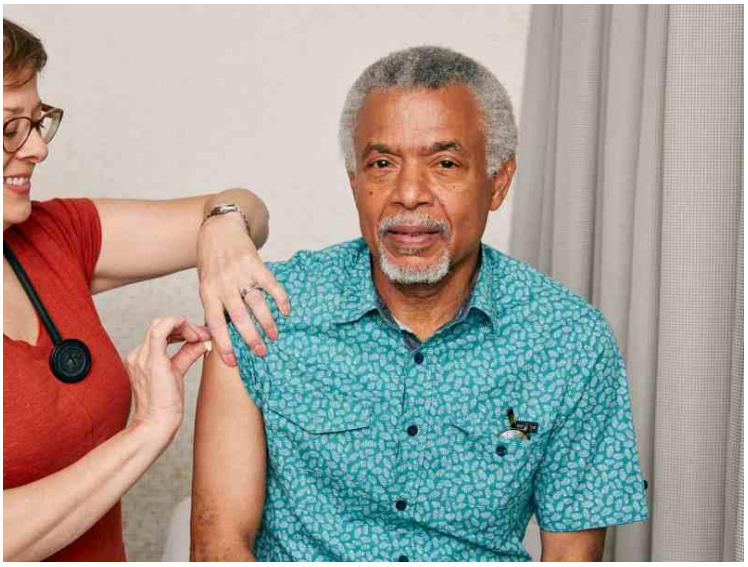
Vaccines may also be available through your local health department.

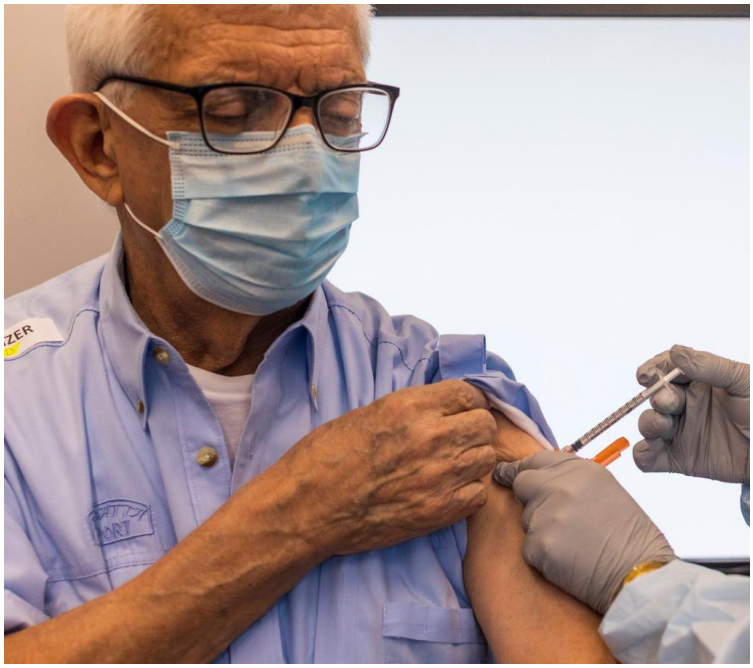
Visit your local National Association of County and City Health Officials at: **https://www.naccho.org/membership/lhd-directory**

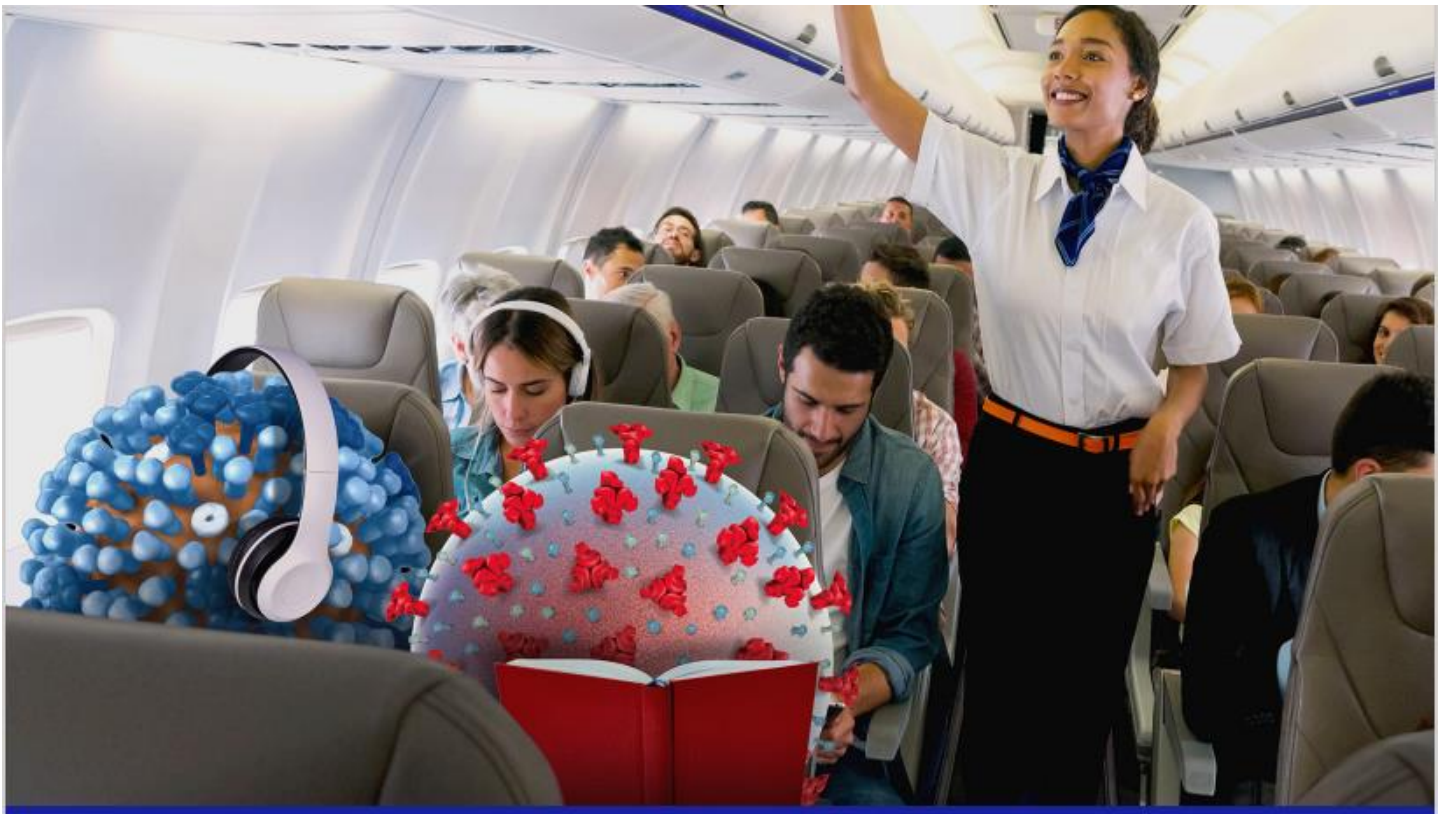
Data Sources and Disclaimer

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.







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CVEEP
Champions for Vaccine Education, Equity + Progress

Growing Up Blue-Collar

How my working-class upbringing has impacted my life as a 'coastal elite'

According to the Cambridge Online Dictionary, the term 'coastal elite' refers to "the group of educated, professional people living mainly in the cities on the western or northeastern coasts of the U.S. who have liberal political views and are often considered to have advantages that most ordinary Americans do not have."

Under that definition I *guess* I qualify? I live on the West Coast, I practiced law for over a decade, and I certainly feel gratitude for the advantages that my education and employment have granted me. And — yes, indeed — I have those "liberal political views."

But my roots are deeply, deeply blue-collar. My father worked as a butcher and my uncles were all employed at the lumber mill in the small Oregon town I grew up in. My cousins and I were the first generation to attend college and most of us simply finished high school. (Truth be told, a couple didn't make it that far.)

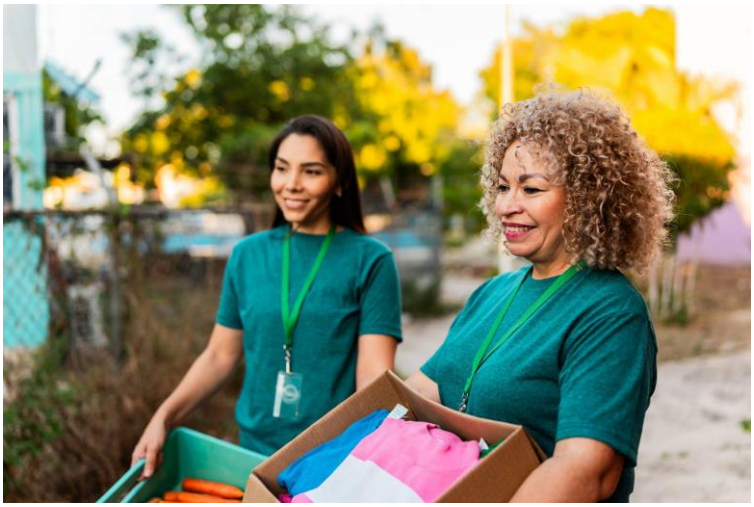
While I have at times bemoaned my working class background, lately I've started to view my childhood from a different perspective. I've shifted my paradigm. I now believe that growing up blue-collar was one of the best things to have ever happened to me.

Let me explain.

Intro to Sociology

First, a few reference points.

For context, when we talk about social class we're referring to a person's socioeconomic status (SES) which boils down to that individual's access to crucial resources — things like money, education, power and the like.



Lower SES individuals (working class and blue-collar) possess significantly fewer of these culturally important advantages than do higher SES Americans — aka white-collar, middle/upper-middle class and those "coastal elites." For example, working class people typically lack a college education and have much more modest incomes. In 2022, the median salary for those with a college degree was $85,000 versus $47,000 for those with no degree.

The more tangible, measurable criteria that distinguish the two strata are clearly education and economics. But a world of cultural, sociological and psychological differences lies beneath those more visible, surface phenomena.

My Blue-Collar Childhood

Growing up blue-collar — in my case, in small-town/rural America — meant a lack of access to a host of resources and benefits, well beyond just economic.

We weren't poor, at least by our humble community's standards. I knew that there were kids who were worse off than me and my four siblings. They were the ones picked up further out on our school bus route — living in "the sticks." We never went hungry (thanks, in part, to my parents owning a small "Mom and Pop" grocery store).

But there wasn't anything in the way of "enrichment" in our lives — no exposure to other cultures, literature, the arts — all of those hallmarks of "well-bred" individuals (now *there's* a loaded phrase).

No one was taking us kids to plays (thespianism did not exist in our small town) or reading bedtime stories based on Greek myths (or *any* bedtime stories, for that matter). Nobody's parents had attended college. There were no mentors (except the nuns and the occasional kind but inept high school teacher) to guide us on college and career decisions.

We were pretty much on our own.

My White-Collar Adulthood

All of these "deficits" in my upbringing came to a head when I started law school, where blue-collar kids (from non-elite public colleges) were few and far between.

I struggled in a bunch of areas. For one thing, I'd never met a lawyer in my life (*that* would have been helpful). I didn't know what the "v" in between the case names meant (like Roe *versus* Wade). I mispronounced a ton of words. I called the court that one appeals to the *aplet* court, like in Aplets and Cotlets. Friends got a kick out of it and I laughed it off and learned to say appellate—with *three* syllables. I pronounced VEN-you (the jurisdiction-related legal concept) as vuh-KNEW. Incorrigible? For some reason, I put the emphasis on the third syllable: in-core-RIDGE-able.

And when I began interviewing for jobs in my last year of law school, I literally did not know how to shake hands with people.

If only I had had Google!

My awkwardness didn't stop after law school. As a young adult, middle-class friends were aghast that I didn't know who Sisyphus was. How had I made it through three-plus decades without absorbing the very basics of Greek mythology? And I discovered I'd been mispronouncing Edinburgh. I'd managed to visit that city twice in the '80s without saying its name correctly. (Jesus, was I pronouncing Pittsburgh wrong all this time, too?)

There were other indicators as well. I shopped at the wrong stores — no Whole Foods, Eddie Bauer or even Nordstrom for me (but always, ALWAYS union shops). I clipped coupons (my Depression era parents embraced "simple living" before it became trendy). At a wine tasting party, I indicated on one scorecard "Love it! Tastes like Kool-Aid!" I meant it as a compliment (and sort of a joke).

I was not invited to the next oenophile gathering.

Bottom line: I lacked basic middle-class credentials—all of that ambient-picked-up-by-osmosis background knowledge. I had not absorbed its *zeitgeist*. And, over and over, I felt "less than." Paul K. Piff, a professor of psychology at UC Irvine and director of the university's Morality, Emotion and Social Hierarchy Lab, has devoted his professional career to researching the values and norms of working class families.

He says that fitting into the middle class world can be formidable for blue-collar individuals. "These environments are different cultures — and navigating them can be just as tough, even tougher, than visiting a foreign country, where you don't know the customs, the language, the food — it's all unfamiliar," says Piff.

Alfred Lubrano wrote a book about this phenomenon: "Limbo: Blue-Collar Roots, White-Collar Dreams." Lubrano coined the term "straddler" to describe those who start out as working class but end up in the middle class universe. "They straddle two worlds, many of them not feeling at home in either, living in a kind of American limbo," says Lubrano.

That sounds about right to me.

It's only been in the past few years — with retirement, lots of time and lots of therapy — that I've had the opportunity to truly reflect on the impact of my round-peg-square-hole life. And I've concluded that my blue-collar roots have actually helped me to be a better person.

I've never felt "entitled" to anything based upon my family's standing in the world. I've never considered working class folks (like the immigrants who work in the service industry) or even homeless people (my own brother was homeless for over five years) to be my "lessers." I've always felt Of Equal Value to all of them, because I am. We all are.

I know what it feels like to be bullied. I know what it feels like to be looked down upon. It really sucks. And I never want to do that to another human being.

The Benefits of Being Blue-Collar

Imagine my surprise when I learned that scientific research actually supports my unscientific conclusions. Here's a look at some of those growing up blue-collar perks:

Members of the working class score higher on empathy and are more likely to help others. They're "more empathetic, attentive and kind," says Piff.

I now think of them as my superpowers.

Contributing Author: Marie Sherlock practiced law for a decade before turning to writing and editing in her 30s — and never looked back. She's worked as the editor of several publications and is the author of a parenting book (*Living Simply with Children*; Three Rivers Press). She spends her empty-nest days writing about travel trends and destinations, simplicity, spirituality and social justice issues.

6 Must-Have Nutrients For Brain Health

A balanced nutritious diet that includes these six nutrients can help slow the effects of time

You misplace your keys, can't recall why you walked into a room, or forget the name of someone you just met. Blame it on your shrinking brain. The brain is packed with highly specialized cells called neurons that help you think, learn and remember, as well as billions of other support cells.

Brain cell loss is a natural part of aging but can result in cognitive decline and memory issues. While many factors influence brain health, a nutritious diet that includes these six nutrients can help slow the effects of time.

Make Room for Magnesium

"The brain's defense mechanism relies on a just-right dose of magnesium," according to Annie Fenn, M.D., author of "The Brain Health Kitchen: Preventing Alzheimer's Through Food." She says, "Magnesium deficiency has been associated with neurodegenerative disease, such as Alzheimer's and Parkinson's."

A 2023 study of men and women 40 to 73 years old found that more magnesium was linked to a greater brain volume. Though it's unclear exactly how magnesium contributed to preserving cognition in this study, the mineral is known for deflecting cell damage and inflammation.

Experts suggest women consume 320 milligrams (mg) of magnesium daily and that men should get 420 mg. Unfortunately, older adults tend to have lower magnesium intake. To make matters worse, the body absorbs less magnesium and loses more with age.

In addition, certain medications that treat reflux disease and elevated blood pressure can deplete magnesium levels in the body. Ask your doctor if your medications affect your magnesium status.

At 156 mg of magnesium per ounce, pumpkin seeds are among the best magnesium foods. Almonds, spinach, peanut butter, black beans and yogurt are good or excellent sources. Though it's preferable to get magnesium in your diet, the amount of a regular multivitamin can help bridge small gaps in food intake.

Pump Up Protein

The body uses the amino acids in food proteins to produce brain cells, neurotransmitters and other compounds that support brain health. For example, one study that followed more than 77,000 men and women for over 20 years found that more protein was associated with less cognitive decline later in life.

Legumes, fish and lean poultry proved superior in protecting brain function, while processed meat products, including hotdogs, were related to poorer cognition. In another 2023 study involving more than 6,900 people without cognitive impairment or dementia at the start, a greater protein intake protected the brain over time.

"Regularly consuming complete proteins-foods with all of the amino acids your body can't make is a good strategy for your brain," says Barbie Boules, RDN, owner of Barbie Boules Longevity Wellness.

"All animal foods have complete protein and certain plant foods, including soy, quinoa and buckwheat do, too," Boules adds. Pistachios also offer complete protein.

Protein needs are based on body weight. Generally speaking, three ounces of cooked fish, poultry or lean meat supplies about 20 grams of protein, six ounces of Greek yogurt contains 17 grams, and one whole egg has six grams.

Meeting protein needs can be challenging when you have a small appetite. Further, protein requirements may increase with age. Experts argue that while the suggested protein intake prevents deficiencies, it may underestimate the needs of older adults who don't process protein as efficiently. Be sure to include lean and low-fat protein foods at every meal.

Count on Choline

Choline helps shore up brain cell membranes, most notably neurons. In that regard, choline wards off cell damage. Choline also serves as the raw material for acetylcholine, one of dozens of neurotransmitters, which are compounds that allow neurons to communicate with each other.

One observational study found that in people over 60, consuming between 187 and 400 mg of choline daily from foods and supplements reduced the risk of low cognitive function by about 50% compared to getting less than 188 mg daily. The National Institute of Medicine suggests 550 mg of choline daily for men and 425 mg daily for women.

Choline is concentrated in high-protein foods: one large whole egg contains 147 mg of choline, three ounces of cooked chicken breast has 72 mg, and 1/4 cup of roasted soybeans supply 53 mg. Other plant foods have lesser amounts of choline.

People who avoid animal foods or eat small portions may need more choline. Choline is not found in significant amounts in multivitamins. Consider a separate choline supplement if you aren't getting enough choline through food.

Focus on Fiber

While most people think of fiber as something to keep the gut moving, Fenn says it also plays a crucial role in keeping your brain healthy.

Research conducted with more than 3,700 men and women 40 to 64 years old who were followed for 20 years found that higher levels of fiber, particularly the soluble kind, were associated with less dementia. The low-risk group in the study consumed 20 grams of fiber on average every day, and those with the most significant risk averaged just eight grams of fiber a day.

Dietary fiber may reduce risk factors associated with cognitive dysfunction, including obesity and elevated blood pressure. "Fiber benefits the brain indirectly by improving metabolic health, specifically blood glucose and lipids," says Boules. Insoluble fiber, predominant in whole grain bread, cereals and brown rice, keeps you fuller for longer and can aid weight control. Many foods contain both types of fiber — the recommended intake is 28 grams daily on a 2,000-calorie diet.

Insoluble fiber, predominant in whole grain bread, cereals and brown rice, keeps you fuller for longer and can aid weight control. Many foods contain both types of fiber — the recommended intake is 28 grams daily on a 2,000-calorie diet. Most Americans consume just 15 grams of fiber daily, however. So include at least five servings of fruits and vegetables and three servings of whole grain foods daily to help satisfy fiber needs.

Fish for the Win

According to the American Heart Association, omega-3 fats defend against cell destruction and protect arteries that nourish the brain by discouraging blockages and lowering blood pressure.

Not all omega-3 fats are created equal. Docosahexaenoic acid (D.H.A.) and eicosapentaenoic acid (E.P.A.) are the primary preformed omega-3 fats associated with brain health. Certain plant foods, such as walnuts, flax and chia seeds, contain alpha-linolenic acid, an omega-3 fat that the body can turn into D.H.A. and E.P.A., although the conversion rate is low.

Brain cells are particularly rich in D.H.A. Researchers have observed that higher levels of D.H.A. in the blood delayed the onset of Alzheimer's disease by nearly five years in people aged 65 and older without dementia.

To meet omega-3 needs, the Dietary Guidelines for Americans (D.G.A.) recommends eating eight ounces of fish, which is rich in D.H.A. and E.P.A., weekly. If you avoid fish or eat small amounts, you may benefit from a supplement with about 1,000 milligrams of E.P.A. and D.H.A. combined.

Omega-3 supplements can interact with the medication you take, however. "Always check with your medical provider before starting a supplement," Boules suggests.

Value Vitamin B12

Vitamin B12 helps maintain myelin, which coats some parts of neurons and ensures swift and accurate communication. However, researchers believe that myelin shrinks with age, slowing down processing and reducing cognitive function between all aspects of the brain.

"Vitamin B12 deficiency is a known cause of cognitive decline," Fenn says. "In fact, it's important to rule out B12 deficiency in anyone with cognitive changes, including early dementia, as it may be reversible." An estimated 3% to 43% of older adults in the U.S. have a vitamin B12 deficiency. People with inadequate vitamin B12 intake or regularly taking certain medications for reflux disease or diabetes are at greater risk for low vitamin B12 levels. Aging also limits the body's ability to absorb natural vitamin B12 because older people produce less stomach acid required to process it.

Vitamin B12 is found naturally only in animal foods. After age 50, rely on synthetic B12, found in dietary supplements and fortified foods, to meet vitamin B12 needs — 2.4 micrograms daily. For example, one serving of fortified cereal can provide 25% of the suggested daily intake. Synthetic B12 is processed

Elizabeth M. Ward is a registered dietitian nutritionist (RDN), writer, and award-winning nutrition communicator. Her work has appeared in WebMD, Men's Health, and EatThis.com.

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.

Aging in Place: Growing Older at Home

How to Plan Ahead to Age in Place

Planning ahead is hard because you never know how your needs might change. The first step is to think about the kinds of help you might want in the near future. Maybe you live alone, so there is no one living in your home who is available to help you. Maybe you don't need help right now, but you live with a spouse or family member who does. Everyone has a different situation.

One way to begin planning is to look at any illnesses, like diabetes or emphysema, that you or your spouse might have. Talk with your doctor about how these health problems could make it hard for someone to get around or take care of him- or herself in the future. If you're a caregiver for an older adult, learn how you can get them the support they need to stay in their own home.

What Support Can Help Me Age at Home?

You can get almost any type of help you want in your home—often for a cost. You can get more information on many of the services listed here from your local Area Agency on Aging, local and State offices on aging or social services, tribal organization, or nearby senior center.

Personal care. Is bathing, washing your hair, or dressing getting harder to do? Maybe a relative or friend could help. Or, you could hire a trained aide for a short time each day.

Household chores. Do you need help with chores like housecleaning, yard work, grocery shopping, or laundry? Some grocery stores and drug stores will take your order over the phone and bring the items to your home. There are cleaning and yard services you can hire, or maybe someone you know has a housekeeper or gardener to suggest. Some housekeepers will help with laundry. Some drycleaners will pick up and deliver your clothes.

Meals. Worried that you might not be eating nutritious meals or tired of eating alone? Sometimes you could share cooking with a friend or have a potluck dinner with a group of friends. Find out if meals are served at a nearby senior center or house of worship. Eating out may give you a chance to visit with others. Is it hard for you to get out? Ask someone to bring you a healthy meal a few times a week. Meal delivery programs bring hot meals into your home; some of these programs are free or low-cost.

Money Management. Do you worry about paying bills late or not at all? Are health insurance forms confusing? Maybe you can get help with these tasks. Ask a trusted relative to lend a hand. Volunteers, financial counselors, or geriatric care managers can also help. Just make sure you get the referral from a trustworthy source, like your local Area Agency on Aging. If you use a computer, you could pay your bills online. Check with your bank about this option. Some people have regular bills, like utilities and rent or mortgage, paid automatically from their checking account.

Be careful to avoid money scams. Never give your Social Security number, bank or credit card numbers, or other sensitive information to someone on the phone (unless you placed the call) or in response to an email. Always check all bills, including utility bills, for charges you do not recognize.

Even though you might not need it now, think about giving someone you trust permission to discuss your bills with creditors or your Social Security or Medicare benefits with those agencies.

Health Care. Do you forget to take your medicine? There are devices available to remind you when it is time for your next dose. Special pill boxes allow you or someone else to set out your pills for an entire week. Have you just gotten out of the hospital and still need nursing care at home for a short time? The hospital discharge planner can help you make arrangements, and Medicare might pay for a home health aide to come to your home.

If you can't remember what the doctor told you to do, try to have someone go to your doctor visits with you. Ask them to write down everything you are supposed to do or, if you are by yourself, ask the doctor to put all recommendations in writing.

Common Concerns About Aging in Place

If staying in your home is important to you, you may still have concerns about safety, getting around, or other activities of daily life. Find suggestions below to help you think about some of these worries.

Getting Around—at Home and in Town. Are you having trouble walking? Perhaps a walker would help. If you need more, think about getting an electric chair or scooter. These are sometimes covered by Medicare. Do you need someone to go with you to the doctor or shopping? Volunteer escort services may be available. If you are no longer driving a car, find out if there are free or low-cost public transportation and taxis in your area. Maybe a relative, friend, or neighbor would take you along when they go on errands or do yours for you. To learn about resources in your community, contact Eldercare Locator at **1-800-677-1116** (toll-free) or https://eldercare.acl.gov.

Finding Activities and Friends. Are you bored staying at home? Your local senior center offers a variety of activities. You might see friends there and meet new people too. Is it hard for you to leave your home? Maybe you would enjoy visits from someone. Volunteers are sometimes available to stop by or call once a week. They can just keep you company, or you can talk about any problems you are having. Call your local Area Agency on Aging to see if they are available near you.

Safety Concerns. Are you worried about crime in your neighborhood, physical abuse, or losing money as a result of a scam? Talk to the staff at your local Area Agency on Aging. If you live alone, are you afraid of becoming sick with no one around to help? You might want to get an emergency alert system. You just push a special button that you wear, and emergency medical personnel are called. There is typically a monthly fee for this service.

Getting Help During the Day. Do you need care but live with someone who can't stay with you during the day? For example, maybe they work. Adult day care outside the home is sometimes available for older people who need help caring for themselves.

The day care center can pick you up and bring you home. If your caretaker needs to get away overnight, there are places that provide temporary respite care.

Housing Concerns. Would a few changes make your home easier and safer to live in? Think about things like a ramp at the front door, grab bars in the tub or shower, nonskid floors, more comfortable handles on doors or faucets, and better insulation. Sound expensive? You might be able to get help paying for these changes. Check with your local Area Agency on Aging, State housing finance agency, welfare department, community development groups, or the Federal Government.

Resources to Help You Age in Place

Here are some resources to start with:

Reach Out to People You Know. Family, friends, and neighbors are the biggest source of help for many older people. Talk with those close to you about the best way to get what you need. If you are physically able, think about trading services with a friend or neighbor. One could do the grocery shopping, and the other could cook dinner, for example.

Learn About Community and Local Government Resources. Learn about the services in your community. Healthcare providers and social workers may have suggestions. The local Area Agency on Aging, local and State offices on aging or social services, and your tribal organization may have lists of services. If you belong to a religious group, talk with the clergy, or check with its local office about any senior services they offer.

Talk to Geriatric Care Managers. These specially trained professionals can help find resources to make your daily life easier. They will work with you to form a long-term care plan and find the services you need. Geriatric care managers can be helpful when family members live far apart. Learn more about geriatric care managers.

Look into Federal Government sources. The Federal Government offers many resources for seniors. Longtermcare.gov, from the Administration for Community Living, is a good place to start.

How Much Will It Cost to Age in Place?

An important part of planning is thinking about how you are going to pay for the help you need. Some things you want may cost a lot. Others may be free. Some might be covered by Medicare or other health insurance. Some may not. Check with your insurance provider(s). It's possible that paying for a few services out of pocket could cost less than moving into an independent living, assisted living, or long-term care facility. And you will have your wish of still living on your own. Resources like Benefits.gov and BenefitsCheckUp® can help you find out about possible benefits you might qualify for.

Are you eligible for benefits from the U.S. Department of Veterans Affairs (VA)? The VA sometimes provides medical care in your home. In some areas, they offer homemaker/ home health aide services, adult day health care, and hospice. To learn more, visit www.va.gov, call the VA Health Care Benefits number, 1-877-222-8387 (toll-free), or contact the VA medical center nearest you.

For More Information on Aging in Place

Eldercare Locator
800-677-1116 (toll-free)
eldercarelocator@n4a.org
https://eldercare.acl.gov

Centers for Medicare & Medicaid Services
800-633-4227 (toll-free)
877-486-2048 (TTY/toll-free)
https://www.cms.gov/
www.medicare.gov

National Association of Area Agencies on Aging
202-872-0888
info@n4a.org
www.n4a.org

Department of Housing and Urban Development
202-708-1112
202-708-1455 (TTY)
https://www.hud.gov/

Low Income Home Energy Assistance Program
National Energy Assistance Referral Hotline (NEAR)
866-674-6327 (toll-free)
energyassistance@ncat.org
https://liheapch.acf.hhs.gov/help

National Resource Center on Supportive Housing and Home Modifications
213-740-1364
homemods@usc.edu
www.homemods.org

GrandFamilies

Family and Kinship

The Unsung Role of Grandpa

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Grandchildren tend to play favorites, and the real star of the show is Grandma. I've accepted that.

The other day, our seven-year-old granddaughter Lucia came sprinting straight toward me. I crouched low, almost kneeling, my arms outstretched. I was primed for a hug.

But no. My optimism was misguided. Instead, Lucia blew right past me, leaving me empty handed. "Grandma!" she called out. I turned around to see behind me. Our darling princess was clutching my wife Elvira around her legs.

Bob Brody and his granddaughter Lucia

I'd gotten flagrantly one-upped. Can you say "Ouch?" The scene qualified as a sight gag right out of some slapstick comedy, with lucky me as the patsy. It stung.

We grandfathers typically play the role of mentor and educator.

So okay, I get it. For grandchildren, the grandma is typically the be-all and end-all. Even on an off day, she's all-seeing, all-knowing and all-powerful. It is she and none other whose kisses make booboos magically stop hurting, she whose French toast tastes sweetest, she in whose lap a grandchild can drift into the most tranquil of slumbers.

Research amply demonstrates the gender differences at play here. Grandma is more likely than grandpa to be intimately involved in caring for a grandchild. She invests more time and energy, lavishing attention and affection. She helps with homework, gathers the family for meals and other special occasions, hands down family history and maintains cultural rituals and traditions. Of all this, my wife is guilty as charged. No wonder grandchildren generally feel closer to grandmothers, particularly maternal grandmothers, than to grandfathers.

Bob Brody and his granddaughter Lucia | Credit: Courtesy of Bob Brody

Different Roles

On the other hand, and as research also shows, grandpa brings some skills to the table, too. We grandfathers typically play the role of mentor and educator. We emphasize the value of work ethic and responsibility. We're therefore more inclined than grandma to guide grandchildren in developing interests and skills. Plus – bonus points here! – grandpa usually introduces and maintains a sense of fun and play. We tend by nature to frolic freely with our bambini.

Still, no wonder grandchildren play gender favorites and that grandma remains the go-to grandparent. Clearly the joke is on me for believing my status could be otherwise. I have to face facts here. Lucia never asks me to sleep over at her house, only grandma. She never opts to cuddle with me on the sofa under a blanket, only grandma. She never asks me to read to her or buy her a new Barbie, only grandma. Grandma gets all the credit for everything – even though, as I recall, I, too, contributed to the reproductive cycle here.

As I play with my granddaughter Lucia, everything old suddenly feels new. Research shows that both of us are reaping benefits from our play time.

In her defense, Lucia is simply expressing an overwhelming consumer preference. That's her right as a citizen. In our family hierarchy, a glance at our org chart will show my wife is CEO.

The longer I experience life as a grandpa, therefore, the more I feel like an afterthought, an understudy, a pinch-hitter, an also-ran, a wannabe. It's rather like being vice president of the United States. I never actually make policy, only parrot it and carry it out, if that.

The longer I experience life as a grandpa, therefore, the more I feel like an afterthought, an understudy, a pinch-hitter, an also-ran, a wannabe.

By any measure – and believe me, I've conducted a rigorous competitive analysis and run the numbers – I'm routinely overlooked, misunderstood and underappreciated. Just call me what's-his-name. Or, if you prefer, the *other* grandparent.

All too often, as I now know all too dauntingly well, grandmas always get top billing. We grandpas are seldom more than sidekicks and second-class citizens. Society as a whole has long held the view that grandpa belongs squarely on the sidelines, forever eclipsed. Families have come to expect little of him, certainly less than we do of grandma. We grandpas just tag along for the ride, trying to get with the program. We're consigned to shadowing grandma, ever the passive party, only to nod off after lunch, snoring loudly.

Redefining Grandfathers

Still, as a grandfather I occasionally manage to avoid being altogether useless. Talk about miracles! Any time Lucia wants to kick around a soccer ball, she can always count on me to buddy up with her. If she needs to define a word or practice her left jab or just generally act silly, I'm always ready to report for duty. It's in my nature to nurture, too.

Better yet, cultural reforms on the grandpa landscape may now be afoot, and prejudices swiftly eroding. I see signs that a new grandpa is emerging, or newish anyway, and that just as fatherhood has evolved, growing more participatory, so has grandfatherhood.

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In the process, grandpas are gradually redefining themselves, recent research shows. We're shifting toward playing a more active role in family dynamics. As grandfathers live longer and stay healthy longer, we're better equipped, and more inclined, to be hands-on with childcare responsibilities. Blogs and podcasts touting the older dude as coming in handy after all have started popping up all around.

That grandpa is finally getting his due is all well and good. Even so, I've come to recognize reality. I've at last accepted taking a backseat to grandma. So. the next time Lucia scampers towards both of us, my wife will once again deserve to get dibs on a warm embrace. But just in case I turn out to be essential to this equation, too, I'll be right there behind her.

Contributing Author: Bob Brody, a long-time journalist, is the author of the memoir “Playing Catch with Strangers: A Family Guy (Reluctantly) Comes of Age." His personal essays appear regularly in The Wall Street Journal, The Washington Post, and many other publications.

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!

NCBA is proud to announce the opening of the Carl F. West Senior Estates and Grandfamily Apartments, a 179-unit community in D.C.'s Columbia Heights. Thirty-six units are reserved for "grandfamilies"—older adults raising grandchildren or young adults. Carl F. West Senior Estates includes a fitness center, library computer lab, and playgrounds for children. Our 36 grand family units are thoughtfully designed to offer comfort, stability, and built-in support—creating a safe, nurturing environment where both generations thrive.

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

Grandfamilies Housing Opportunity

A Supportive Community For Grandparents Raising Grandchildren

Comfort & Convenience in Your New Home

Thoughtfully designed apartments created for family living.

- Modern, newly built three-bedroom apartments
- Spacious kitchens and living areas
- Bright, open floor plans
- In-unit bathrooms and modern finishes
- Safe and comfortable spaces

More Than Housing

- **Supportive Services Onsite**
  - Family support & referrals
  - Resource navigation
  - Community connections

Secure and Family-Friendly

- **24-hour security on-site**
- Controlled building access
- Secure residential parking spaces

NCBA

Carl F. West Senior Estates

Have questions about availability, eligibility, or the application Process? Our team is happy to guide you

Phone: (202) 289-1700 **Email:** info@ncbacfw.com **Address:** 1370 Harvard Street, NW, Washington, DC 20009

Office Hours Monday- Friday 8:00 AM- 5:00 PM, Saturday, 8:00AM to 2:00 PM (Closed on federal holidays)

Eligibility for Grandfamilies

☑ Who is Eligible?

- Grandparents aged 55+ who are the primary caregivers of grandchildren
- Income- qualified to meet affordable housing guidelines
- Bright, open floor plans
- At Least one child aged 26 or younger in the household

☑ Convenient Location

- Metro station is just a few blocks away
- Close to schools, grocery stores, and local shops
- Nearby playground and outdoor courtyard for children to play

How to Apply

For more information, please contact:

Call (202)289-1700

Visit: ncbacfw.com

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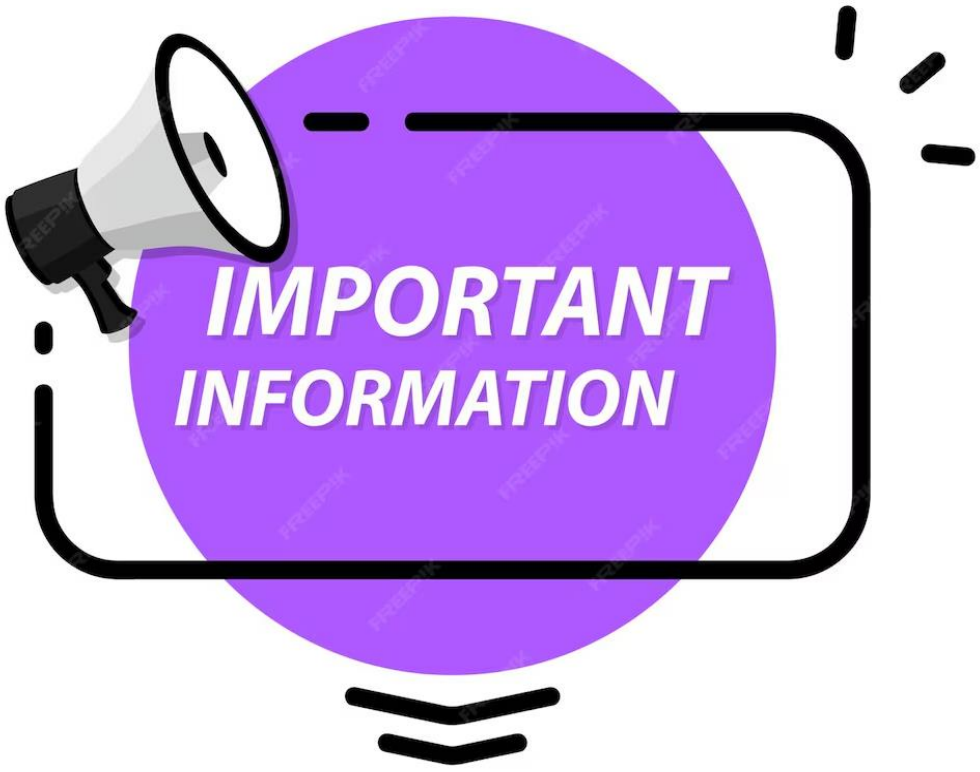
IMPORTANT
INFORMATION

Important: 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 policychanges 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

2. Some enrollees may get another chance to switch plans

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%25257CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%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/

Contributing Author: Tony Pugh is an award-winning writer and editor covering Medicare for AARP. He has also covered Medicare for Bloomberg Law and as a national correspondent for Knight Ridder/McClatchy Newspapers.

Savvy and 65:
A Woman's Guide to Understanding Medicare

Learn what to know, how to prepare, and when to act

The Medicare enrollment process is an essential part of turning 65. But it can be complicated and overwhelming.

HealthyWomen and the Society for Women's Health Research wanted to simplify this process for women. So, we worked together to create this helpful guide, which equips women with the knowledge they need to understand and navigate Medicare enrollment.

A Woman's Guide to Understanding Medicare

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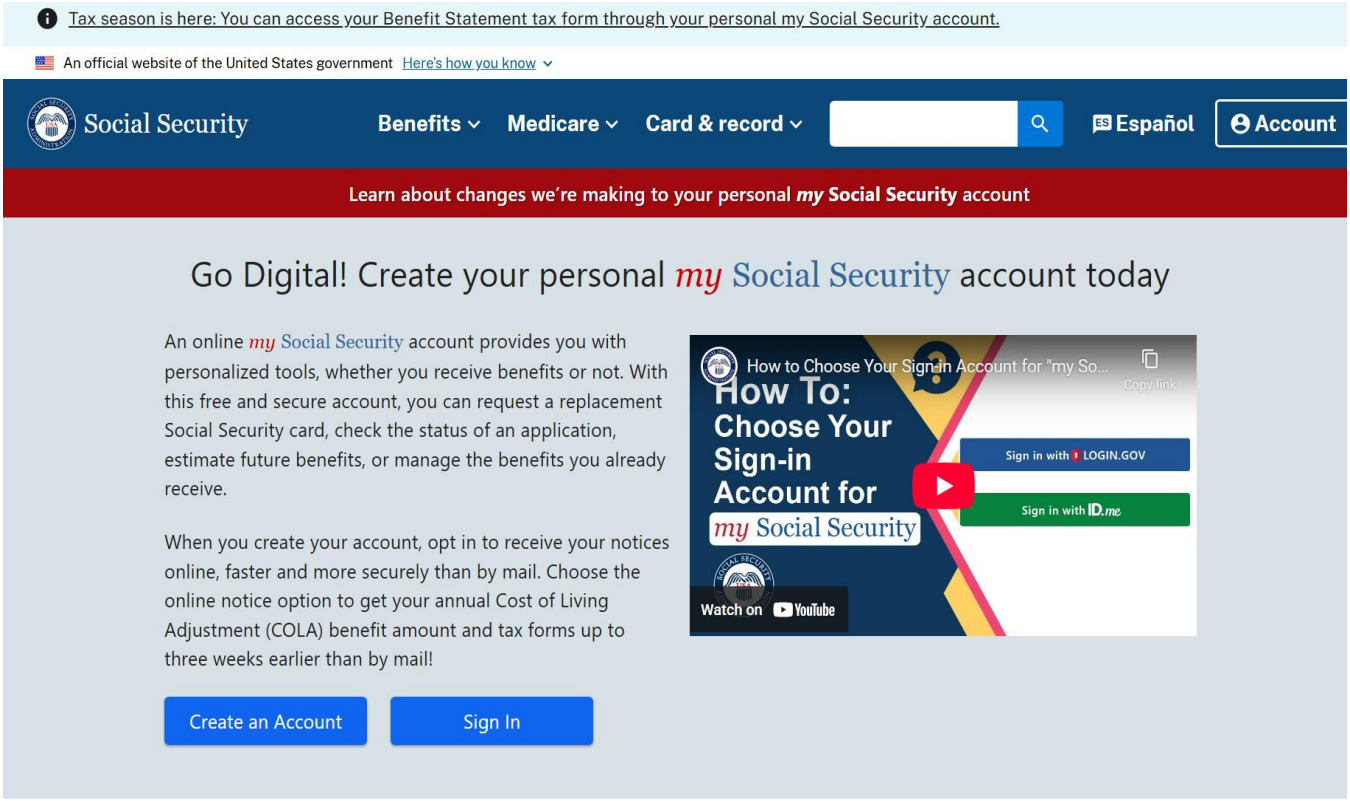

To create a personal *my* Social Security account, first you'll need to decide whether to create a Login.gov or an ID.me account. There is no wrong choice, it's just a matter of which account is the best fit for you. Watch the How to Choose Your Sign-in Account for *my* Social Security video for more information.

For step-by-step instructions for creating each account type, watch:

- How to Create Your Login.gov Account with SSA
- How to Create Your ID.me Account with SSA

If you need additional assistance in creating your account, call **1-800-772-1213** and say "Help Desk" for priority service between 8:00 a.m. – 7:00 p.m. local time, Monday through Friday.


UPCOMING
EVENTS

Elder Mistreatment and Abuse

Thursday, March 5, 2026

1:00 pm-2:00 pm (EST)

... Can Happen to Anyone, Including You!

Registration Link:
https://us02web.zoom.us/webinar/register/WN_Rej8s_g5SGGtw8Rfntheng?ampDeviceId=b9e2ea43-9b0c-482f-92a5-a6e97c78d65e&ampSessionId=1770223367034

Stevens' Amendment: This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $281,272 of which 75 percent funded by ACL/HHS in the amount of $210,032 and 25 percent in the amount of $71,240 funded by no n-governmental source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor are an endorsement, by ACL/HHS, or the U.S. Government.

Manage Your Overall Health by Preventing Falls

Thursday, March 19, 2025

1:00 pm– 2:00 pm (EST)

Registration link:https://us02web.zoom.us/webinar/register/WN_x6ClViyBQJWHMdojwFbzpg

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