The Caucus Corner

NCBA Monthly Newsletter

June 2026

IN THIS ISSUE

NCBA Community Health Fair

In recognition of Older Americans Month 2026, NCBA hosted a "Community Day Health Fair" at Carl F. West Estates on Thursday, May 14, 2026.

The NCBA Community Day Health Fair encouraged older adults, individuals with disabilities, and people of all ages to take an active role in managing their health, accessing preventive services, and making decisions supporting long-term independence.

The health fair offered free, on-site health screenings such as blood pressure, cholesterol, glucose, hearing, and vision checks; connected attendees to local healthcare providers and wellness programs; disseminated actionable health literacy resources pertaining to personal safety, nutrition, mental health, stress, job training and employment opportunities, housing, exercise, chronic disease management, and also taught attendees "Red Cross Ready" hands-on CPR and shared emergency preparedness guidance and print resources.

By bringing services and supports directly to the public, NCBA aimed to better understand and address the specific challenges community members face, including geographic isolation, economic hardship, and/or a lack of infrastructure. Likewise, hosting a health fair for the public provided an opportunity for NCBA to play an integral role in reducing preventable emergency room visits in the Washington, DC metropolitan region.

Vendors included community-based healthcare providers, nonprofits organizations, and local government agencies such as the AARP DC Medicare Patrol and the Legal Counsel for the Elderly, DC Department on Aging, DC Metropolitan Police Department, Community Affairs, DC Metropolitan Police Department, Victim Services, DC Office the Tenant Advocate, DC Fire Department, DC Department of Human Services, Iona Senior Services, LLI Leadership Development, Inc: Counseling and Mental Health in Washington, DC, Prevention for the Blind, Red Cross, Capital Area Region, Seabury Resources, SOME, United Planning Organization, Placement Unit Workforce Institute, and Virginia Hospital Center, Health Works.

To view the NCBA Health Fair in action, click on the link
https://photos.app.goo.gl/wDzYU4roDwBm1pyj8


POLICE
S. FERRIS
RAMP TO SJS


Domestic Violence Awareness


EXIT


EXIT

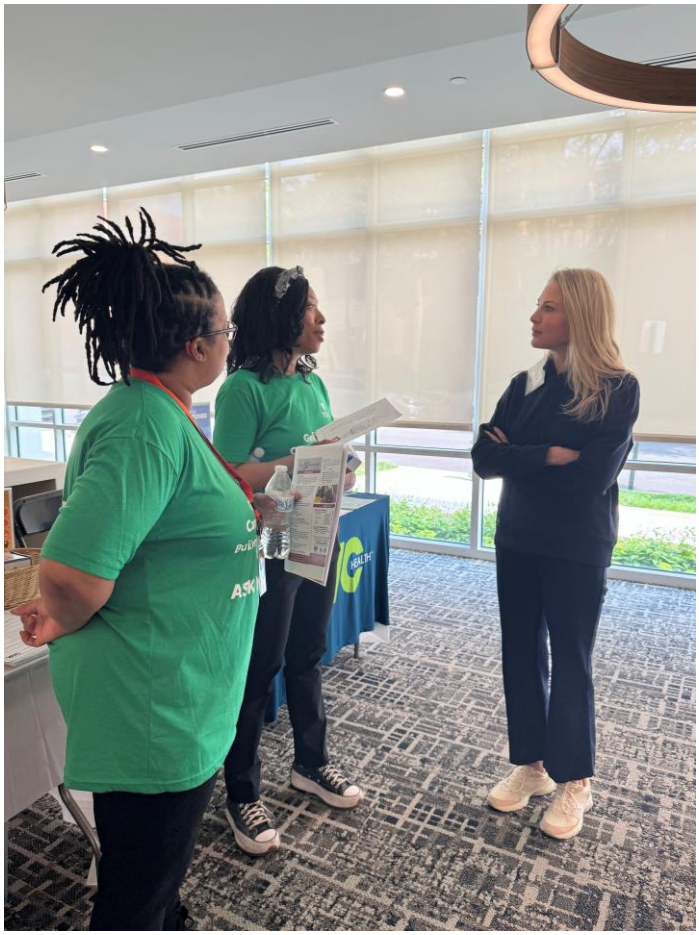

SOME


UPO
UNITING PEOPLE
WITH OPPORTUNITIES
Workforce Institute
· Job Placement ·
VHC


SOME
Center for
Employment
Training


VHC


SOME
Center for
Employment
Training
Now Enrolling
DC, MD and VA Residents
Get training, certification
and job placement in
Healthcare or
Building Trades
→ Medical Assistant (MA)
→ Medical Administrative
Assistant (MAA)
→ Heating Ventilation & Air
Conditioning (HVAC)
→ Building Maintenance

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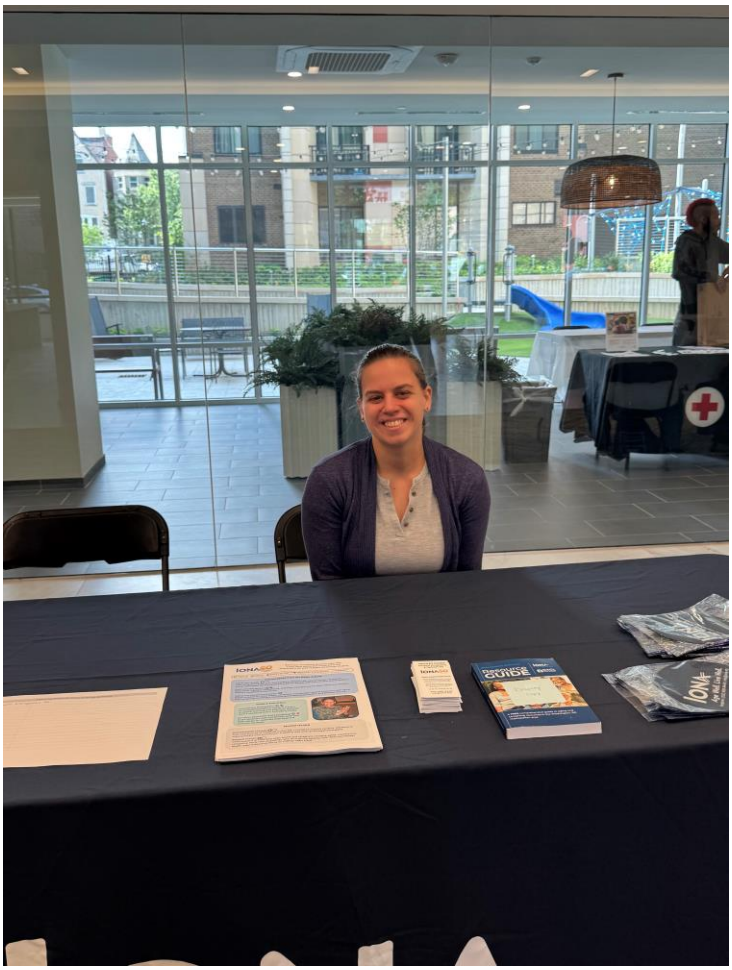
Resource
GUIDE


American Red Cross


EXIT
SECURITY


Popcorn


Reading Glasses

Does an Older Adult in Your Life Need Help?

It is not always clear whether an aging parent or relative needs help. Sometimes a person will recognize that they need help and request it, or an emergency or sudden illness will make it clear. Others may not want to cause worry or admit they're struggling.

If you become aware of the signs that a loved one needs help, you will be better prepared to provide support for their safety and well-being.

How to tell if someone needs extra support

The best way to know what someone needs is to ask them directly. But a phone call, email, or text message is not always the best way to tell whether an older person needs help.

These signs may indicate that someone needs extra support:

Changes at home. When you spend time at the person's home, you might notice possible trouble spots. Some examples include:

- Can the person prepare meals on a stove safely?
- Are they bathing regularly and wearing appropriate clothing for the weather?
- Is the home relatively clean and free of clutter?
- Do they have the medications they need, and are they taking them regularly**?**

Mental health concerns. Changes in a person's mood could indicate a need for help. Sometimes depression in older people is confused with normal aging. An older person with depression might brighten up for a phone call or short visit, but it's harder to hide serious mood problems during an extended visit.

Seek immediate help if the person says they feel hopeless or have no reason to live, or if you're worried they may harm themselves. Call or text the 24-hour 988 Suicide & Crisis Lifeline at 988 or call 800-273-TALK (800-273-8255). For TTY, use your preferred relay service or dial 711 then 988.

Memory issues. Occasional forgetfulness is a normal part of aging. But more significant memory problems, changes in thinking ability or personality, or poor decision-making could indicate a serious condition that requires medical attention.

If you're concerned about the person's physical or mental health, suggest a visit to a health care provider. You might offer to make the appointment, give them a ride, or go with them to see the doctor.

You don't have to do everything yourself. In many communities, a variety of services are available to help older people. Depending on the person's needs, you might hire a home health aide to visit on a regular basis, arrange transportation so the person can run errands, or speak with a geriatric care manager to help coordinate care. You can also find ways to share caregiving responsibilities with other family members, neighbors, or friends.

Helping an aging parent or other relative plan for the future

The best time to plan is before the older person needs extensive help. Planning for the possibility of long-term care gives you and your family time to learn about services available in your community and what they cost. It also allows the older person to make important decisions while they are still able.

There may be a time when your older relative can no longer live independently at home. Learn as much as you can about housing options, which may include moving to a residential facility (such as a nursing home or assisted living) or living with a family member. These choices may depend on the person's health, ability to perform activities of daily living, financial resources, and personal preferences. Talk about the pros and cons of each option before making a decision.

You may also need to help the older person prepare for decisions about their future medical care — a process called advance care planning. It's important to know what they would want if they became seriously ill or unable to communicate their wishes. Having conversations about the person's preferences and making a plan makes it more likely that they will get the care they want.

For more information on how to help an aging parent or relative

Eldercare Locator
800-677-1116
eldercarelocator@USAging.org
https://eldercare.acl.gov

LongTermCare.gov
202-619-0724
aclinfo@acl.hhs.gov
https://acl.gov/ltc

Caregiver Action Network
202-454-3970
info@caregiveraction.org
www.caregiveraction.org

Family Caregiver Alliance
800-445-8106
info@caregiver.org
www.caregiver.org

For more information, visit:
https://www.nia.nih.gov/health/caregiving/does-older-adult-your-life-need-help

Call 211 for Help

In many states, dialing "211" provides individuals and families in need with a shortcut through what can be a bewildering maze of health and human service agency phone numbers. By simply dialing 211, those in need of assistance can be referred to, and sometimes connected to, appropriate agencies and community organizations.

Dialing 211 helps direct caller services for, among others, the elderly, the disabled, those who do not speak English, those having a personal crisis, those with limited reading skills, and those who are new to their communities. 211 is available to approximately 99 percent of the total U.S. population, according to 211.org. 211 covers all 50 states, the District of Columbia, and Puerto Rico.

To find out whether 211 services are offered in your area, and to obtain more information, visit 211.org. You can also connect directly to 211 by text or through this website.

How 211 Works 211 typically works a bit like 911.

Calls and texts to 211 are routed by the local telephone company to a local or regional calling center. The 211 center's referral specialists receive requests from callers, access databases of resources available from private and public health and human service agencies, match callers' needs to available resources, and link or refer callers directly to an agency or organization that can help.

Types of Referrals Offered by 211

- Basic Human Needs Resources – including food and clothing banks, shelters, rent assistance, and utility assistance.
- Physical and Mental Health Resources – including health insurance programs, Medicaid and Medicare, maternal health resources, health insurance programs for children, medical information lines, crisis intervention services, support groups, counseling, and drug and alcohol intervention and rehabilitation.
- Work Support – including financial assistance, job training, transportation assistance, and education programs.
- Access to Services in Non-English Languages – including language translation and interpretation services to help non-English-speaking people find public resources (foreign language services vary by location).
- Support for Older Americans and Persons with Disabilities – including adult day care, community meals, respite care, home health care, transportation, and homemaker services.
- Children, Youth and Family Support – including childcare, after-school programs, educational programs for low-income families, family resource centers, summer camps and recreation programs, mentoring, tutoring, and protective services.

Suicide Prevention – referral to suicide prevention help organizations. Callers can also dial 988, the three-digit, nationwide phone number to connect directly to the 988 Suicide and Crisis Lifeline. Those who wish to donate time or money to community help organizations can also do so by dialing 211.

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For more information, visit:
https://www.fcc.gov/sites/default/files/dial_211_for_essential_community_services.pdf

The Silent Risk to Your Sight: Why Regular Eye Exams Matter More Than You Think

There is a quiet truth about vision loss that does not get talked about enough. It often happens slowly, without pain, and without obvious warning. Many people assume that if their eyes do not hurt, everything must be fine. In reality, some of the most common eye conditions, including glaucoma, macular degeneration, and diabetic eye disease, can progress silently and affect your sight long before you notice a change.

That is why regular eye exams are not just helpful, they are essential.

For many older adults, vision changes are often brushed off as a normal part of aging. Reading may feel more difficult. Driving at night may become more stressful. Faces across the room may not appear as clear as they once did. These changes can feel gradual and even expected, but they can also be early signs of conditions that can be treated or slowed when caught in time.

A comprehensive eye exam does much more than update your glasses prescription. It gives your eye doctor a clear view of your overall eye health and allows them to detect issues before they begin to affect your daily life. In many cases, early detection leads to simple treatments such as prescription eye drops, lifestyle changes, or routine monitoring that can help preserve your vision for years.

There are also times when your eyes send more obvious signals that something needs attention. Sudden flashes of light, new floaters drifting across your vision, eye pain, redness, or a shadow or curtain over part of your sight should never be ignored. These symptoms can point to serious conditions that require immediate care. Acting quickly can make a meaningful difference.

The encouraging news is that many causes of vision loss are preventable or manageable. Glaucoma can often be controlled with daily eye drops. Diabetic eye disease can be monitored and treated before it leads to permanent damage. Age related macular degeneration, one of the leading causes of vision loss, can often be slowed with proper care and regular follow up.

But none of this works without one key step. Showing up.

If it has been more than a year since your last eye exam, or if you cannot remember the last time you had one, now is the time to schedule one. If you are already receiving care for an eye condition, staying consistent with treatment and follow up visits is just as important as getting started. Vision care is not a one-time event. It is an ongoing partnership between you and your provider.

You can also play an important role in your community. If you have experienced the benefits of eye care, consider encouraging a friend, neighbor, or family member to schedule their own exam. A simple question like “When was your last eye check?” may be all it takes to help someone protect their sight.

Vision is closely tied to independence, confidence, and quality of life. It allows us to read, drive, recognize loved ones, and stay connected to the world around us. Protecting it does not require drastic action. It simply requires consistent and proactive care.

Finding an eye doctor is possible regardless of your insurance situation, and getting started is often easier than it seems. If you have Medicare, many plans cover annual eye exams for certain conditions such as diabetes, glaucoma risk, or macular degeneration.

Many Medicare Advantage plans also include routine vision benefits for exams and glasses. You can start by calling the number on the back of your insurance card or visiting your plan’s website to find in-network providers near you. If you have private insurance, your provider directory can help you locate optometrists or ophthalmologists in your area, often with low copays. A quick call to confirm your coverage can help you avoid surprises and make the most of your benefits.

If you do not have insurance, there are still options available. Community health centers, nonprofit organizations, and local programs may provide free or low cost eye exams and glasses, especially for older adults. Some clinics offer sliding scale fees based on income.

National programs such as EyeCare America, through the American Academy of Ophthalmology, can connect eligible seniors with volunteer eye doctors at no cost. You can also call 2-1-1 or check with your local health department to find services nearby. No matter your situation, there are resources available to help you access care.

Your eyes may not always tell you when something is wrong. But an eye exam will.

Schedule one. Keep it. And remind someone you care about to do the same.

Jon Lombardi, MPH, is the Program Director at the Prevention of Blindness Society of Metropolitan Washington, where he leads community-based vision care initiatives across the DC, Maryland, and Virginia region. Through mobile clinics and partnerships with local organizations, POB provides free eye exams, eyeglasses, and patient navigation services to help older adults and underserved communities access critical vision care.

Vaccines Offer Our Best Protection Against Severe Illness from Respiratory Diseases

Vaccines help protect against more than 20 life-threatening diseases—including infectious respiratory diseases. For decades, vaccines have saved millions of lives and greatly reduced the spread of deadly diseases all over the world. Staying up to date with recommended vaccines is the best way to help protect yourself, those you love, and your community from infectious respiratory disease. Learn more about the vaccines available to protect against infectious respiratory disease.

COVID-19

Who needs to be protected?

FDA-approved 2025-2026 COVID-19 vaccines are recommended by the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) for those:

- 6 months to 64 years of age based on individual decision-making, also known as shared clinical decision-making.* Vaccination is most favorable for those at increased risk for severe COVID-19 disease.
- 65+ based on individual decision-making.

This recommendation does not require a prescription to receive a 2025-2026 COVID-19 vaccine, though encourages people to talk to a health care provider (e.g., doctor, nurse, pharmacist) to help them assess if the vaccine is right for them. COVID-19 vaccines should be available at your local pharmacy but call ahead to ensure availability.

COVID-19 vaccines are covered by both public (Medicaid and Medicare) and private insurance, including employer-sponsored insurance, without cost-sharing.

**In conversation with a healthcare provider, the decision to vaccinate is made based on individual characteristics, including risk factors, characteristics of the vaccine itself, and evidence of who may benefit from vaccination.*

What COVID-19 vaccines are available?

Three COVID-19 vaccines are available in the U.S., including two mRNA vaccine options (Moderna and Pfizer) and one protein-based vaccine option (Novavax).

Many pharmacies offer a range of vaccines. Visit vaccines.gov to find a pharmacy near you.

Influenza (Flu)

Who needs to be protected?

Everyone is vulnerable to the flu, and the best way to help prevent it is by getting vaccinated. CDC recommends that **everyone—with rare exceptions—6 months and older** receive an updated flu vaccine each year. According to CDC, flu vaccines reduce the risk of severe disease by about 50%.

What flu vaccines are available?

Several types of flu vaccines are available. Depending on age and other factors, you may be recommended to receive a particular type of flu vaccine. Approved options include inactivated injectable, recombinant injectable, live attenuated nasal spray, high-dose, and adjuvanted flu vaccines.

Some types of flu vaccines are not recommended for older adults, pregnant women, or individuals who have certain health conditions, so check with a healthcare provider to choose the right option for you.

Pertussis (Whooping Cough)

Who needs to be protected?

CDC recommends that **everyone — including infants, children, preteens, adults, and pregnant women** — stay up to date with their whooping cough vaccines.

Because whooping cough is particularly dangerous for babies, vaccines are important for anyone who is around babies, including parents, siblings, grandparents, caregivers, and friends of the family.

What whooping cough vaccines are available?

There are two types of combination vaccines available to protect individuals from whooping cough and the vaccine you receive depends on age. Children younger than 7 years of age receive DTaP, while older children and adults receive Tdap. DTaP and Tdap vaccines also protect against diphtheria ("d") and tetanus ("t").

Respiratory Syncytial Virus (RSV)

Who needs to be protected?

The best way to help prevent RSV is to get vaccinated. The Centers for Disease Control and Prevention (CDC) recommends protection against RSV for the following groups:

- Infants and young children
  - CDC recommends either maternal RSV vaccination or infant immunization to help prevent severe illness from RSV in infants and young children.
  - CDC recommends that pregnant women receive an RSV vaccine between 32–36 weeks of pregnancy during RSV season (typically September through January*) to protect their infants at birth.
  - If a child's mother does not receive an RSV vaccine during pregnancy, CDC recommends giving a preventive antibody to the newborn after birth.
- Adults ages 50 and older
  - A single dose of RSV vaccine is recommended for:
  - All adults age 75 and older
  - Adults ages 50-74 who are at increased risk of severe illness from RSV (such as those with chronic heart or lung illness or those who are residents of long-term care facilities)

*RSV season can vary around the country. If you live in Alaska, Florida, or outside the continental U.S., talk to a healthcare provider about when RSV season is expected where you live.

What vaccine options are available?

- For adults ages 50 and older:
  - Three RSV vaccines are available to help prevent RSV.
- For infants:
  - **Maternal vaccine:** One maternal RSV vaccine is available. When given during pregnancy, it helps prevent RSV in infants after birth.
  - **Preventive antibodies for infants:** Two options, nirsevimab or clesrovimab, are available for infants under 8 months born during or entering their first RSV season if their mother didn't receive the RSV vaccine during pregnancy, their mother's RSV vaccine status is unknown, or their mother received the RSV vaccine less than 14 days prior to birth.
  - **Preventive antibody for some young children:** Nirsevimab is also available for young children 8–19 months who are at increased risk for severe illness from RSV and are entering their second RSV season.

For more information, visit: https://cveep.org/vaccines/

When Retirement Finally Sets Your Creativity Free

For millions of Americans, stepping back from a career means stepping into the creative life they always imagined — and a growing ecosystem of programs, platforms, and coaches is making it easier than ever to begin.

For decades, Linda C. Shaw had something to say. A poet, au thor, singer, and performance artist living in Denver, Colorado, she spent years building a creative life around the edges of everything else. Then a series of physical setbacks — including surgeries that required her to relearn how to walk — put it all on hold.

"I was separated from the two things that I absolutely love," Shaw says. "Intellectual stimulation and connection with people."

What brought her back wasn't a grand plan. It was an invitation — to join an online author panel hosted by the Senior Planet from AARP center in Denver. She got sick and missed it. But she signed up for an AI class instead, and something shifted. Soon, she was pitching the center on hosting a poetry slam — not a competition, she explained, but an open gathering where anyone could share their own work or read the words of a favorite poet.

"You have to believe that what you have to say is valuable. And if it's valuable to you, it's going to be valuable to someone else."

The event filled up. She'll host another this April.

"When you begin to share something that is uniquely yours," Shaw says, "you have to believe that what you have to say is valuable. And if it's valuable to you, it's going to be valuable to someone else."

Her experience reflects a broader cultural shift that researchers, coaches, and program directors are observing across the country: retirement is increasingly becoming less of an ending and more of an opening — particularly for people whose creative ambitions were deferred for decades.

From Dream to Reality

Allen J. Wiener, an author and cultural historian based in Washington, D.C., spent his working years holding onto a writing dream that kept getting pushed aside. He managed to complete an anthology on the Beatles' music over the course of a decade, a project that opened some doors to magazine writing and liner notes, but a full second career had to wait.

"Once I retired, I had the time to undertake serious, long-term research on topics I had wanted to write about for years," Wiener says.

Since retiring, Wiener has published books on Davy Crockett, the Battle of the Alamo, and Elvis Presley's television career, and has interviewed figures including Ringo Starr, Ginger Rogers, and Boy George along the way. He is currently at work on a book about Edgar Allan Poe. "There really are second acts in life," he says.

Retired education administrator Kay Bartel had a similar awakening after leaving her career in 2019. Living on a native tallgrass prairie ranch in the Flint Hills of Kansas, Bartel didn't know what creative expression would look like for her — only that she wanted more of it. She began noticing things: native grasses, wildflowers, the shapes of weathered logs and bones. A chance encounter at a Santa Fe market introduced her to botanical printing, and a word-of-mouth trail eventually led her to a teacher.

"Once I retired, I had the time to undertake serious, long-term research on topics I had wanted to write about for years,"

Now, Bartel creates prints on fabric and paper using plants from her own land, experiments with natural dyes, explores cyanotype printing, and writes poetry — almost all of it focused on nature. Art pieces have been sold at local markets; she has taught classes at her public library; and she has worked with a creative coach who helped her, as she puts it, give herself permission to call herself an artist. "Creativity is within each of us," Bartel says, "but many never explore or tap into their potential talents."

Making It Work

Wanting to create is one thing. Building a sustainable practice around it is something else entirely. Dian Griesel, founder of Silver Disobedience and owner of Perception Dynamics, a communications consultancy based in New York City, has spent years working with adults 50 and older who are redefining later life. Her first piece of advice is deceptively simple: decide whether you want a hobby or a career. They require very different things.

"A lot of people will say, 'Oh, I've always wanted to do this,'" Griesel says, "but they never tried to build skills towards doing that."

She urges people to ask themselves honest questions before committing: Do you need a financial return? Are you ready to put in full-time or even part-time effort, or is something more flexible what you're really after? "A funny thing a lot of people forget when they're looking at second careers," Griesel says, "is how much time and energy it took to get their first one off the ground."

"A funny thing a lot of people forget when they're looking at second careers is how much time and energy it took to get their first one off the ground."

Griesel also flags a subtler trap: people who reach for work not because they truly want it, but because their identity is still tangled up in what they used to do. "The absence of retirement creates the same void, whether you were the barista at the coffee shop or the CEO of a company," she says. "Our identities get so tied with who we are and what we've done."

For those who do decide to turn a creative pursuit into a business, Griesel is emphatic: do it right from the start. That means incorporating, registering the business properly, filing taxes, and obtaining appropriate insurance. "If you've decided it's a business, treat it as such," she says. "It's an easy way to lose what you worked so hard for."

Technology as a Creative Catalyst

One of the less expected forces driving the creative second act? Technology. According to Thomas Kamber, executive director of Older Adults Technology Services (OATS) and Senior Planet from AARP, digital tools are opening up creative expression in ways that weren't previously possible, particularly for people who believe they lack talent in a given area.

Technology has also shattered geographic isolation for creative people. Kamber describes a woman on a remote island in Maine who joined a Senior Planet open mic night via Zoom, guitar in hand — and performed for listeners scattered across the United States, the Netherlands, the Caribbean, and the United Kingdom. "You never know who could be in the room," Kamber says. "The ability to make it social, and the magic of it being somewhat unexpected — that's kind of the point of a lot of art making."

He also recalls a former postal worker who came to a Senior Planet center years ago wanting to write a play about the Green Book — the guide that allowed African American travelers to navigate Jim Crow-era America. The man workshopped the script at the center using technology to help build and score what eventually became a musical.

The final production played to standing-room audiences at Senior Planet and later traveled to Chicago. "He was creating," Kamber says, "and he was also exploring a really important cultural artifact around the history of racial conditions in America — and it ended up being a financial benefit to him, too."

For those who don't know where to start — or who doubt whether they're truly creative — Linda Shaw has a message. When she opened her poetry slam to the Senior Planet community, she made clear that no credentials were required. Participants could share their own work or someone else's. They could simply show up.

"Everyone is creative," Shaw says. "Everyone has something that they can do. And it doesn't matter how small it is — it's yours. It's uniquely yours." The door, as Shaw says, is already open. You just have to walk through it.

For more information, visit:
https://discover.tpt.org/nextavenue/when-retirement-finally-sets-your-creativity-free

Sickle Cell Disease: How Palliative Care Can Help

Sickle cell disease (SCD) affects about 100,000 Americans. It is a genetic condition that is present at birth and inherited when a child receives two sickle cell genes—one from each parent. SCD affects the red blood cells, whose job it is to carry oxygen around the body. Irregular sickle-shaped red blood cells can

block blood flow, preventing oxygen from getting around the body. The poor blood flow results in inflammation and pain, infections, and sometimes damage to organs or strokes.

SCD disproportionally impacts Black children at a higher rate. About 1 out of every 365 Black babies are diagnosed with SCD at birth. We also know that health disparities are present in the accessibility to medical care and the experiences of bias for black patients living with SCD.

The physical symptoms of SCD can be particularly challenging. Pain is the most common complication of SCD and the biggest reason for emergency room visits. Pain can occur in joints like knees, elbows and hips, or organs. The pain ranges from a few hours, or sometimes weeks. People with SCD should speak with their doctors or nurses about an ongoing pain management plan.

The good news is asking for palliative care and being connected to a palliative care team can help you or your love one live a higher quality of life with this serious illness.

Palliative care is specialized medical treatment for people living with serious illness like sickle cell disease. It treats the pain, symptoms and stress of the illness, with a focus on quality of life. Palliative care is typically provided by a team of doctors, nurses, social workers, spiritual care providers and other health care professionals.

Palliative care teams work closely with your other doctors to give you an added layer of support. You don't have to choose between treatments or palliative care. Palliative care can be provided at the same time as all other treatments, to help you or your loved one with SCD, live as well as possible.
If your doctor or nurse does not mention it, it is still your right to ask for a palliative care consultation. The earlier the better.

Your palliative care team can help with pain medicines and techniques to relieve suffering cause by pain or the stress of the illness. The right pain management plan could keep you or your child out of the hospital and safely at home. This can make a big difference both physically and emotionally, allowing you or your child to stay engaged in activities that you love.

The palliative care team can also assist long term. They are there to help you understand complex medical information and share what you can expect as the disease progresses. The team will also partner with you to learn from you what is important to your family. They will help you come up with a plan for treatment that will work for your needs.

For more information, please visit https://getpalliativecare.org/

Contributing Authors: Sherika Newman, DO and Brittany Chambers, MPH, MCHES

5 Ways to Help Reduce Risk of Cognitive Decline during Alzheimer's & Brain Awareness Month

During Alzheimer's & Brain Awareness Month in June, the Alzheimer's Association is encouraging all Americans to adopt healthy lifestyle behaviors that may help reduce the risk of cognitive decline.

There are currently more than 6 million Americans age 65 and older living with Alzheimer's disease.

Age is the greatest risk factor for Alzheimer's disease. In fact, 1 in 3 seniors age 85 and older will have Alzheimer's disease. While some brain changes are inevitable as we age, there is a growing body of research to suggest having the necessary resources to adopt and maintain healthy lifestyle behaviors, including healthy eating, exercising regularly, not smoking and staying cognitively engaged may help us age healthier and help reduce the risk of cognitive decline.

"Understanding strategies to reduce risk of cognitive decline is a robust area of research currently," said Heather M. Snyder, Ph.D., vice president, Medical & Scientific Relations, Alzheimer's Association. "Researchers are working to determine what may be the optimal lifestyle interventions to reduce cognitive decline, but there are steps we can take now to possibly help reduce the risk of cognitive decline as we age."

During June, the Alzheimer's Association offers five tips that may help reduce the risk of cognitive decline:

- **Keep your heart healthy** – Studies have consistently produced strong evidence that a healthier heart is connected to a healthier brain. One recent study shows that aggressively treating high blood pressure can help reduce the development of mild cognitive impairment (MCI).

- **Exercise regularly** — Regular cardiovascular exercise helps increase blood flow to the body and brain, and there is strong evidence that regular physical activity is linked to better memory and thinking.

- **Maintain a heart-healthy diet** — Evidence suggests a healthful diet is linked to better cognitive functioning and may reduce the risk of heart disease as well. Stick to a meal schedule full of fruits and vegetables and low in saturated fats. The MIND diet – a hybrid of the DASH diet (Dietary Approaches to Stop Hypertension) and the Mediterranean diet – is a brain healthy diet that emphasizes whole grains, green leafy vegetables, poultry, fish and berries.

- **Get proper sleep** — Maintaining a regular, uninterrupted sleep pattern benefits physical and psychological health, and helps clear waste from the brain. Adults should get at least seven hours of sleep each night and try to keep a routine bedtime.

- **Stay socially and mentally active** — Meaningful social engagement may support cognitive health, so stay connected with friends and family. Engage your mind by doing activities that are challenging to you such as learning a new language or musical instrument.

"Incorporating these strategies becomes especially important as we age," Snyder said. "Research suggests that these lifestyle interventions in combination may have the greatest benefit and are good to consider at any age, but even if you begin with one or two you're moving in the right direction."

To learn more about Alzheimer's and other dementia, visit alz.org.

7 Questions to Ask Before Moving to a 55+ Community

Connie Beck (left) and her husband Michael Beck love their 55-plus community because of all the available activities (including golf) and their close proximity to friends. "It's like living on a college campus," Connie says.

Connie Beck and her husband, Michael Beck, knew it was time to move on when her father-in-law passed away in 2018. Their caregiving duties were the last connection to Pennsylvania's Lancaster County, which they felt was a nice place to live but not retire.

A year later, the Becks began their next chapter in a 55-plus community in Ocala, Florida, known as Del Webb Stone Creek. Having just celebrated their 36th anniversary, the Becks are living their best lives. They go to the pool regularly, play tennis, golf and pickleball, and are within walking distance of friends.

“It is like living on a college campus,” says Connie, 63. “You’re having a lot of fun — but you have money.”

The Becks' decision is a popular one. Older adults are moving into senior housing at record rates, with independent living communities leading the charge, according to a July 2025 report by the National Investment Center for Seniors Housing & Care. But moving to a community specifically for older individuals should not be taken lightly — it’s a big step, notes Ryan Frederick, CEO of Here, a company that offers housing assessments and advice to older individuals. His book, *Right Place, Right Time*, addresses the many factors you need to weigh when deciding where to spend your golden years. “Places shape us,” says Frederick. “When you move into a place, it impacts your health.”

The Becks were emotionally and financially ready to relocate to be among other active older individuals. Others may cling to the house where they raised their family and want to remain engaged members of that community.
Or for health reasons, they may not be able to reap the benefits of what a 55-plus community has to offer.

Here are seven key questions to ask yourself when deciding if a 55-plus community is your next best step.

Are You Ready for a Change?

This first question is the most basic, yet it will shape your future years, says Richard Spiering, president of Compass Plus, a company that specializes in real estate planning for older individuals.

Spiering says residents of a 55-plus community all have different reasons for moving there. Before making the move yourself, it’s important to understand the fundamental reason you’re doing it. “When people are assessing this, they really have to look at their own needs and lifestyle,” Spiering says. Circumstances can include children growing older, retirement approaching or simply wanting a change in their current living environment, he says.

Frederick adds the average American moves about a dozen times in their lifetime, but the relocation to an older community is significant because it will impact friendships, hobbies and general health associated with maintaining an active lifestyle.

Can you part with your stuff?

While you don’t necessarily need to downsize when moving to a 55-plus community, the transition often requires parting with years’ worth of material goods, says Meg Stoltzfus, a live well retirement navigator for Financial Council, an advisory firm based in Towson, Maryland. “Trying to deal with all the stuff they've accumulated over that time period is a huge barrier for people,” she says.

Michael Beck, 66, sees that challenge among new residents at Del Webb Stone Creek. “A lot of people make the mistake of packing up everything and bringing it all down here,” he says. He and his wife sold their Amish-made oak furniture prior to moving because it didn’t fit with the Florida landscape, says Michael. Another benefit: The minimalist approach to moving saved thousands of dollars in moving fees, he says.

Are you ready to give up your garden?

One of the factors involved in any move is the yard. Yards and gardens can be wonderful places for older adults, but the maintenance they require can be exhausting.

In a 55-plus community, you can get a living space where fees cover the yard work. It’s a great option for people who are done with yard maintenance and want more time and freedom to do other things, says Stoltzfus.

But not everyone sees those services as a benefit, she says, adding that some people may prefer to do their own gardening rather than paying a worker to tend to their lawn: They either like to tend to their own garden because it brings them joy or are naturally hesitant to farm out housework.

Are you ready to pay for services?

There is also a financial element, notes Spiering. He says older individuals considering the move to a 55-plus community need to factor in resort fees that could be higher than HOA dues in a traditional neighborhood.

While cable and internet is essential for the majority of community members, not everyone will be drawn to the pool or fitness center, which are part of most amenity packages. “If there are multiple amenities you just won’t use, maybe you should look at other communities that have lower fees,” Spiering advises.

He reminds individuals considering a move to factor fees into their budget: “I always recommend speaking with financial advisers.”

Do you want to be more social?

Sean Strickler, president of the West Florida division of PulteGroup, the parent company of Del Webb and similar communities for older individuals, says, “A lot of our buyers

are looking for connection." Opportunities to join clubs, take classes and participate in activities with people who have the same interests can be very appealing, he says. Racket sports, swimming and golf are part of a larger emphasis on health and well-being, he adds.

Frederick says considering such a move is a good time for honest self-reflection about your current state of friendships and activities. "You may find that you don't know your neighbors as much; you're not as engaged," he says. Creating bonds can be easier at a 55-plus community because residents are more likely to be on a similar schedule — retired or working less — as you, notes Frederick.

Stoltzfus says for all the benefits of moving into a community with individuals at a similar stage in life, there are some upsides to living close to a wider-age-range group to consider. "Moving into a 55-plus community, it's harder to have those intergenerational friendships that can be helpful," she says, noting interacting with people of myriad ages sparks mental sharpness.

Are you and your partner on the same page?

As with many aspects of life, couples can have differing goals that should be addressed before committing to a 55-plus community, says Stoltzfus. For instance, Michael Beck says he was skittish about the prospect of relocating to Florida long before he and Connie — who liked the idea of moving closer to her relatives in the Sunshine State — seriously considered their move. He was concerned about the heat and thought he'd miss catching Philadelphia Phillies games. Ultimately, Michael decided "Hot is hot." "It comes back to having a marriage with communication your whole life," says Connie.

Tracy Ross, a couples and family therapist in New York City, says it's important to avoid the temptation to put off a conversation regarding the move for fear of an argument or hurting your spouse's feelings. She encourages couples to truly listen to each other's concerns — perhaps making a pros-and-cons list — and empathize with the underlying reasons behind their point of view. "What do they think they're losing by going? What do they think they're gaining? Really hear each other out," she says. "Try to have a conversation that doesn't involve a 'I hear you, but... '"

Are you thinking long-term?

While there are examples of 55-plus communities with options for increased care as you age, most 55-plus communities tend to focus on encouraging an active lifestyle rather than factoring in later years, says Stoltzfus.

Adds Frederick: "It is not going to be your forever home."

That being said, Frederick says older individuals who are healthy should factor in future physical challenges when selecting a home. There's a variety of homes available in 55-plus communities, he notes. Consider whether a single-floor home or multistory house is right for you and look into bathrooms that minimize the risk of falling, too, so you can remain active and social, he adds.

"I encourage people to have a mind for today, but also a mind for tomorrow," says Frederick.

For more information, visit: https://www.aarp.org/home-living/is-over-55-community-right-for-you/?msockid=2493fe519b33619e29eaeac79a7c60ca

GrandFamilies

Family and Kinship

Grandfamilies and Kinship Families: Caring for Young Relatives

Many older adults are caregivers for their grandchildren or other young relatives. In the United States, more than 2.7 million children are currently being raised by older family members. These kinds of families are often called grandfamilies, in the case of grandparents and grandchildren, or kinship families more generally.

If you're an older adult raising a young relative, it may feel overwhelming at times. This article provides suggestions for taking care of yourself as well as ways to find help and support.

What do kinship families look like?

Kinship families form when a grandparent, older relative, or close family friend becomes a child's primary caregiver because the parents are unable or unwilling to take care of the child. In some cases, the caregiver has a legal relationship to the child, such as legal custody or guardianship. In other cases, the arrangement is more informal. The situation may be temporary or last a long time.

Becoming a caregiver for a child later in life can also come with challenges and sacrifices. The responsibilities of kinship care can affect a person's physical, mental, and financial well-being. That's why caregivers need to pay attention to their own health and wellness. For example, it's important to see a health care professional regularly, get enough rest, take time for physical activity, and connect with friends and family.

Caregivers frequently put their own needs aside for the child they are raising. But give yourself credit for everything you're doing. Your caregiving makes a difference in someone else's life.

Getting help

Grandfamilies and kinship families need information and support to be successful. These online resources are a good place to start:

- Resources for relative and kinship caregivers (**https://www.childwelfare.gov/topics/permanency/kinship-care/?top=123**) from the Child Welfare Information Gateway
- Legal, financial, and other support resources for grandfamilies **(https://www.grandfamilies.org/Resources)** from the Grandfamilies State Law and Policy Center
- Resources for grandfamilies in each state (https://www.grandfamilies.org/State-Fact-Sheets) from Grandfamilies.org
- A list of Kinship Navigator programs (https://www.gksnetwork.org/resources/kinship-navigator-programs-around-the-united-states/) in each state

Federal, state, and local governments offer programs to help grandfamilies and kinship families. Additional information and resources may be available through local senior centers, school systems, health departments, and Area Agencies on Aging.

For more information, visit: https://www.nia.nih.gov/health/caregiving/grandfamilies-and-kinship-families-caring-young-relatives

generations united®

Because we're stronger together®

Grandfamilies & Kinship University (GKU) is a new, national leadership and community-impact program launched by Generations United. **Designed for kinship caregivers, including grandaparents, close family friends, and other relatives raising children**, GKU helps participants build skills, connect with others, and create change in their communities.

Through leadership training, peer learning, and community-based projects, kinship caregivers will build the skills, tools, and relationships to turn their lived experience into action, support their own families, and create change for others like them.

You do not need a formal title or prior leadership to apply. What matters most is

your lived experience and your desire to make a difference.

Applications are open through June 8, 2026. A limited number of participants will be selected for this inaugural cohort.

If you are a kinship caregiver, we encourage you to apply. If you support kinship families or know someone who may be interested, please share this opportunity with them.

Learn more & Apply now

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CONNECT WITH US

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
Twitter@NCBA1970
Instagram@NCBA_1970

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

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

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

1370 Harvard Street, NW,
Washington, DC 20009

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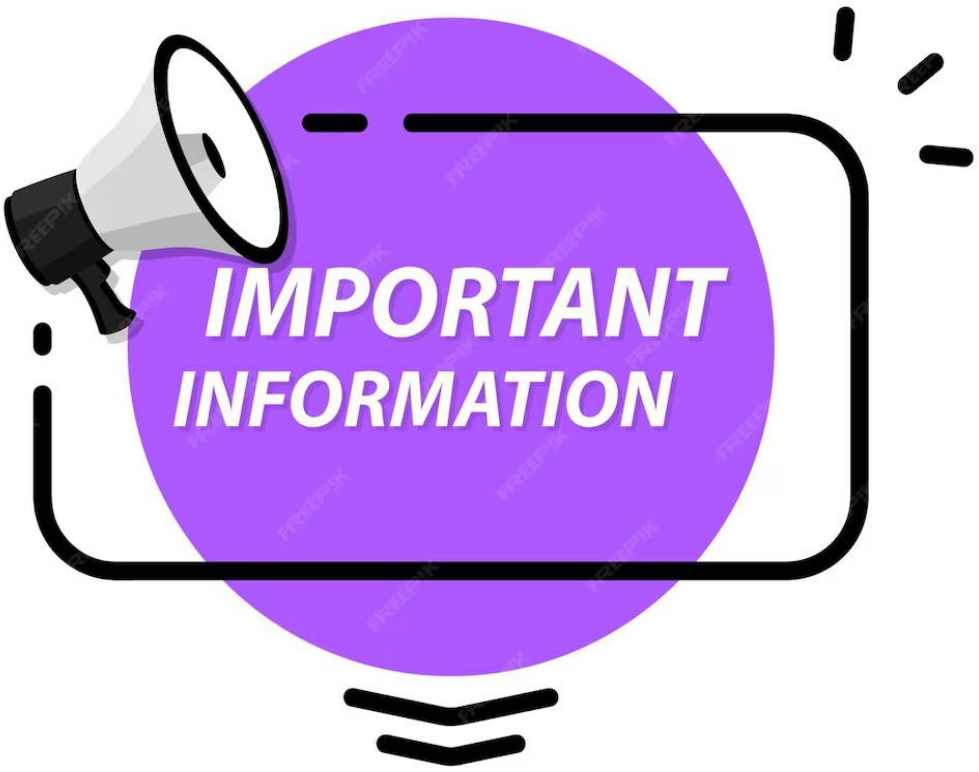
IMPORTANT
INFORMATION

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

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

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

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

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

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

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

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

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

4. No reenrolling in Medicare drug payment plan needed

In 2025, original Medicare enrollees in Part D prescription plans and Medicare Advantage plans with prescription coverage had the option to pay out-of-pocket costs in monthly installments rather than all at once at a pharmacy. Paired with the $2,000 cap on out-of-pocket prescription costs, that might have meant that a $2,000 bill in January became a $167-a-month payment through the Medicare Prescription Payment Plan.

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

5. Original Medicare begins prior authorization test

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

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

The pilot project comes amid concerns from lawmakers, government watchdogs (**https://oig.hhs.gov/reports/all/2022/some-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care/?url=https%25253A%25252F%25252Foig.hhs.gov%25252Freports%25252Fall%25252F2022%25252Fsome-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care%25252F&data=05%25257C02%25257Capugh%252540aarp.org%25257Cfb748b2785aa43b3bab808ddf706fc91%25257Ca395e38b4b754e4493499a37de460a33%25257C0%25257C0%25257C638938331558182711%25257CUnknown%25257CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWU**

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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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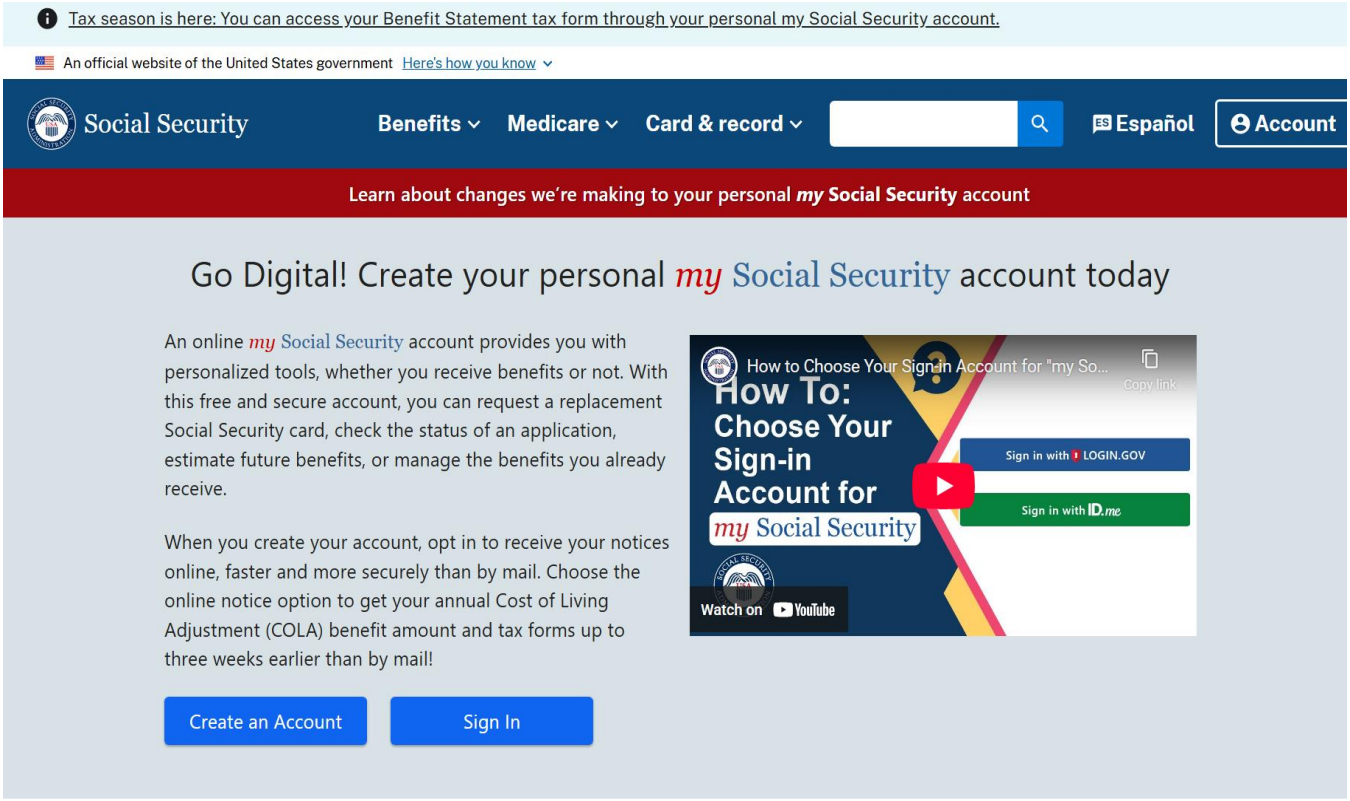

To create a personal *my* Social Security account, first you'll need to decide whether to create a Login.gov or an ID.me account. There is no wrong choice, it's just a matter of which account is the best fit for you. Watch the How to Choose Your Sign-in Account for *my* Social Security video for more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

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A National Technical Assistance Center

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Housing for Grandfamilies: A Rising Need

June 10, 2026 from 2:00–3:30 PM ET

Register

The scarcity of safe, quality, affordable housing is a national dilemma that poses an additional challenge for older caregivers who are raising their grandchildren or other young relatives. Many housing units for older Americans do not allow minor-age tenants, forcing caregivers to find an all-too-rare alternative, often on short notice.

As social service agencies and policy makers grapple with increasing demands for grandfamily and kinship housing, this webinar features two organizations that are providing much-needed housing for grandfamilies.

Learn from their experiences about how they navigated the complex regulations, funding challenges, and program designs to bring a good idea to fruition and how others might follow suit in addressing a dire and growing need.

Presenters:

- **Karyne Jones**, President & Chief Executive Officer, NCBA and NCBA Housing Management Corporation (Washington, DC)
- **Paul Freitag**, Executive Director, West Side Federation for Senior and Supportive Housing, Inc. (Bronx, NY)
- **Jamarl Clark**, Assistant Director, National Center on Grandfamilies at Generations United (moderator)

Register: https://us02web.zoom.us/webinar/register/WN_EvFe0jyeS4aULRJEj91S7Q#/registration

Join NCBA Health and Wellness Program and the Center to Advance Palliative Care for a webinar on **Palliative Care for Older Adults** as we educate you on:

- Palliative care – what it is and what it is not
- When is it time to use palliative care
- How this care supports older adult patients dealing with serious illnesses and their caregivers
- Tips to coordinate medical, emotional, and other care systems and supports to optimize palliative care.

The webinar will be held on Thursday, June 11, 2026, from 1:00 pm to 2:00 pm Eastern Time.

Register in advance for this webinar by clicking the link below:
https://us02web.zoom.us/webinar/register/WN_L2EbPJW-Rtej3kfYCiVKdw?ampDeviceId=e74c1b41-248f-4822-b788-75f0b0bd3fbf&ampSessionId=1773171876861

WORLD ELDER ABUSE AWARENESS DAY IS JUNE 15TH

SHARE WEAAD WITH YOUR NETWORKS:

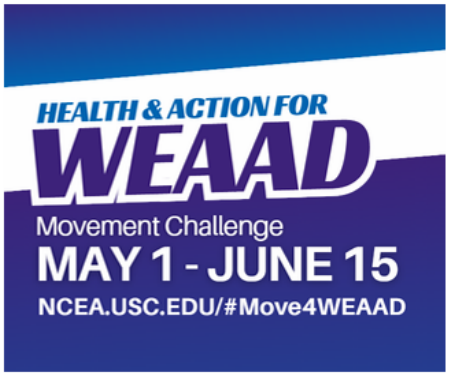
- Learn about the signs of elder abuse and community response resources
- Include a message about WEAAD in your newsletter, updates, or email signature
- Use a WEAAD background in virtual meetings
- Access ready-to-use sample posts and graphics to spread the word and include #WEAAD
- Find, share, or start a WEAAD event
- Wear purple on June 15

ENGAGE FAITH COMMUNITIES:

- The National Weekend of Prayer & Action for Elder Justice (June 12 - 14), held annually the weekend before WEAAD, is an opportunity to engage and encourage faith leaders and communities to promote elder abuse prevention and elder justice

MOVE FOR HEALTH, ACTION & ELDER JUSTICE:

- Participate in the Health & Action for the WEAAD Movement Challenge from May 1 to June 15 (Sign-up code: **WEAAD-2026**)
- Create or join a team with colleagues, friends, or family
- Log exercise minutes to stay healthy, stay connected, and raise awareness of elder abuse



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NCEA NATIONAL CENTER ON ELDER ABUSE

WORLD ELDER ABUSE AWARENESS DAY
Building Strong Support for Elders

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