

The Caucus Corner

NCBA Monthly Newsletter
September 2026

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National Senior Center Month

Every September, National Senior Center Month highlights the vital role local senior centers play in supporting the health, independence, and well-being of older adults. Coordinated annually by the National Council on Aging (NCOA) and the National Institute of Senior Centers (NISC), this observance offers an opportunity to recognize senior centers as essential community hubs that empower individuals to age with dignity, purpose, and strong social connections.

As the older adult population continues to grow, senior centers have evolved far beyond traditional gathering spaces. Today's senior centers serve as dynamic, multi-purpose resource centers designed to meet the diverse needs of modern older adults. They provide a comprehensive range of programs, including evidence-based health and wellness classes, physical fitness routines, nutritional assistance, and educational workshops. By offering structured opportunities for exercise, fall prevention, and chronic disease management, senior centers help participants maintain physical mobility and delay or prevent institutional care.

Beyond physical health, senior centers are instrumental in addressing social isolation—a critical factor in overall well-being. Chronic loneliness among older adults is linked to increased risks for depression, cognitive decline, and cardiovascular issues. Senior centers combat isolation by providing a welcoming environment where individuals can build meaningful friendships, participate in group activities, and stay engaged with their communities. Whether through creative arts programs, technology training, or volunteer opportunities, these centers foster a strong sense of community and shared purpose.

Senior centers also serve as crucial access points for essential community services. They connect older adults and their families with benefits counseling,

transportation assistance, legal aid, and caregiver support. For many individuals, staff at local senior centers act as trusted navigators, helping them access local, state, and federal resources that safeguard their financial security and daily independence.

Ultimately, National Senior Center Month celebrates the profound positive impact these facilities have on individuals, families, and neighborhoods. By promoting lifelong learning, physical health, and community engagement, senior centers demonstrate that aging is a vibrant, active phase of life. Celebrating National Senior Center Month raises awareness of these invaluable community assets and ensures they continue to receive the support and recognition needed to serve future generations.

For more information, visit:

<https://www.agingassistant.com/national-senior-center-month/#:~:text=Every%20September%2C%20National%20Senior%20Center,and%20well%2Dbeing%20of%20older%20adults.>

The History of Senior Centers in America



Senior Centers in the United States serve as a beacon of community support, offering a multitude of social, educational, and health services to older adults. These institutions have undergone remarkable transformations since their inception, evolving to meet the changing needs of senior citizens. The history of Senior Centers reflects shifts in societal attitudes towards aging, demonstrating the resilience and adaptability of these centers to meet the demands of different generations.

Origins and Early Development

The origins of Senior Centers in America can be traced back to the 1930s, during the Great Depression, when President Roosevelt began his New Deal program.



This program established community centers that offered recreational and educational activities to various age groups, including the elderly. However, it wasn't only for seniors.

The first formal Senior Center in the United States, The William Hodson Community Center, was established in 1943 in the Bronx, New York.

Its founding was a response to the changing dynamics of an aging population. The center was designed to promote social interaction among older adults and provide essential services such as health, food, and counseling. Because the Hodson Community Center was so successful, it led to the creation of more Senior Centers across America.

The Spread of Senior Centers Across the United States

Following the establishment of the William Hodson Community Center, the senior center model began to spread across the country, with states adopting and adapting the concept to meet the needs of their aging populations.

Northeast Region

- **Massachusetts** established its first senior center in Boston in 1949, known as the Boston Golden Age Center. It quickly became a model for other cities within the state and region.
- **Pennsylvania** followed in 1952 with the Philadelphia Senior Citizens Center, which pioneered innovative social programs specifically designed for older adults in urban settings.
- **Connecticut** opened the Hartford Senior Center in 1955, which was notable for its focus on intergenerational programs connecting seniors with local schools.



The Expansion Pattern

The expansion of senior centers followed several notable patterns:

- **Urban to Rural:** Senior centers initially appeared in major metropolitan areas before spreading to smaller communities and rural regions.
- **Regional Adaptation:** Each region developed centers that reflected local cultural values and responded to specific regional needs.
- **Service Evolution:** Early centers focused primarily on social engagement, but gradually expanded to include nutrition, health services, and educational programs.
- **Infrastructure Utilization:** Many early senior centers repurposed existing community spaces such as schools, churches, and municipal buildings before dedicated facilities were constructed.
- **Funding Models:** Centers evolved diverse funding approaches, with some relying heavily on municipal support while others developed public-private partnerships.

By the early 1960s, nearly every state had established at least one formal senior center, though the quality and scope of services varied considerably. This nationwide growth laid the groundwork for the more standardized approach that would emerge with the passage of the Older Americans Act in 1965.

The Golden Age of Senior Centers

The Older Americans Act of 1965 was important to the establishment of Senior Centers around America. The act acknowledged the specific needs of the elderly and officially advocated for the establishment of centers where older adults could access essential services and activities in the community. The Act resulted in substantial federal funding, leading to more Senior Centers being created nationwide.

During the 1970s and 1980s, Senior Centers served primarily as hubs for recreational activities, such as bingo, card games, dances, and communal meals. They also provided critical health and social services, including health screenings, exercise classes, transportation, counseling, and assistance with government benefits. This era marked the golden age of Senior Centers, with thousands of such centers opening their doors across the nation.

Midwest Region

- **Illinois** established the Chicago Senior Citizens Center in 1951, which was among the first to integrate healthcare services directly into the senior center model.
- **Michigan** opened the Detroit Friendship Center in 1954, which became known for its vocational training programs that helped seniors develop new skills for part-time employment.
- **Ohio** launched the Cleveland Senior Network in 1956, which created a hub-and-spoke model connecting multiple neighborhood centers under one administrative umbrella.

Southern Region

- **Florida**, recognizing its growing retiree population, established the Miami Beach Senior Center in 1950, which pioneered recreational programming for active older adults.
- **Texas** opened the San Antonio Golden Age Center in 1953, which was notable for its culturally specific programming that respected the diverse heritage of its participants.
- **North Carolina** created the Raleigh Senior Fellowship in 1957, which was among the first to establish formal partnerships with local hospitals for on-site health services.

Western Region

- **California** established the San Francisco Senior Center in 1947, making it one of the earliest centers outside of New York. It was innovative in developing wellness programs that focused on preventive health.
- **Washington** opened the Seattle Silver Circle in 1952, which pioneered outdoor recreational programs taking advantage of the Pacific Northwest's natural environment.
- **Colorado** launched the Denver Golden Age Club in 1954, which was notable for its altitude-appropriate exercise programs designed specifically for older adults.

Adapting to Changing Needs

By the 1990s, the role of Senior Centers began to shift. The new generation of seniors was healthier and more active than previous ones and demanded more diverse services and activities. In response, many centers began to expand their offerings, incorporating lifelong learning programs, volunteer opportunities, travel groups, computer classes, and more sophisticated health and wellness programs.

The escalating cost of healthcare and the increased life expectancy highlighted the need for centers to provide more robust health and social care. Many Senior Centers began to collaborate with healthcare providers, offering on-site health care services, including education programs, chronic disease management and therapy.

The 21st Century and Beyond

In the 21st century, Senior Centers have continued to evolve, incorporating more modern technologies and strategies to improve the quality of life for seniors. Many senior centers now integrate modern technology in their offerings and teach seniors how to use computers and various tools online.

The future of Senior Centers will continue to evolve as societal needs adapt and change. As the population ages and expectations shift, these centers must remain adaptable, ensuring they continue to meet the diverse needs of older adults.

From their humble beginnings during the Great Depression to their integral role in today's society, Senior Centers have been a vital part of American communities, and they continue to evolve and adapt to meet the needs of seniors across America.

Search today to find senior centers near you by visiting:
<https://seniorcenters.com/>



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.

Fall Vaccine Recommendations Updated for Flu, COVID, and RSV

Health officials have issued updated guidance for fall vaccinations, covering flu, COVID, and RSV. The new recommendations clarify who should get each shot and the best timing for protection.

Updated fall vaccine recommendations are now available for the flu, COVID-19, and RSV, according to a recent report from NBC Chicago. Health officials advise most people to plan for their annual flu shot and stay current with COVID boosters, while RSV vaccination remains targeted at older adults and certain high-risk groups. The goal is to offer protection before respiratory viruses begin spreading widely in the community.

Key takeaways

- The flu vaccine is recommended for nearly everyone aged 6 months and older.
- Updated COVID-19 shots are available and recommended for most people, especially those at higher risk.
- RSV vaccination is not for everyone. It is generally advised for adults aged 60 or older and for certain younger adults with chronic conditions.
- Timing matters. Getting vaccinated in early fall, before virus season peaks, provides the best protection.
- People can receive the flu and COVID shots during the same visit in many cases.

What the latest flu vaccine guidance says

The report highlights that annual flu vaccination continues to be the most reliable way to reduce the risk of influenza and its complications. Health authorities recommend that everyone aged 6 months and older receive a flu shot each season, barring specific medical exceptions.

For older adults, there are higher-dose and adjuvanted flu vaccines designed to produce a stronger immune response. These are often preferred for people aged 65 and up, though the standard shot remains a reasonable option if those are not available.

Flu activity typically begins to increase in October or November and can last through the spring. Because it takes about two weeks for the body to build protective antibodies, getting the shot in September or October is considered ideal. Getting it too early in the summer may result in waning immunity before the season ends, but late fall is still better than skipping it entirely.

Updated COVID-19 shots and who should get them

The updated COVID-19 vaccines are designed to match the virus variants that are currently circulating. The report notes that these shots are recommended for everyone aged 6 months and older. People who are older, immunocompromised, or living with chronic health conditions such as heart disease, diabetes, or lung disease have the most to gain from staying current on their COVID vaccinations.

Pregnant women are also encouraged to get vaccinated to protect both themselves and their newborns. For people who have never received a COVID-19 vaccine, the updated shot serves as the primary series. For those who have been vaccinated before, it acts as a booster. The timing of the COVID shot does not have to match the flu shot exactly but receiving them together is convenient and safe for most people. Health officials say there is no downside to getting both at the same appointment.

RSV vaccination is more targeted

Respiratory syncytial virus, known as RSV, is a common virus that can cause serious illness in older adults and infants. The new recommendations reflect a more focused approach. The RSV vaccine is recommended for adults aged 60 through 74 who are at increased risk of severe RSV disease. This includes those with chronic heart, lung, or kidney conditions, weakened immune systems, or those living in nursing homes. Adults aged 75 and older are advised to get the vaccine even without specific risk factors.

For infants, RSV protection can be provided through a maternal vaccine given during pregnancy or through a preventive antibody shot for babies born before or during RSV season. Parents should discuss these options with their child's healthcare provider to determine the best strategy, as recommendations may vary based on the baby's age and health status.

Why early fall timing matters

The report stresses that planning ahead is important because respiratory viruses often peak during winter months. Vaccination not only reduces the chance of getting sick but also lowers the severity of illness if a breakthrough infection occurs. This can mean fewer hospitalizations and less strain on healthcare systems.

While no vaccine offers perfect protection, the updated formulations are designed to match the strains expected to circulate this season, making them a valuable preventive measure.

Frequently Asked Questions

Can I get the flu and COVID shots at the same time?

Yes, in most cases it is safe and convenient to receive the flu and COVID-19 vaccines during the same visit. There is no evidence that getting them together reduces effectiveness, and it saves an extra trip to the pharmacy or clinic. If you have concerns about side effects, you can space them out by a week or two, but co-administration is generally approved and encouraged.

Is the RSV vaccine right for everyone over 60?

No, the RSV vaccine is not recommended for every older adult. It is specifically advised for adults aged 60 to 74 who have underlying health conditions that increase their risk of severe RSV. These conditions include chronic heart or lung disease, diabetes, kidney disorders, and weakened immune systems. Adults aged 75 and older are recommended to receive it regardless of their health status. If you fall into these categories, a quick discussion with your doctor can help clarify your personal risk.

How long does it take for the vaccines to provide protection?

Most respiratory vaccines, including flu and COVID, take about two weeks after administration for the body to build a meaningful immune response. That is why public health officials recommend getting vaccinated in early fall before virus transmission becomes widespread. RSV vaccines also require a similar period to reach full effectiveness. Getting vaccinated too late in the season is still better than not getting vaccinated at all, since protection can develop even as viruses are already circulating.

<https://medicalnewstoday.us/fall-vaccine-recommendations-updated/>



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.

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](https://www.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/>



AI's Impact on Jobs and Older Workers

Key takeaways

- Older workers in AI-exposed jobs have been more likely to leave the workforce since ChatGPT's arrival, while jobs less affected by AI saw little change.
- Research suggests workers age 50 and older are adopting AI at lower rates than younger colleagues, often because the payoff from learning a new tool may seem limited late in a career.
- Experts say AI could eventually help extend careers and boost productivity, especially when older workers combine experience with newer technical skills.

The first personal computers in the mid-1970s were clunky, heavy and expensive, but they transformed office work, greatly increasing what businesses — and their workers — could accomplish.

The advent of the PC was a challenge for one group of workers, however: older ones. Those who were slower than their younger colleagues to adapt to using the technology began to see their wages fall and left their jobs at higher rates or retired earlier than planned, according to a [2022 study](#) published in the journal *Labour Economics* that examined career outcomes for older workers from 1984 to 2017. Related

Now, another emerging technology could have a similar effect: [artificial intelligence](#) (AI).

Since the November 2022 launch of ChatGPT, workers age 55 and older have been more likely to quit or retire if AI can effectively do many of the job's tasks, [new research](#) shows. For example, in fields most exposed to AI, such as computer programming, older workers were as much as 25 percent more likely to leave [the workforce](#) after ChatGPT arrived.

Other fields that saw increases in departures were accounting, auditing and management analysis. Jobs in which AI is unable to perform the tasks required — including painting, home health aides and nursing—saw hardly any bump in older worker exits since ChatGPT.

"We're seeing people just get out of town because they don't want to learn this whole new thing," says Geoffrey Sanzenbacher, an economist and research fellow at Boston College's Center for Retirement Research, who produced the report.

Just as with PCs, he says, some workers think "if you don't have decades of your career left, it may not make sense to learn an entirely new technology."

An education in AI's impact

Much of the attention on how AI is affecting job opportunities has focused on younger workers, including recent college graduates, who are facing a [decline in entry-level jobs](#), in part due to AI, according to a 2025 report from the Stanford Digital Economy Lab. This spring, students at several colleges — including the U.S. Air Force Academy, the University of Central Florida and the University of Arizona — booed commencement speakers who tried to praise the new technology.

But younger adults aren't the only ones reckoning with how AI will affect their careers. An [AARP survey](#) published this past May found that 24 percent of workers 50 and older consider AI to be a threat to their line of work, while only 19 percent see it as an opportunity.

Policymakers and researchers are beginning to propose [potential solutions](#) to address this concern. For example, employers should train older workers in digital, AI and information literacy, and provide paid time for older workers to practice using AI, advises a [brief](#) by the Urban Institute, commissioned by AARP.

It's precisely these workers who have the critical-thinking and problem-solving skills to evaluate the quality of what AI produces, says Hailey D'Elia, a research analyst at Urban Institute and the report's coauthor.

"[AI] will spit out answers and young people will then turn it back to the subject-matter experts" — their older colleagues — D'Elia says. Older workers "are a critical piece in this."

AI, she says, "should not just be viewed as a disruption but also an opportunity."

Resources such as the [AARP Skills Builder for Work](#) can help older adults take free or discounted online courses to [learn about AI tools](#) and other office essentials.

For workers and employers, a return on investment

Research suggests that older workers may need encouragement to try AI. [A study](#) by scholars at the Federal Reserve Bank of St. Louis, Vanderbilt University and Harvard University found that workers over 50 have been much slower than their younger colleagues to adopt AI. Fewer than 18 percent of workers ages 50 to 64 use AI at work, that study finds, compared with nearly 30 percent of those 18 to 29 and more than 30 percent of people 30 to 49.

"Even if you look at more highly educated workers, older workers tend to be adopting new technologies at lower rates than younger workers," says Alexander Bick, a senior economic policy adviser at the St. Louis Fed and the report's coauthor.

It's not because older Americans lack technological literacy or are less willing to learn new things, Bick and others emphasize. It's a matter of the return on the investment.

"Imagine you're half a year before retirement," he says. "Is it worth it to learn that technology?"



Many older workers are, in fact, positioned to benefit from AI, according to another study of its impacts, from the Pension Research Council at the University of Pennsylvania's Wharton School – though even that review finds that they're more vulnerable to rapid technological disruptions.

However, sepsis can be treated with antibiotics and fluids if diagnosed early. More than 1.7 million people in the United States develop sepsis every year; at least 350,000 of them die. Globally, 11 million people die from sepsis each year. Rapid diagnosis and treatment can prevent up to 80 percent of fatalities. It is the most expensive condition treated in U.S. hospitals.

Symptoms of Sepsis. The symptoms of sepsis can vary depending on the stage of the condition and the underlying cause, but some common signs and symptoms may include:

- Fever or low body temperature
- Rapid heart rate or breathing
- Confusion or disorientation
- Extreme fatigue or weakness
- Chills or shivering
- Reduced urine output
- Abdominal pain, nausea or vomiting
- Skin rash or discoloration
- Difficulty breathing
- Low blood pressure
- Elevated white blood cell count
- Elevated lactate levels

If you detect even a few of these symptoms, seek medical help immediately and ask, “could it be sepsis?”

Download and share the signs from our Resources page by visiting: <https://www.endsepsis.org/resources/>

Causes. Sepsis and septic shock occur when an unidentified or untreated infection, spreads to the blood stream. Bacterial infections, such as wounds, including cuts and scrapes, urinary tract infections, pneumonia, dental infections and post-operative infections can all lead to sepsis, as can viruses, including COVID-19.

Risk Factors. Sepsis can impact anyone—young or old, sick or healthy. The greatest risk factor is infection. Those with increased risk of infection include:

- People with chronic illnesses such as diabetes
- Those with weakened immune systems
- The elderly
- Infants

Diagnosis. Sepsis is diagnosed by a medical professional following a physical examination, evaluation of medical history and blood tests.

Treatment. Sepsis is a medical emergency. Early diagnosis and treatment significantly increases one’s chances of survival. Sepsis is treated with antibiotics and IV fluids. In most cases broad-spectrum antibiotics will be administered. Once blood tests have been performed, antibiotics that target the particular strain of bacterium responsible for the infection may be used.

Prevention. The risk of developing sepsis can be reduced by practicing good hygiene, including washing hands regularly, caring for even minor cuts and scrapes using basic first aid techniques (especially keeping wounds clean), and by staying up to date on vaccinations.

For more information visit:

<https://www.sepsis.org/sepsisand/aging/>

Sepsis and Aging

Sepsis can and does affect people of all ages, including those who you’d least expect it, like an athlete or someone who has always taken very good care of their health. But some groups of people are at higher risk of getting sepsis, like those who are aging, particularly if they have chronic health issues. They are more susceptible to sepsis than many other groups.

In national hospital data from the CDC, adults aged 65 years and older had a hospitalization rate for septicemia or sepsis that was more than 10 times higher than adults younger than 65 and adults aged 85 and older had a rate about 30 times higher than those under 65. Like strokes or heart attacks, sepsis is a medical emergency that requires rapid diagnosis and treatment.

Other findings specific to older adults include:

- In one large study of adults hospitalized with sepsis, the odds were about 1.5–2 times more likely that they would be readmitted within 30 days after discharge than for adults who were admitted to the hospital for other reasons, even after accounting for other factors.
- Among older adults who survive sepsis, hospital readmissions in the following months are very common. In some groups, well over one-third are rehospitalized within a few months. This is often because they contracted another infection or a repeat episode of sepsis.

- Nursing home residents are over 6 times more likely to have sepsis when they go to an emergency department compared with people who don't live in nursing homes. Sepsis and Long-Term Care explains some of the issues that can increase sepsis risk.
- Survivors of severe sepsis have a much higher risk of new or worsened moderate-to-severe cognitive impairment and functional disability than patients hospitalized for other reasons. Many sepsis survivors also experience mental health problems such as depression, anxiety, and post-traumatic stress symptoms in the months following their illness.

Sepsis, which was often called blood poisoning, is the body's life-threatening response to infection. Like strokes or heart attacks, sepsis is a medical emergency that requires rapid diagnosis and treatment.

For more information, visit:

<https://www.sepsis.org/sepsisand/aging/>



11 Fall-Prevention Tips to Keep Your Home Hazard-Free



Fall prevention should be a part of the conversation when you're 50 and older. There are many steps you can take — both big and small — that can help you stay safer. And if you're part of the 75 percent of Americans who want to age in place, that's especially important. "If you make some changes, some adjustments, it's going to make you be able to be in that environment longer," says Stephen Merrill, the Philadelphia Corporation for Aging's health promotion nurse supervisor. "Because if you do have that bad injury, you may not be able to return to where you were or where you want to be."

Try these 11 expert tips to make your home safer and consider a medical alert system with fall detection to ensure your safety.

Light it Up!

"Good lighting in general is very important in universal design," says Paul Sullivan, founder of The Sullivan Company, a full-service residential remodeling firm based out of Massachusetts and New Hampshire that specializes in aging-in-place services.

What exactly is universal design? Simply put, it is a design concept that works for people of all ages and abilities without looking any different than traditional spaces, according to the Certified Aging-in-Place Specialist. Sullivan recommends paying particular attention to the lighting at the top of stairs and in the pathways of your home.

Dr. Emily Samuels, an assistant professor of geriatric medicine at the Icahn School of Medicine at Mount Sinai in New York, cites a 2020 study published in the journal *Innovation in Aging*, in which researchers found that each tenfold increase in room lighting was associated with 35 percent fewer falls in that room, regardless of visual impairment.

And what kind of lighting is best? "What they recommend is high-intensity, blue-enriched white light during the day — these are LED systems — and at nighttime, low-level automated pathway or guiding lights, like LED strips," says Samuels, who practices as an office-based geriatric primary care physician.

Raise Up Your Low Bed

Samuels says most falls happen in the bedroom. She recommends placing your bed on risers or purchasing a higher bed frame, mattress or box spring if your bed height is not Samuels says most falls happen in the bedroom. She recommends placing your bed on risers or purchasing a higher bed frame, mattress or box spring if your bed height is not sufficiently above the crease of your knee. "If the height of the

bed is too low, what happens is people oftentimes do a rocking-back-and-forth motion to gain momentum or ... they bend over and lean forward to be able to stand up," Samuels says. "And both of those have forward momentum and can cause falls."

On a similar note, Merrill recommends taking an extra moment before slowly getting out of bed in the morning. "Sometimes when people go to stand up from sitting down, their blood pressure drops and they get dizzy," Merrill says. "If you lift your head up off the pillow, sit on the side for a little bit; it kind of gives you that extra beat or two to know how you're feeling."

REASSESS YOUR RUGS

"Remove your loose rugs in the house," says Merrill. "Some people — myself included — enjoy a lot of area rugs, but they can be dangerous."

Samuels says rugs are an issue because the edges can easily become a tripping hazard. Rugs that roll or bunch up can become a tripping hazard, too, she adds. "Nonslip rug pads should be underneath all rugs, regardless of age, to decrease falls," Samuels says. You should also try taping down the edges, she adds.

Merrill recommends using double-sided carpet tape on the edges to prevent them from moving or rolling up.

Grab a Grab Bar

Sullivan recommends investing in towel racks that double as grab bars for the bathroom. "Many companies now make towel bars that double as grab bars because they are made to withstand the weight and pull force of a grab bar," he explains, adding that these towel bars should be clearly marked. Traditional towel bars can break if used as a grab bar and need to be attached in the right way with blocking (pieces of wood or metal installed between wall studs before drywall installation to provide attachment points for fixtures) in the walls, says Sullivan. "But if there isn't any blocking where you want a grab bar, you can use a product designed for hollow walls called 'Winglts'," he adds.

Samuels adds that "furniture surfers" who often lean on things to maintain their [balance](#) when navigating their home should consider adding grab bars throughout their house. This advice might be particularly relevant for people with adaptive devices like walkers. "What I've seen improve patients' homes is to actually attach grab bars all over the walls, not just in the bathroom," Samuels says, adding that it's a good idea to attach them in highly trafficked areas like hallways or near stairs. "Because if their walker doesn't fit well and they're furniture surfing, we should make it a more stable surface."

Update Your Shower or Tub

Aside from adding grab bars, one easy addition to the bathroom that can reduce fall risk is a shower chair. These chairs are available in a variety of styles and even have backs and arms. "For our patients who are easily fatigued, a shower chair is a great alternative," Samuels says.

If you have a tub, one option is to change it to a shower or a bathtub-shower combo. Another option is a tub transfer bench. "Why I like these is that there are many different styles," Samuels says. "The most basic is a bench where two of the legs are in the tub and two are out. So you sit on the outside of the bench, you shimmy over, you pull your legs over while you're sitting and then you are now in the tub on the bench." You can even get the "Cadillac" version of the bench, as Samuels calls it, which connects the toilet to the tub. In other words, you can do your business and then slide all the way into the bathtub to wash, Samuels explains.

Upgrade (and raise up) Your Toilet

Sullivan recommends investing in a higher toilet. "A comfort or chair-height toilet is several inches taller than a standard toilet," he says. "These toilets are more comfortable to begin with due to the height and also make sitting and getting up easier, which reduces the risk of a fall."

You can also buy a raised toilet seat if you don't want to completely change out your toilet, Samuels says. Some come as a "chunky raised toilet seat" and others come with armrests — some that reach all the way down to the ground for more support.

Adding a bedside commode — a portable toilet that needs to be emptied manually — to your home is another way to help with fall prevention for people who struggle with incontinence or nocturia (waking up at night to urinate), according to Samuels.

Think About Your Stairs

Stairs are another common place for falls to happen. That's why Merrill suggests adding bright tape on your steps. "They make a special tape that you can put on each step so you know exactly where the steps are," Merrill says.

Samuels says there's evidence to show that these "edge highlighters" improve confidence and safety, especially for people with visual impairment. She also adds that slip-resistant step edges, sometimes advertised as nonslip stair nosing or stair treads, have also been shown to reduce falls. "The nonslip treads are the full stair, and the nonslip nosing [covers] just the edge," Samuels says.

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Stair lifts can be a worthy investment for some, Samuels adds. She also says you could consider requesting a physician's letter to move to a first-floor apartment for fall prevention if you live in an apartment or subsidized housing.

Don't Forget to Declutter

Clutter can feel unavoidable at times. But coming up with ways to declutter your home can ultimately make it safer, according to Merrill. “Clutter can cause falls,” he says. “So try to remove clutter, and keep the house and the walkways as free as possible.”

Even things you might not think of as clutter can cause a tripping hazard. “The electric cords and wires and things, just make sure that they're tucked away and not running across a walkway in your house,” Merrill adds.

Consider Cameras

In some of her patients' homes, Samuels will see cameras that have two-way talking capability. “This is usually in my cognitively impaired patients, but their families have cameras in those high-fall areas,” Samuels says. “It allows for easy communication and detection of falls quickly to be able to act. And in that way, it keeps our cognitively impaired patients safer at home, if that's what their goals are.”

It's also a good idea to make sure you're always near your cellphone or a device that can alert someone if you fall, says Samuels.

Ditch the Floppy Slippers

Get rid of those soft, floppy slippers with poor grip. “We want a low heel with a wide sole because there's a higher surface contact area with the ground, some kind of secure fixation like Velcro or laces to prevent the flopping around, and then a slip-resistant outsole,” Samuels says. “So the best types of shoes are athletic shoes or canvas shoes. Slippers are just generally a fall risk, inherent in themselves.”

Staying safe in your home starts with you

While there are plenty of changes you can make to your home when it comes to fall prevention, there are also many things you can do for yourself to decrease your chances of a fall.

Stay active. Samuels says “exercise, diet, hydration and socialization” are key recommendations for fall prevention, especially if you’d like to age in place. Exercise, she says, is often the biggest piece that’s missing, and she follows the CDC’s recommendation for older adults in saying that you should aim for a weekly 150 minutes of moderate-intensity aerobic physical activity (equivalent in effort to brisk walking).

Merrill also encourages people to “be as active as they can be” – whether that means making regular trips between the kitchen and living room or attending an exercise class. He says senior centers are great because they often have different levels of classes like tai chi and yoga, which can improve balance.

Be on top of your health. Make sure you report any new health concerns to your doctor. If, for example, you’re suddenly feeling dizzy more often, Merrill says, bring that up with your doctor and make sure your current medications are evaluated by a physician. “There could be a side effect you don’t know about,” Merrill says.

You should also bring any new health issues to your doctor because balance impairment is “the number one thing that causes falls,” according to Samuels. She says many factors can lead to balance issues, including sensory deficits like visual impairment, vestibular dysfunction (which can lead to dizziness and vertigo) and somatosensory disorders such as neuropathy, which is commonly caused by diabetes. “Take those sensory deficits and add in delayed reaction time and muscle weakness and all of those things contribute to this balance impairment,” Samuels says.

Have regular hearing and vision exams. Merrill says having regular eye, vision and hearing exams is crucial for fall prevention. “You want to make sure your vision is good so you can see things in front of you or make sure you can maybe judge as you’re walking,” Merrill says. “But, oddly, hearing also plays a factor because you might not be able to sense something around you.”

Consider adaptive devices. There are many different types of adaptive devices to help with mobility, such as wheelchairs, walkers and canes. And there should be no stigma against using them, Merrill says: “Utilize whatever you need to maintain that quality of life that you want.”

Unsure if you need one? “I would say to that person that they should see their geriatrician because all geriatricians are well-versed in examining a gait,” Samuels says. “We will essentially watch them walk, examine them and discuss what kinds of things would be appropriate for them.”

Still wary of using an adaptive device even if a medical professional recommends one? “When someone has the appropriate assistive device for walking, they actually end up walking more,” Samuels says. “They exercise more, they get stronger and, depending on the condition, maybe they won’t need it in the future or they will be stronger and their fear of falling will decrease, so their risk of falling will decrease.”

Learn how to fall. The safest way to fall, according to Samuels, involves a tuck-and-roll approach. “This protects against head trauma, arm fractures and shoulder dislocation,” she says, adding that more than 2,000 videos of nursing home falls were studied to find this data. If a tuck-and-roll approach isn’t possible, she recommends “some kind of body rotation during descent to fall sideways rather than forward or backward” – but try not to use your arms to brace your fall. Here’s a three-minute video at <https://www.youtube.com/watch?v=saevjhoOrHI> she recommends on learning how to fall safely.

Conquer your fear of falling. If you’re afraid of falling, know you’re not alone. But you should also know that fear can actually increase fall risk because it causes people to be less active, according to Samuels. “One of the best ways of mitigating or changing that idea is to have them work with physical therapy to make them confident in either walking independently or walking with some kind of assistive device that may or may not be new for them,” Samuels says.

“We grow up with this idea we’re battling aging, we’re fighting aging, and then we finally arrive at what we think is ‘aged’ and we have this inherent bias,” Samuels adds.. “If we’re able to remove our inherent bias that aging is hard or sad ... and reframe it to a natural progression and say, ‘I will continue my exercise and diet as I age,’ then you can have meaningful, additional years added to your life.”

Contributing Author: Abigail Seaberg is a freelance journalist based in Boston. She covers subjects as diverse as oncology research, local news, celebrity updates, and health and wellness topics.

GrandFamilies

Family and Kinship

Grandparents Caught in the Middle: Caregiving Between Generations



Key Takeaways

- An estimated 28 percent of grandparents under 50 are simultaneously caring for grandchildren and an older adult, creating a uniquely demanding multigenerational caregiving role.
- With creativity and planning, grandparents can explore ways to care for older loved ones while keeping younger generations connected.
- Senior care services, adaptable work schedules and support networks can help caregivers remain involved without trying to juggle everything themselves.

The growing number of grandparents providing care on multiple fronts reflects a broader shift in how families are absorbing the nation's care needs. Longer life expectancy and later childbearing mean more families have three or more generations needing care at the same time. Increasingly, grandparents are caught in the middle, caring for grandchildren while also helping aging parents — a situation known as the “club sandwich generation.”

“It’s looking more like a multilayered sandwich at this point,” says Nicole Jorwic, chief program officer at [Caring Across Generations](#). Jorwic has seen the dynamic in her own family, where her mother has cared for an aging parent and grandchildren.

AARP Research has explored how caregiving can stretch across generations. According to an [online survey](#) of approximately 3,300 U.S. grandparents, 7 percent are simultaneously caring for an adult and providing care to grandchildren at least monthly, a figure that rises to 28 percent among grandparents under 50. “We’re seeing a multigenerational infrastructure quietly growing where individuals are not only grandparents, but they’re also caring for an aging parent and grandchildren, and they’re torn between those two worlds,” says Indira Venkat, senior vice president of AARP Research.

The report also identified racial and ethnic differences in multigenerational caregiving. Eleven percent of Hispanic grandparents are simultaneously caring for an adult and providing care for grandchildren, compared with 9 percent of Black and Asian American/Pacific Islander grandparents and 5 percent of White grandparents.

For some grandparents, caring for grandchildren goes well beyond occasional babysitting. They may provide regular childcare that allows their adult children to work while also helping an aging parent with transportation, medical appointments, household tasks or personal care. “Grandparents filling in the gaps is the only option for a lot of families,” Jorwic says.

That responsibility can come at a significant personal and financial cost. Caregiving can lead grandparents to reduce their work hours or retire earlier than planned, potentially affecting their long-term financial security. Nine in 10 grandparents provide financial support for grandchildren, contributing an average of \$2,654 annually, according to the AARP survey.

Caring for the Young and Old

Debbie DeMoss Compton knows firsthand what it means to be caught between generations. While she was taking care of her mom, Dorothy, with [dementia](#) in her home in Oklahoma City, she had seven grandchildren at the time, including young children she regularly picked up from school.

Rather than allowing caregiving to pull the generations apart, Compton looked for ways to bring them together while protecting her mom from becoming overwhelmed. Compton created one-of-a-kind coloring books with larger, basic illustrations of animals that her mom and the grandkids enjoyed.

“Mom didn’t want to color in a little kid coloring book. So without anything else available, I created several coloring books that I knew would entertain her and the grands,” says Compton, who wrote a dozen more books, including the best-selling series, [*The Caregiver’s Advocate*](#).

The goal wasn’t simply to keep everyone occupied. Compton wanted the generations to share an experience — one where they could be creative, laugh and enjoy one another. When her mom eventually moved to a nearby memory care facility, Compton continued bringing the grandchildren to visit. She prepared them beforehand, explaining that they needed to be quiet and calm, and often took them directly to her mom’s room. The coloring books came along, too, giving the children and their great-grandmother a familiar activity they could share.

Staying connected through the generations

Julie Wilkerson, 64, has found a way to make her role in the “club” work for three generations of her family. Her 87-year-old mother, Gail, lives about an hour away in an independent-living senior community, while Wilkerson’s two young grandsons, Hal, 6, and Sam, 4, live nearby. Wilkerson works full-time as the director of a local arts agency, but her flexible schedule has allowed her to designate Mondays as her day for both caregiving and grandparenting.

Every Monday, Wilkerson checks on her mother, manages her medications and tackles what she calls “the list” of to-dos. She then picks up her grandsons, often bringing them to their great-grandmother’s apartment. The arrangement allows Wilkerson to accomplish practical tasks for her mother while giving her regular time with her grandsons.

Gail’s apartment has become a place where the boys enjoy spending time. They play with toys their great-grandmother keeps for them. Wilkerson also brings her mother along to their activities, including Hal’s T-ball games, birthday parties and other family events. “I get to see my grandchildren, she gets to see her great-grandchildren — and you don’t have to choose one or the other,” Wilkerson says.

Wilkerson says her mother’s move to independent living has also eased some of the worry that came with having her living by herself. The facility provides additional oversight, including checking on residents if they don’t trigger a bathroom motion detector by a certain time. Julie still texts her mother daily or talks with her by phone, but she no longer feels she has to monitor her constantly.

For Ranjani Iyengar, 66, the demands of caring for an aging mother while being an involved grandmother have required a different kind of balancing act. Iyengar lives in Chicago and is a backup caregiver for her three young grandsons while also caring for her mother, who has chronic kidney problems and congestive heart failure.

When Iyengar’s oldest grandson was born in Seattle during the COVID-19 pandemic, she made about 20 trips to help care for him. At the same time, her mother was living with her and was hospitalized five times between January and August of 2021. Iyengar would turn to her husband, two other children and her mom’s cousin for support in many situations. “It literally took a village for us to get through those years,” Iyengar says.

Ranjani’s caregiving responsibilities became more complicated when her 90-year-old mother moved back to India in 2025 to spend the rest of her life in the home she had shared with her deceased husband. Because Ranjani had been her mother’s primary caregiver for years, she has traveled to India three times in six months to help when her mother’s health has worsened, stepping in when her brother, who splits his time between India and the U.S., needs backup.

Lessons learned from the club sandwich generation

Caring for two generations at once can be complicated, unpredictable and exhausting. But it can also bring unexpected rewards. Compton, Wilkerson and Iyengar have each found ways to navigate the competing demands of aging parents and grandchildren. Their experiences point to several lessons for other grandparents caught in the middle.

1. **Bring generations together.** Compton and Wilkerson learned that caring for their mothers and spending time with their grandchildren don’t necessarily have to be separate obligations. Rather than viewing them as competing responsibilities, they found ways to unite the generations and make the time more meaningful for everyone. Wilkerson often brings her grandsons to visit their great-grandmother or takes her mother along to their activities. For Compton, that meant creating coloring books that her mother and grandchildren could enjoy together.
2. **Use the resources available to you.** Grandparents don’t have to shoulder every responsibility themselves. Iyengar discovered that the state of Illinois offered an elder-care program that provided four hours a day of in-home assistance for her mother, giving Iyengar time to work and helping her mother maintain some independence. She also relied on her husband, children, extended family, friends and neighbors when she needed additional help. “Rely on your community, ask your friends for help, ask your neighbors for help,” Iyengar says. “I think that was my key to survival.”

- 3. Set boundaries and don't feel guilty about it.** Being a dependable grandparent doesn't mean saying yes every time you're asked to help. Iyengar serves as a backup caregiver for her grandsons when they are sick, school or day care is closed, or their parents need help for business travel.

But she has learned to recognize her limits. "I've learned to hold my boundaries," she says. "When I can't, I say no." She acknowledges that saying no can be difficult, particularly when grandchildren need help, but prioritizing every request over your own needs can eventually lead to exhaustion.

- 4. Accept that circumstances will change.** The balance between generations isn't static. Wilkerson knows her mother's needs will likely increase while her grandchildren's need for her will eventually decrease as they grow older.

She is already thinking about retirement so she can be available if her mother's needs become greater. Compton similarly learned to adapt as her mother's dementia progressed, changing how she managed family gatherings and visits to protect her mother's well-being.

- 5. Know that sometimes one generation has to come first.** Even the best-laid plans won't eliminate competing needs. There were times when Compton had to prioritize her mother's needs over her grandchildren's. "She was less adaptable and able to adjust to changing situations, so I had to protect her," Compton says. During holiday dinners, she would sit beside her mother to provide help. "I would sit the kids in one room, and the adults would sit in another and that worked better for mom. I would also find a quiet space for her to visit with a few family members at a time so it was less overwhelming."

- 6. Take care of your own health needs.** It's not about being selfish. Canceling doctors' appointments and skipping preventive exams isn't good in the long run. As Iyengar points out, prioritizing others at the cost of your own health works only as a short-term emergency response — make it a habit, and the system inevitably collapses. "When you consistently operate on empty, your patience wears thin, quiet resentment begins to replace genuine care, and you risk burning out to the point where you transition from being the caregiver to needing care yourself," says Iyengar.

Contributing Author: Paul Wynn, a veteran health care writer, has spent over a decade immersed in the caregiving community, both as a family caregiver and as a journalist covering caregiving issues for national 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 (SEE)

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

A New
Housing
Community
DESIGNED JUST
FOR YOU



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



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:

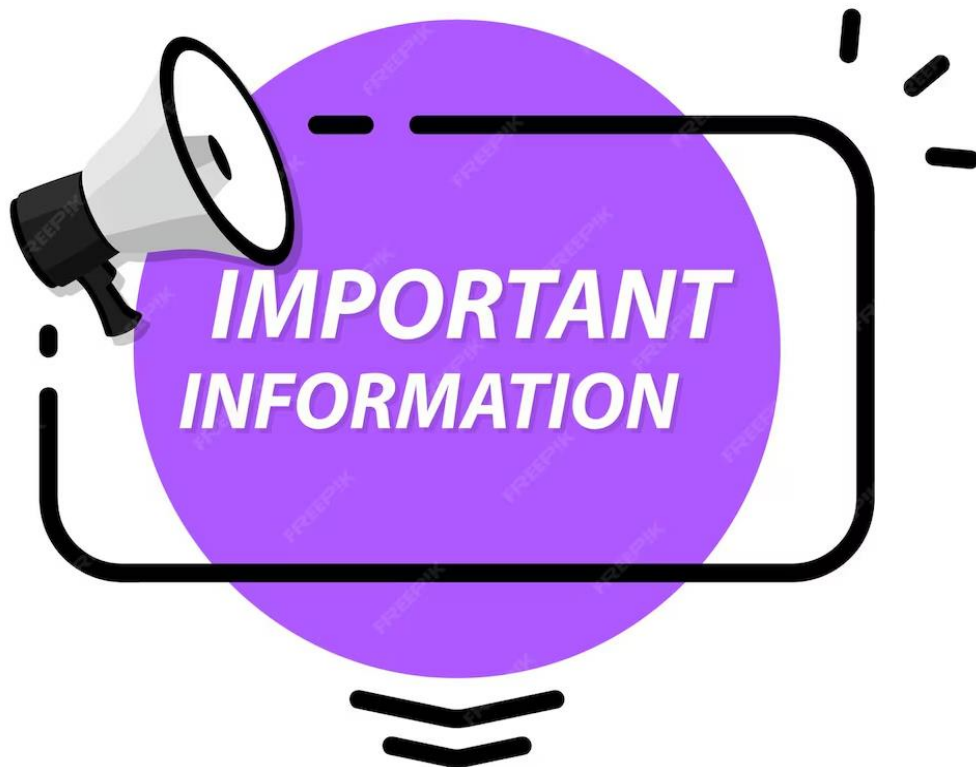
Call (202)289-1700

Visit: ncbacfw.com

1370 Harvard Street, NW,
Washington, DC 20009



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



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

1. Medicare-negotiated lower drug prices start

[Ten prescription drugs](https://www.aarp.org/medicare/first-medicare-negotiated-drug-prices-debut/) (<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/) (<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/) (<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) (<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/) (<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/) (<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/) (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/) (<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) (<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>

[sllYiOilwLjAuMDAwMCIsIIAiOiJXaW4zMilslkFOljoITWFpbClslldUljoyfQ%25253D%25253D%25257C0%25257C%25257C%25257C&sdata=551hGfAFuzT8BaM1tIVhSDMcNQepQj1x7fcGSY5uGXQ%25253D&reserved=0](https://www.aarp.org/medicare/faq/medicare-part-d-restrictions/)) and others that Medicare Advantage plans' [prior authorization procedures](https://www.aarp.org/medicare/faq/medicare-part-d-restrictions/) (<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](https://www.aarp.org/money/personal-finance/ways-to-lower-funeral-costs/) and expenses (<https://www.aarp.org/money/personal-finance/ways-to-lower-funeral-costs/>)
- [Life insurance](https://www.aarp.org/money/personal-finance/keep-life-insurance-or-cash-out/) 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/) (<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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ES Español

Account

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An online [my Social Security](#) account provides you with personalized tools, whether you receive benefits or not. With this free and secure account, you can request a replacement Social Security card, check the status of an application, estimate future benefits, or manage the benefits you already receive.

When you create your account, opt in to receive your notices online, faster and more securely than by mail. Choose the online notice option to get your annual Cost of Living Adjustment (COLA) benefit amount and tax forms up to three weeks earlier than by mail!

Create an Account

Sign In



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.



VACCINES YOU NEED TO TAKE OR AT LEAST CONSIDER

It may not dominate the news anymore, but Covid and other serious respiratory infections still threaten the U.S. public, especially Older Americans.

For most people over age 65—or anyone with a weakened immunity system—the Centers for Disease Control and Prevention (CDC) recommends two **Covid** vaccinations a year, about six to nine months apart, to keep the sometimes-deadly disease at bay.

That's because, like most viruses, Covid continually mutates, finding new ways to survive and thereby requiring medical science to change the formula for vaccines to stop it.

Likewise, **influenza vaccines** have to be altered each season to match the strains that emerge each year, mainly around fall. Flu may cause not only misery for weeks or longer, but can trigger existing conditions, like heart disease, to worsen.

The CDC also recommends that Older Americans consider taking shots aimed at **pneumococcal pneumonia**, a potentially fatal infection that often goes undetected until its late, harder-to-treat stages. It is particularly difficult to treat in young children and older adults. One shot usually confers lifelong immunity.

The **respiratory syncytial virus (RSV)** also requires only one vaccination for lifelong protection in most cases. The virus attacks the lungs and bronchial passages, making it difficult to breathe and producing a persistent cough.

The cost of all four vaccines are covered by Medicaid and patients enrolled in Medicare Part D plans are eligible for free or discounted shots.

As with all medical treatments and procedures, people with preexisting conditions such as diabetes or heart, liver, or kidney disease should double-check with their physician before taking any vaccine.

DON'T WAIT. VACCINATE!



NCBA & CVS Pharmacy Vaccine Clinic
Thursday, October 15, 2026
10:00 AM - 2:00 PM

Carl F. West NCBA Estates (Lobby)
1370 Harvard Street, NW
Washington, DC 20009



- Flu, COVID, Hepatitis A&B, MMR, Pneumonia, RSV, Shingles, and TDAP (Whooping Cough) vaccines available
- All vaccines are available for those 18 years old and above.
- Under 18 years old need parental or guardian consent.
- Bring your (Medicare, Medicaid or Private) insurance card with you.
- Vaccinations are by appointment only, so please reserve your slot by registering at aboddie@ncbainc.org OR atelesford@ncbainc.org.



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(202) 637-8400



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at every age

Thursday, October 22, 2026
1:00-2:00 pm (EST)

Registration Link:

https://us02web.zoom.us/webinar/register/WN_vmxYuLVwSEyBazyZaxDwEq



Learn more about
hearing and
balance health





**Blood Drive Hosted By:
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Carl F. West Estates

**Courtyard Multipurpose Lounge
1370 Harvard Street, NW
Washington, DC 20009**

**Thursday, November 5, 2026
10:00 a.m. to 3:00 p.m.**

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