Hundreds of Prescription Drugs Are Costlier in 2020

Retail prices for 460 prescription drugs are increasing by an average of 5.2 percent in 2020 — more than double the projected rate of inflation for this year, according to data analyzed by 3 Axis Advisors, a health care research firm.

The increases disclosed by 114 companies, as of Jan. 6, come as federal and state lawmakers, and the president, say they are determined to find ways to lower the cost of lifesaving medications that millions of Americans rely on each day. The 3 Axis analysis also tracks with Price Watch reports AARP has produced as part of its Stop Rx Greed campaign to call on elected officials to take action on runaway drug prices.

Antonio Ciaccia, a founder of 3 Axis, says despite the pressure on drug makers, “the increases continue regardless, and we still have a problem with many individuals who cannot afford their treatments” and insurance companies not willing to pay for some medications. Though most Americans rarely pay the list price of a medication because they have insurance — through either a job or a government program, such as Medicare or Medicaid — higher prescription drug prices can ultimately affect all consumers. Even for people who have prescription drug plans, such as Medicare Part D, higher list prices inevitably lead to higher premiums and deductibles, according to AARP research.
“Typically, it’s the patients who are underinsured or uninsured who end up carrying the most weight of this system,” Ciaccia said. “They end up paying the sticker prices, and those are the ones who are harmed the most.” In addition, smaller companies that do not have the clout to negotiate drug price discounts and employees with high-deductible health plans are affected.

Here’s a look at some prescription medications that many older Americans commonly use and that are increasing in price in 2020, according to 3 Axis:

- **Humira**, used to treat rheumatoid arthritis, up 7.4 percent
- **Revlimid**, used to treat cancer, up 6 percent
- **Benicar**, used to treat high blood pressure, up 5 percent
- **Januvia**, used to help control Type 2 diabetes, up 4.9 percent
- **Lyrica**, used to treat nerve and muscle pain, up 4.9 percent
- **Keytruda**, used to treat cancer, up 1.5 percent


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<th>Monthly Benefits Will Increase</th>
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<tr>
<td>Social Security recipients will get a 1.6 percent cost-of-living adjustment (COLA) in their monthly benefits starting in January. The average individual retired Social Security beneficiary is expected to see a monthly benefit jump from $1,479 to $1,503, an increase of roughly $24 per month or $288 for the year.</td>
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<th>Maximum Monthly Benefit Rises</th>
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<td>As a result of the COLA, the maximum monthly benefit a single recipient can get also will grow. That benefit will increase from $2,861 per month in 2019 to $3,011 per month in 2020.</td>
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<th>Earnings Limit Climbs</th>
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<td>If you are between ages 62 and 66 or 67 (full retirement age) and working while also receiving monthly Social Security benefits, in 2020 you will be able to earn up to $18,240 ($1,520 per month) before the Social Security Administration deducts $1 from your benefits for every $2 you earn.</td>
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In the year you turn your full retirement age, the earnings limit will be $48,600 ($4,050 per month) before the agency will deduct $1 for every $3 you earn until the month you reach full retirement age. (For those born between 1943 and 1954, full retirement age is 66. It increases by two months for each year after until 67.) The earnings limit disappears once you reach full retirement age.

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<th>Annual Tax Cap Grows</th>
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<tr>
<td>Taxes on workers' wages finance Social Security. Workers pay 6.2 percent of their earnings to fund the benefit (employers pay the same). Next year, the maximum amount of earnings subject to the Social Security tax will increase from $132,900 to $137,700.</td>
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<th>Earnings for Work Credit Rises</th>
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<tr>
<td>The earnings required for one work credit — that is, three months of Social Security coverage — edges up from $1,360 to $1,410 for 2020. Credits are the building blocks the Social Security Administration uses to determine whether you qualify for benefits. You can earn up to four credits a year if you earn at least $5,440. In most cases, to qualify for benefits you'll need a minimum of 40 credits.</td>
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<th>Supplemental Security Income Increases</th>
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<td>Beneficiaries receiving Supplemental Security Income (SSI) will also see an increase in their monthly payment. SSI is a federal program that aids the aged, blind and people with disabilities who have little or no income by providing them funds for food, clothing and shelter. The individual amount grows by $12 a month, from $771 to $783. The amount for couples rises $18, from $1,157 to $1,175.</td>
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Financial Resolutions for the New Year

You may have made — and already broken — several New Year’s resolutions. Remember the entire box of holiday cookies you scarfed down in one sitting? But you need to make and keep some financial resolutions as well if you want to enjoy a prosperous 2020 and beyond. Here are five to consider.

Build an Emergency Fund

Fewer than half of Americans 50 and older have an emergency savings account, according to the AARP Public Policy Institute. Don’t be one of the 51 percent who don’t. If you’re still working, you’ll need enough money to keep the lights on if you find yourself in between jobs. If you’re retired and have enough income from Social Security and other sources to pay the bills, you’ll still need enough to cover annoying yet routine expenses, such as replacing your refrigerator or getting a new set of tires.

To replace money from a job, figure out how much you spend each month. It’s not quite as much as you might think, since you won’t be contributing to a 401(k) or, for that matter, paying as much in income tax. You’ll still need to eat, use electricity, talk on the phone, pay the rent or mortgage and drive.

The next question is how long that money should last. About 45 percent of those unemployed 27 weeks or longer are 55 and over, according to the U.S. Bureau of Labor Statistics. That’s nearly seven months. If your vital expenses (minus any other income) are $2,000 a month, you should target about $13,500 for your emergency fund if you can. But even modest emergency savings of as little as $250 can help avert a financial crisis for the most vulnerable households, AARP finds.

This money needs to be there when you need it, and you don’t know when you’ll need it. Keep it in a savings account, bank money market account or a money market mutual fund. To build the balance, set up automatic transfers into your emergency savings account.

Boost Your Retirement Savings

You can contribute a maximum $19,500 to your 401(k) savings plan in 2020, assuming you’re still working, plus $6,500 in catch-up contributions if you’re 50 or older. If your company matches any of your contributions, that’s gravy.

If you’re not contributing the maximum — and, let’s be honest, most people eligible for catch-up contributions don’t — at least try bumping it up 1 percent this year. It may not seem like much, but the biggest single factor impacting how much you’ll have when you retire is how much you put in.

Let’s say you work for Scrooge & Marley, and your salary is $50,000. You get 2 percent raises each year because, well, you work for Scrooge & Marley. If you contribute 6 percent of your salary every year and earn a 7 percent annual return, you’ll have a bit over $48,000 in your account after a decade. If you increase your savings rate by one percentage point a year until you hit 10 percent, you’ll have $70,600 after a decade.

Trim Your Portfolio

Many retirement savers accumulate mutual funds like the sorcerer’s apprentice accumulates broomsticks: They just keep multiplying as you change jobs, brokers and outlooks. In reality, you don’t need many funds, and having too many — particularly expensive ones — simply hurts your performance.

Think of it this way: If you have 10 U.S. stock mutual funds, you’ll probably match a broad measure of the U.S. stock market, such as the Standard & Poor’s 500 stock index. But you’ll be paying expenses for those mutual funds, which can be as high as 1.5 percent. That’s $150 for every $10,000 you invest, about enough for a week’s groceries.

You could replace those 10 funds with one low-cost index fund, which simply tracks a stock index. Index funds that track large-company stocks charge anywhere from zero to 0.3 percent. Your savings go directly into your pocket. How many funds do you need? A minimalist approach would be two stock funds (one U.S. and one international), a bond fund and a money market mutual fund. If you stick with low-cost funds and don’t pay a commission to buy them, you can add a few more. More than 10, however, is probably unnecessary.

Make an Extra Mortgage Payment

One trick to increase your tax deductions in a year is to make one mortgage payment early. You’ll get an extra month’s worth of deductible interest. Just keep in mind that you’ll need to itemize your tax return to get the deduction, something fewer taxpayers are doing now that the standard deduction has been raised.
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The Importance of the 2020 Census

Older Americans have been more likely than other age groups to return their U.S. census forms and make sure they were counted.

But as the country gears up for the 2020 census next March — the first that will be completed largely online — experts say there will be challenges in getting older people to participate.

A recent U.S. Census Bureau survey found that 56 percent of those 65 and older aren’t comfortable with an online response and prefer to fill out a paper census form. “The concerns over privacy and cybersecurity will have to be overcome, and those concerns are highest for those over 50,” says Steve Jost, a former Census Bureau official.

The stakes are high. In 2016, for example, more than 300 federally funded programs relied on census data to distribute more than $675 billion to states and localities. That includes funds for schools, roads and hospitals and programs that aid older Americans, like Medicare Part B. “Participating in the census means getting counted to determine how much federal funding comes into your community and how congressional representation is determined,” says AARP National Volunteer President Catherine Alicia Georges. “AARP members need to make sure they are not left out of this very important process.”

Georges says it is important for older Americans who don’t want to take the census digitally to know they won’t be forced to. “No one has to take the census online,” she says. News reports about the digital transformation have raised some questions about the census. Here are answers.

How Will the New Census Process Work?

Between March 12 and 20, most households will receive a postcard invitation to respond online to the 2020 census. Those who don’t answer will then receive the traditional paper form in the mail. If a household still does not respond, the bureau will send a census taker to knock on that door to collect the household’s data.

People who live in areas that the bureau has determined are most likely to lack broadband internet service will receive a traditional paper form in the first mailing. “The Census Bureau is confident that the 2020 census will be easy for everyone to participate in,” says Daniel Velez, a spokesman for the Census Bureau.
**Why Make the Change?**

The Census Bureau has digitized the 2020 census to save money. The 2010 census, which cost $10.2 billion, was the most expensive in history. Taking the census online — at least partially — is projected to save an estimated $5.2 billion.

The Census Bureau is recruiting over 400,000 temporary workers to help in the massive job of counting their fellow Americans. The bureau is hiring census takers to go door-to-door to help people fill out census forms as well as for office and supervisory positions. The jobs will last several weeks.

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**Who to Count?**

**Who Counts as Part of Your Home?**

If you are filling out the census for your home, you should count everyone who is living there as of April 1, 2020. This includes anyone who is living and sleeping there most of the time. If someone is staying in your home on April 1, and has no usual home elsewhere, you should count them in your response to the 2020 Census.

**Counting Young Children**

It is important to remember to count any children who are living with you. This includes:

- All children who live in your home, including foster children, grandchildren, nieces and nephews, and the children of friends (even if they are living with you temporarily).
- Children who split their time between homes, if they are living with you on April 1, 2020.
- Newborn babies, even those who are born on April 1, 2020, or who are still in the hospital on this date.

**Completing the Census When There Are Special Circumstances**

**Babies Who Are Born on Census Day**

Babies born on or before April 1, 2020, should be counted at the home where they will live or sleep most of the time, even if they are still in the hospital. Babies born after April 1, 2020, should not be counted in the 2020 Census.

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**Why It’s Required**

Getting a complete and accurate census count is critically important. That’s why your response is required by law. If you do not respond, the U.S. Census Bureau will follow up in person to collect your response.

Why is the census so important? The results are used to determine how much funding local communities receive for key public services and how many seats each state gets in Congress. State and local officials also use census counts to draw boundaries for congressional, state legislative, and school districts.

And while you are required by law to participate, the Census Bureau is also required by law to protect your answers. Your responses are used only to produce statistics. The Census Bureau does not disclose any personal information.
People Who Die on Census Day

People who are alive for any part of the day on April 1, 2020, should be counted in the census. People who die before April 1, 2020, should not be included.

People Who Move on Census Day

People who are moving should be sure to count themselves just once, in one home.

- If they move into their new residence on April 1, 2020, they should count themselves at that residence.

- If they move out of their old residence on April 1, 2020, but have not yet moved into their new home, they should count themselves at their old residence.

Visitors on Census Day

Whether to count a visitor depends on the type of visitor. Visitors who are in your home on April 1, 2020, but who will return to their usual residence, should be counted where they live and sleep most of the time. Citizens of foreign countries who are visiting the United States on vacation or business on April 1, 2020, should not be counted.

Foreign Citizens in the United States

Citizens of foreign countries who are living in the United States, including members of the diplomatic community, should be counted at the U.S. residence where they live and sleep most of time. Citizens of foreign countries who are visiting the United States on vacation or business on April 1, 2020, should not be counted.

U.S. Military Personnel

People who live in housing units at military installations will be able to respond to the 2020 Census online, by phone, or by mail—just like those who live outside military installations.

- The U.S Census Bureau will ensure that military personnel who live in places such as barracks or military campgrounds are all counted, in much the same way that the Census Bureau counts others living in group quarters, such as students in university housing.

- Military personnel who are temporarily deployed overseas should be counted at their usual home address in the United States.
People Displaced by Natural Disasters

People displaced by natural disasters should be counted where they live and sleep most of the time. If they do not have a residence where they usually live and sleep, they should be counted where they are staying on April 1, 2020.

Students

- Boarding school students below the college level should be counted at the home of their parents or guardians.
- College students who are living at home should be counted at their home address.
- College students who live away from home should count themselves at the on- or off-campus residence where they live and sleep most of the time, even if they are home on April 1, 2020.
- U.S. college students who are living and attending college outside the United States are not counted in the census.
- Foreign students living and attending college in the United States should be counted at the on- or off-campus residence where they live and sleep most of the time.

People in Shelters

People who are living in emergency and transitional shelters that provide sleeping facilities for people experiencing homelessness should be counted at the shelter.
People in Prisons and Correctional Facilities

April 1, 2020, should be counted at the facility:

- Correctional residential facilities.
- Federal detention centers.
- Federal and state prisons.
- Local jails and other municipal confinement facilities.

People in Health Care Facilities

The following patients should be counted at the residence where they live and sleep most of the time, rather than at the facility:

- Patients in hospitals for routine stays.
- Patients at Department of Veterans Affairs hospitals (except for psychiatric units).
- Patients at in-patient hospice facilities.
- Newborn babies (who should be counted where they will live).

The following patients should be counted at the health care facility in which they’re staying on April 1, 2020:

- People with no usual home.
- People in psychiatric hospitals or psychiatric units for long-term, non-acute care.
- People in nursing facilities.

Ways to Respond

There are three ways to respond to the 2020 Census. By April 1, 2020, every home will receive an invitation to participate in the 2020 Census. You will have three options for responding:

- Online
- By Phone
- By Mail

The 2020 Census marks the first time you’ll have the option to respond online. You can even respond on your mobile device.
Shape the future for your family and community.

The U.S. Constitution requires that every decade we count our nation’s population. By April 1, every household will receive a notice to complete the 2020 Census and be counted.

Responding is important.
You can shape the future for yourself, your family, and your community for the next 10 years. Data collected in the 2020 Census will inform the distribution of more than $675 billion in federal funds to states and communities each year. Businesses, community leaders, and local governments use census data to create jobs, ensure public safety preparedness, and support community initiatives.

Results of the census impact funding for things like:

- Schools and education
- Health care facilities
- Housing assistance
- Public transportation
- Child and adult food assistance programs
- Assistance for people transitioning out of homelessness
- Career and technical education grants
- Medicare Part B

2020CENSUS.GOV

Shape your future
START HERE >
Everyone at your address should be counted.

It is important to count every person living in your household, even if they are staying only temporarily. This includes relatives, nonrelatives, and children as young as one day old.

You should respond at the address where you are living or staying on Census Day—April 1, 2020.

Our kids are important.

An estimated 5 percent of kids under the age of five were missed in the 2010 Census. At about 1 million babies and young children, that’s the largest undercount of any age group. The 2020 Census helps determine which areas qualify for the critical resources that children and families depend on for the next 10 years—basically an entire childhood! During those years, their communities could receive less funding for schools, parks, SNAP/WIC, hospitals, transportation, and other things kids need.

Responding is easy and secure.

Responding to the census takes just a few minutes. Simply answer a handful of questions online, by phone, or by mail. The Census Bureau encourages renters and recent movers to complete their forms right away, online or by phone, in case paper forms get lost in the mail.

All responses are confidential and protected by law. Your personal information can never be shared with law enforcement agencies or property managers, and it cannot be used against you in any way.

For more information, visit: 2020CENSUS.GOV
Am I Able to Get Social Security Retirement Benefits if I’m Working?

In the past, most of the workforce may have had a more clear-cut approach to retirement. You worked long hours for roughly four decades and at around the age of 65, you retired. Of course, there were plenty of people who didn’t follow the traditional path, but today, the dividing lines for retirement are much less clear. The Great Recession of 2008 pushed retirement back for many people.

Some people consider working and collecting Social Security benefits. The question is, can you get Social Security retirement benefits while still actively working? The answer is yes but consider this choice carefully. Here are a few things to look at first.

**Earn Your Credits**

The point of Social Security is to have consistent income once you retire, but you first must pay into the program by earning credits. In 2019, you need to earn at least $1,360 to receive one Social Security credit, and you can earn a maximum of four credits per year. This equates to $5,440 in 2019. For 2020, you need to earn at least $1,410 to receive one Social Security credit, or $5,640 to earn all four credits for the year.

If you were born in 1929 or later, you need 40 credits, or 10 years of earning the minimum amount to receive full retirement benefits. For many people, this may be an easy goal to achieve.

Before you decide on taking benefits while still working, contact Social Security and check your credit balance. If you haven’t yet earned your 40 credits by age 62, consider working a few more years. If you don’t have the required credits, you aren’t eligible for Social Security retirement benefits unless you qualify for other types of benefits.

**Learn About the Ages**

Social Security offers retirement benefits based on age. Here’s a brief rundown of the ages you should know.

Full retirement age is between 65 and 67, depending on the year you were born. The younger you are, the higher your retirement year. Once you reach full retirement age you can work as much as you would like without it having any impact on your Social Security benefits.

If you were born after 1959, your full retirement age is 67.

You can’t receive Social Security retirement benefits until you reach the age of 62, so working and receiving benefits isn’t possible until you reach that age. The younger you are when you start receiving benefits, the less you will receive. For example, if you start receiving benefits at age 62, your monthly benefit amount is reduced by 30% for the rest of your life. The longer you wait, the more you keep, and if you wait until after full retirement age, your checks are even higher.

You can delay retirement until you’re 70 years old if you’d like, which is past your full retirement age. This may allow you to earn the highest Social Security benefit possible.

**Consider the Penalties**

While the Social Security Administration seeks to keep your contributions if possible so the money can be distributed to a larger pool of payees, it does provide information about working while receiving benefits in your retirement years.

If you’re below your full retirement age but are 62 years or older, you can work and receive Social Security benefits at the same time. If you are achieving normal retirement age in 2020, you can earn up to $17,640 in 2019 and still receive your normal benefit amount without any penalty. In other words, if you want to work and collect benefits, you can do it if you stay below the $17,640 annual income threshold.

For those achieving normal retirement age in 2021, you can earn up to $18,240 in 2020 without penalty. The limit applies to the year before you reach normal retirement age.
If you earn more than the maximum annual income limit in one year, Social Security will withhold $1 for every $2 you earn above that threshold. For example, let’s say that you are age 63 and earn $35,000 in 2019. Social Security will withhold $8,680 from your benefits check. That equates to a loss of $723 each month on top of the 25% benefit reduction for taking benefits before reaching full retirement age. That’s a big financial hit.

Once you reach full retirement age, things change. If you are achieving normal retirement age in 2019, you can earn up to $46,920 during the months leading up to your birthday before getting penalized. So, if you earned that same $35,000, you wouldn’t receive a penalty. But if you earned $55,000, Social Security would withhold $1 for every $3 you earned over the limit.

So, on your $55,000 earnings, you’d lose $2,693, or $224 per month, leading up to the month you achieve normal retirement age. This penalty is far less severe because you’re so close to full retirement age. If you’re achieving normal retirement age in 2020, the limit is $48,600. This limit applies to the year in which you achieve retirement age.

### Do You Get the Money Back?

Unfortunately, the answer is no. Once Social Security collects the money from the penalty, you won’t get it back in the form of a higher benefit amount. This is because it’s not technically a withholding, it is a type of penalty. However, once you reach full retirement age, your benefit amount will be recalculated without the earnings penalty and should increase to your full amount. But remember, because you took benefits prior to full retirement age, your check will not be as large as if you had waited.

### Tax Implications

Another issue with receiving Social Security benefits while working is the potential tax liability. If you and your spouse are married filing jointly and earn more than $44,000, up to 85% of your Social Security benefit may be taxable. If you and your spouse are married filing jointly and have combined earnings between $32,000 and $44,000, up to 50% of your benefits may be taxable.

If you’re not married, filing single, and earn more than $34,000, up to 85% of your Social Security benefits may be taxable. If you earn between $25,000 and $34,000, up to 50% of your benefits may be taxable. About 40% of all people receiving Social Security benefits must pay taxes on them.

### You Have to Estimate Your Earnings

You must provide Social Security with an estimate of what you expect to earn so the agency can adjust benefits accordingly. If the estimate isn’t provided and a filer goes over the annual earnings limit, the worker may get a letter demanding repayment of a portion of the Social Security benefits they received.

### The Bottom Line

Most financial planners agree that waiting to take benefits until you reach full retirement age may be best, if you can afford to do that. If you can’t wait and must take benefits prior to full retirement age, you should consider only working up to the earnings limit for that year to avoid hurting yourself financially. The penalty for exceeding the annual income limit, plus the reduced benefit amount that comes from taking Social Security benefits prior to full retirement age, is a loss of benefits that doesn’t make sense in most cases.

Although it seems like continuing to work once you’re in your retirement years will produce more income, that may not necessarily be true when Social Security is involved. Because Social Security benefits can be complicated, especially when combined with other financial factors in your life, it may be best to talk to a financial planner about the best way to maximize your benefits.

For more information visit, https://www.thebalance.com/social-security-retirement-benefits-while-working-2894597

### 2020 Census Jobs

The U.S. Census Bureau is recruiting to fill hundreds of thousands of temporary positions across the country to assist with the 2020 Census count.

### Why Apply?

#### Competitive Wages

Could you use extra income? Jobs for the 2020 Census offer competitive wages that are paid weekly. Authorized expenses, such as mileage, are reimbursed for employees doing field work.
Support Your Community

Census results are used to determine your representation in Congress, and they help inform how billions of dollars are distributed for hospitals, schools, roads, and more. Help ensure that everyone in your community is counted in the 2020 Census.

Fit Your Schedule

Temporary positions for the 2020 Census feature flexible hours—a perfect fit if you are looking to earn extra money, even if you already have other commitments.

Be a Part of History

Every 10 years since 1790, the United States has undertaken the momentous task of counting its population. This is your chance to play a role.


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What is Glaucoma?

Glaucoma is a group of eye diseases that can cause vision loss and blindness by damaging a nerve in the back of your eye called the optic nerve. The symptoms can start so slowly that you may not notice them. The only way to find out if you have glaucoma is to get a comprehensive dilated eye exam. There’s no cure for glaucoma, but early treatment can often stop the damage and protect your vision.

What are the types of glaucoma?

There are many different types of glaucoma, but the most common type in the United States is called open-angle glaucoma—that’s what most people mean when they talk about glaucoma. Other types of glaucoma are less common, like angle-closure glaucoma and congenital glaucoma.

What are the symptoms of glaucoma?

At first, glaucoma doesn’t usually have any symptoms. That’s why half of people with glaucoma don’t even know they have it. Over time, you may slowly lose vision, usually starting with your side (peripheral) vision—especially the part of your vision that’s closest to your nose. Because it happens so slowly, many people can’t tell that their vision is changing, especially at first.

But as the disease gets worse, you may start to notice that you can’t see things off to the side anymore. Without treatment, glaucoma can eventually cause blindness.
Talk with your doctor about your risk for glaucoma and ask how often you need to get checked.

**When to get help right away**

Angle-closure glaucoma can cause these sudden symptoms:

- Intense eye pain
- Upset stomach (nausea)
- Red eye
- Blurry vision

If you have these symptoms, go to your doctor or an emergency room now.

**What causes glaucoma?**

Scientists aren’t sure what causes the most common types of glaucoma, but many people with glaucoma have high eye pressure (intraocular pressure) — and treatments that lower eye pressure help to slow the disease. There’s no way to prevent glaucoma. That’s why eye exams are so important — so you and your doctor can find it before it affects your vision.

**How will my eye doctor check for glaucoma?**

Eye doctors can check for glaucoma as part of a comprehensive dilated eye exam. The exam is simple and painless — your doctor will give you some eye drops to dilate (widen) your pupil and then check your eyes for glaucoma and other eye problems. The exam includes a visual field test to check your peripheral (side) vision.

**What’s the treatment for glaucoma?**

Doctors use a few different types of treatment for glaucoma, including medicines (usually eye drops), laser treatment, and surgery. If you have glaucoma, it’s important to start treatment right away. While it won’t undo any damage to your vision, treatment can stop it from getting worse.

- **Medicines.** Prescription eye drops are the most common treatment. They lower the pressure in your eye and prevent damage to your optic nerve.

- **Laser treatment.** To lower pressure in your eye, doctors can use lasers to help the fluid drain out of your eye. It’s a simple procedure that your doctor can do in the office.

- **Surgery.** If medicines and laser treatment don’t work, your doctor might suggest surgery. There are several different types of surgery that can help the fluid drain out of your eye.

Talk over your options with your doctor. While glaucoma is a serious disease, treatment works well. Remember these tips:

- If your doctor prescribes medicine, be sure to take it every day
- Tell your doctor if your treatment causes side effects
- See your doctor for regular check-ups
- If you’re having trouble with everyday activities because of your vision loss, ask your doctor about low vision services or devices that could help
- Encourage family members to get checked for glaucoma, since it can run in families

**What is the latest research on glaucoma?**

Scientists are studying what causes glaucoma and how we can find it earlier and treat it better. NEI also funds research on new treatment options.

*For more information, visit https://www.aao.org/eye-health/diseases/glaucoma-treatment*
Take Everyday Preventive Actions to Stop the Spread of Germs

Try to avoid close contact with sick people. While sick, limit contact with others as much as possible to keep from infecting them. If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone for 24 hours without the use of a fever-reducing medicine.)

- Cover your nose and mouth with a tissue when you cough or sneeze. After using a tissue, throw it in the trash and wash your hands.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Clean and disinfect surfaces and objects that may be contaminated with germs like flu.

Take Action to Prevent the Flu

CDC recommends a yearly flu vaccine as the first and most important step in protecting against influenza and its potentially serious complications. While there are many different flu viruses, flu vaccines protect against the 3 or 4 viruses that research suggests will be most common. Three-component vaccines contain an H3N2, an H1N1 and a B virus. Four-component vaccines have an additional B virus component.

Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations. Flu vaccination also has been shown to significantly reduce a child's risk of dying from influenza. Also, there are data to suggest that even if someone gets sick after vaccination, their illness may be milder.

Everyone 6 months and older should get a flu vaccine every year before flu activity begins in their community. CDC recommends getting vaccinated by the end of October. For the 2019-2020 flu season, CDC and its Advisory Committee on Immunization Practices (ACIP) recommend annual influenza vaccination for everyone 6 months and older with any licensed, age-appropriate flu vaccine (inactivated, recombinant or nasal spray flu vaccines) with no preference expressed for any one vaccine over another.

Vaccination of high risk persons is especially important to decrease their risk of severe flu illness. People at high risk of serious flu complications include young children, pregnant women, people with chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.

Vaccination also is important for health care workers, and other people who live with or care for high risk people to keep from spreading flu to them. Infants younger than 6 months are at high risk of serious flu illness but are too young to be vaccinated. Studies have shown that flu vaccination of the mother during pregnancy can protect the baby after birth from flu infection for several months. Additionally, people who live with or care for infants should be vaccinated.

Take Flu Antiviral Drugs If Your Doctor Prescribes Them

- If you are sick with flu, antiviral drugs can be used to treat your illness.
- Antiviral drugs are different from antibiotics. They are prescription medicines (pills, liquid or an inhaled powder) and are not available over the counter.
- Antiviral drugs can make illness milder and shorten the time you are sick. They may also prevent serious flu complications.
- CDC recommends prompt antiviral treatment of people who are severely ill and people who are at high risk of serious flu complications who develop flu symptoms.
• For people with high-risk factors, treatment with an antiviral drug can mean the difference between having a milder illness versus a very serious illness that could result in a hospital stay.

• Studies show that flu antiviral drugs work best for treatment when they are started within 48 hours of getting sick, but starting them later can still be helpful, especially if the sick person has a high-risk health condition or is very sick from flu. Follow your doctor’s instructions for taking this drug.

• Flu-like symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people, especially children, may have vomiting and diarrhea. People may also be infected with flu and have respiratory symptoms without a fever.

How to Prepare When Elderly Parents Move in With Adult Children

More and more parents are moving in with their adult children, and the trend probably won’t reverse anytime soon. As nursing home costs continue to rise, children and their parents are finding that living together is a better arrangement, both financially and emotionally.

But having a parent move in is a big adjustment for everyone, and it is important to be prepared. Preparations can range from making physical adjustments to the house to figuring out finances. The following are some things to think about:

• Work out the financial details first. If the adult children have siblings, the question of whether the siblings are going to contribute to the parents’ room and board can be sensitive. Even if there are no siblings, there is still the question of how much the parents can or should contribute to the household. An extra mouth to feed can be expensive. It can get even more costly if you need to do major renovations or hire a home health care worker.

To avoid fostering resentment and guilt among family members, you should try to work out as many of these issues as you can before the big move. An elder law attorney can help your family create a plan that takes all the various contingencies into account, so that everyone is on the same page and knows what to expect.

• Make the home senior friendly. Whether adding an addition or just fixing up a spare bedroom, adjustments will probably have to be made to accommodate the parent or parents. Some basic adjustments include replacing doorknobs with levers, checking railings to make sure they are sturdy, installing grab bars in the bathroom, and putting non-slip backings on rugs. More significant changes could be converting a room on the first floor into a bedroom, widening doors to allow a wheelchair or walker to pass through, and installing ramps.

In addition to these accommodations, the space should be personalized for the parents. Consider the parents’ likes and dislikes and what would make them feel at home when renovating. It is important that even if the parents have only a bedroom of their own, they feel like it is their space.

• Look into a tax deduction. When considering the financial details of this new arrangement, keep in mind that the children may be able to claim the parents as a dependent and get a tax deduction if they provide more than half of the parents’ support during the year.

Know where to go for help. If family members are serving as caregivers, they don’t need to feel like they are doing this all alone. There several services that are designed to help caregivers. From home health care workers to meals programs and transportation services to adult day care centers and respite services, there are several different ways to get help.

Contact an Area Agencies on Aging program in your state to find out the services in your area. In addition, a few resources are available to provide caregivers with information and support.

For more information, visit https://www.elderlawanswers.com/how-to-prepare-
As older adults age into later life, they often face disruptive changes that make their dwellings, neighborhoods and communities seem less appealing. When they retire and seek new leisure, volunteer or career activities, they may be disappointed by what is available nearby.

After their children depart, older adults may feel that their homes are uncomfortably large, and utility costs, property taxes and mortgage payments are overly high. The smaller income stream in retirement can mean that such home expenses become financially burdensome. About 54 percent of ages 65 and older renters and 26 percent of older homeowners are cost-burdened, paying more than 30 percent of their monthly income for housing.

Because these dwellings also are aging, they typically require constant repairs and upgrades, and may pose fall risks due to stairs that are expensive to modify. Only about 15 percent of households with moderate mobility difficulties occupy dwellings that are accessible.

Often, older adults must weather loneliness and depression from the deaths of a spouse or friends. And as neighborhoods evolve, chances for social isolation can increase if surroundings no longer seem safe or socially compatible. Nationally, among people ages 65 to 69 and ages 70 and older, 36 percent and 24 percent felt lonely, respectively.

As health conditions, mobility limitations and mental declines occur, activities such as residential upkeep, self-care, medication management and getting around become challenging. Low-density suburbs present transportation barriers when elders give up driving. About one-third of older persons have unmet travel needs.

Despite these factors, older people find that moving is an unwelcome way to change their imperfect worlds. In most years, only about 2 percent of homeowners ages 65 and older, and 10 percent of the same-age-cohort of renters, change their addresses—rates of moving that are much lower than for any other age group.

**Older Adults Are Not Leaving Home**

Strong magnetic attractions keep older persons from moving. They are emotionally attached to their dwellings and possessions, which they treat as untouchable archeological evidence of their interesting and successful pasts. Also sacred are ritualistic everyday activities—weekend dinners with friends, movie nights, club activities or neighborhood walks.

Elders cringe at the prospect of relocating and having to find new doctors, restaurants, stores and recreational opportunities. They worry about living in a place where nobody knows their name and having to find new friendships and trusted neighbors. By remaining in familiar places, they feel engaged, competent and in control, despite other uncertainties in their lives.

Also, older adults’ family relationships can account for an unwillingness to move. Larger houses can accommodate visits or the return of grown children who, saddled with debt, may seek to save on housing expenses. The dwelling equity of older homeowners—often their primary source of wealth—can be preserved as an inheritance for loved ones.

So how do aging-in-place older adults cope with their incongruent worlds? They play mind games, rationalizing the failings of where they live. More constructively, they take on more debt or cut back on other expenses. They make only essential home modifications and avoid difficult-to-use areas in their dwellings. They look for alternative social relationships or become more sedentary. They become car passengers rather than drivers or depend upon door-to-door van services. They cling to independence by depending on families for assistance. To a lesser extent, they secure paid or publicly supported in-home supportive services.

**Caveat lector:** Some older persons age in place not because they choose to, but because they must. The elders with the most limited options—the poorest, oldest, least educated, unmarried women and minorities—are best characterized as trapped in place. They want to move but cannot find decent and affordable housing—either to own or to rent—in what they consider appropriate neighborhoods or communities.

Some of the usually mentioned housing options are not realistic. Even if older adults have family members willing and able to accommodate them in their homes—which many don’t—they fear losing privacy and independence. Also, they view as too extreme the downsizing required by living in an accessory dwelling unit or spare bedroom. Senior care facilities, such as assisted living, which might accommodate their vulnerabilities, are, for other reasons, not an option. Older adults often object to living with other frail older people, or simply cannot afford to. Only about 17 percent of available units now accommodate older persons who are dependent upon Medicaid.
Can It Be Easier to Age in Place?

Given these downsides, it might appear counterintuitive to argue that it is becoming easier to age in place. But surprisingly, today’s older adults have more ways to connect to their activities, people, goods and services and care in their communities. Why? Consider the following:

- Higher percentages of older women now drive; and new technologies are making vehicles easier and safer to operate, plus the advent of self-driving cars is on the horizon.

- Ride-sharing apps such as Uber and Lyft have increased travel options. Such companies also collaborate with homecare agencies and medical facilities to make it easier for older clients to reach services.

- Vendors and service providers deliver goods and services to an increasing number of neighborhoods mainly occupied by elders (known as naturally occurring retirement communities). These enclaves also offer social opportunities to combat loneliness. With the growth of e-commerce, older persons can access prescriptions, banking services, groceries, meals and more without leaving their homes, and apps like TaskRabbit can provide labor for home upkeep or organizational tasks.

- Comprehensive health and care services delivered to older adults’ homes speed hospital-stay recuperation and assist with self-care activities. And physician house calls are on the upswing.

- Internet connectivity allows online entertainment, distance learning and self-help and virtual reality experiences. Texting, Skype and FaceTime can enable “intimacy-at-a-distance” social relationships. And emotionally responsive robotic pets can be fill-in social companions.

- Smart home sensor-based technologies—monitoring and responding to problems—enable older persons to live independently for longer. And home telehealth and telemedicine allow older persons to receive medical assessments and care management once only available in clinical settings.

Can Aging-in-Place Elders Weather the Headwinds?

A cautionary note, however, is in order. There are four reasons why in the future older people may have more difficulty remaining in their familiar abodes.

First, elders may reject the new ways of connecting with their communities because they resist adopting innovations and worry about privacy violations. Older adults may view sensor technologies and telehealth services as impersonal and dehumanizing options that eliminate face-to-face human contacts. Second, caregiving assistance will become less available, as demographic projections show that the ratio of family members to mobility-limited older persons declines over the next two decades; and the current shortage of paid homecare workers will worsen. Third, paid in-home care, home modifications, assisted living residences and technological solutions will become prohibitively costly, making these options unaffordable to all but those elders with higher incomes. Two uncertainties—the extent to which federal programs and insurance companies will defray costs and whether middle-income elders, who are ineligible for most government assistance, can pay for these alternatives.

And fourth, over the next three decades, the elder population will become top-heavy with individuals in their mid-80s and older—an age cohort that has the most difficulty living independently because of their very low incomes, high disability rates and more serious chronic illnesses. The bottom line is this: It will become more likely that older persons who age in place will not be aging in the right place.

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The National Caucus & Center on Black Aging, Inc., (NCBA) one of our country’s oldest organizations dedicated to aging issues related to African American older adults.

NCBA is also a leading authority when it comes to offering supportive services for older adults, including but not limited to safe and affordable housing; job training and employment opportunities; and health and wellness programming that promotes vitality at a mature age.

NCBA Supportive Services include:

**Employment Opportunities**

NCBA provides programs and services including employment training through its Senior Environmental Employment (SEE) Program and its Senior Community Service Employment Program (SCSEP). To learn more about the Senior Community Service Employment Program (SCSEP), visit: [https://www.ncba-aged.org/employment-program-resources](https://www.ncba-aged.org/employment-program-resources).

**NCBA Health & Wellness Program**

NCBA’s Health and Wellness Program advances the principles of health and wellness, vitality, and activity at a mature age.

The NCBA Health and Wellness Program promotes healthy living and disease prevention through nutrition, physical activity, early detection and screening with the intent of changing behaviors. The program addresses many health issues, including cancer (breast, cervical and prostrate); cardiovascular disease; hypertension; HIV/AIDS; substance abuse; medication usage; Alzheimer’s Disease; nutrition; physical activity; access barriers (services and Care) and more.

To learn more about NCBA Health Program, visit: [https://www.ncba-aged.org/health-and-wellness/](https://www.ncba-aged.org/health-and-wellness/)

**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://www.ncba-aged.org/affordable-housing/](https://www.ncba-aged.org/affordable-housing/).
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Justice in Aging
Fighting Senior Poverty Through Law

U.S residents should begin receiving census forms by email or mail starting in mid-March. Since this year’s census will be the first to be completed largely online, some are concerned that older adults may face challenges in participating.

Thankfully, there are multiple ways to complete the 2020 Census—online, on paper, by phone, and in different languages. People can choose the method they are most comfortable with. If the older adults you serve need help with the forms, support is available at DisabilityCounts2020.org. Older adults should be encouraged to fill out the census form and send it back as soon as they receive it, even though the “official” census date is April 1.

The information people share with the Census Bureau is confidential and protected by law. Only statistics are reported. Encourage the older adults you serve to make sure they’re counted by the Census. The benefits they rely on may depend on it.

If a resident isn’t counted, their needs may not be met. Critical funding for public libraries, early childhood education, school lunch programs, health services, affordable housing, and special education depend on an accurate census count. The same is true for programs older adults rely on like Medicaid and Meals on Wheels. For more information, go to: DisabilityCounts2020.org, census.ca.gov, or census.gov

Black History Month

February is Black History Month. It is an important time of year to celebrate African Americans who have played an integral role in shaping our nation — inventors, explorers, scientists, poets and many more. We hear names like Martin Luther King, Jr., Jackie Robinson and, more recently, President Barack Obama, but it is also important to remember the names of Hobart C. Jackson, Jr. and Samuel J. Simmons.

NCBA was founded in 1970 by the late Hobart C. Jackson, Jr. His dedication to African American seniors and desire to make a difference in their lives, laid the cornerstone for national dialogue as well as supports and services that benefit older, low-income African Americans.

In the spirit of his predecessor, the late Samuel J. Simmons served as president and chief executive officer of NCBA for two decades. During his tenure, Samuel J. Simmons worked tirelessly to increase public awareness about the economic and social needs of African American seniors.

Hobart C. Jackson, Jr. and Samuel J. Simmons understood the strengths, assets, and richness of African American older adults. It is through their work that generations continue to benefit from their passion and unwavering commitment to eliminate racial disparities in employment, education, housing, health, and health care for diverse aging populations.

As NCBA embarks upon its 50th year anniversary, we remember the legacy of Hobart C. Jackson, Jr. and Samuel J. Simmons who worked to secure equality and recognition for all older adults regardless of their race, ethnicity, orientation, or socioeconomics.