Thank you to all the coalitions that submitted proposals in response to our request to participate in the Building Sustainable Caregiving Coalitions project funded by the Retirement Research Foundation and the Jacob and Valeria Langeloth Foundation. The grants will allow us to provide web-based advocacy training for 20 coalitions, to assist them in holding a Caregiver Awareness Day in their communities, and to hold the first national caregiver coalition conference.

We received 60 proposals in response to our request. Selecting 20 coalitions from the excellent proposals we received was very difficult. Those selected to participate in the project included the following coalitions.

1. Baltimore City Commission on Aging Caregiver Coalition
2. California Coalition for Caregivers
3. Caregiver Education Leadership Council, North Carolina
4. Caregivers Coalition of Morris County, New Jersey
5. Caring Partners, Delaware
6. Central Arizona Kinship Care Coalition
7. Coastal Georgia Caregivers Network
8. Dane County Caregiver Alliance, Wisconsin
9. Family Caregiver Coalition of New England
10. Hawaii Caregiver Coalition
11. Kansas City Partnership for Caregivers
12. Larimer County Caregiving Coalition, Colorado
13. Metropolitan Caregiver Network Coalition, Minnesota
14. Nebraska’s Caregiving Coalition
15. New York City Family Caregiver Coalition
16. ServiceLink Resource Center of Merrimack County, New Hampshire
17. Tri-County Caregiving Coalition, Oregon
18. Virginia’s Caregivers Coalition
19. Utah Coalition for Caregiver Support
20. WHYY Caring Community Coalition, Philadelphia

This month the Alliance will be launching a Coalitions section on its website at www.caregiving.org. The section will feature presentations from the first national conference, materials (such as press releases and fact sheets on caregiving), and resources for coalitions. As we add new materials to the Coalitions section, please let us know what information would be of value to you. If you have resources that you think other coalitions would find useful, please let us know by sending an email to aileen@caregiving.org.

Gail Gibson Hunt
President and CEO
Coalition News

Kinship Care Coalition, Phoenix, Arizona

The Kinship Care Coalition in Arizona, with collaborative help from several agencies held a major Grandfamilies Rally in March at the State Capitol to give grandparents from all over Arizona an opportunity to speak to legislators and share kinship care experiences in a public manner to help gain exposure for the issue. Governor Janet Napolitano attended the event and addressed a crowd that included approximately 400 grandparents, along with the Director of the Arizona Department of Economic Security, Tracy Wareing. There was coverage from three different television news networks; included below are two links to articles that appeared in local papers.

http://www.azcentral.com/arizonarepublic/local/articles/0314phxrally0314.html

http://www.tucsoncitizen.com/daily/frontpage/44246.php

Last year, the Division of Aging Services was able to get a one-time appropriation of $1 million from the State of Arizona General Fund to support grandparents raising grandchildren. This state-funded program has proven to be a great supplement to the grandparent component of National Family Caregiver Support Program (NFCSP) because it doesn’t restrict support to grandparents under 55 years of age. The $1M allocated so far this year has served almost 600 grandparents and helped support the raising of over 1,300 grandchildren. The program is administered by the Arizona Division of Aging and Adult Services and the services are delivered through the Area Agencies on Aging with special partnerships with children’s agencies to help identify families most in need.

Submitted by David A. Besst, Arizona Department of Economic Security, Division of Aging & Adult Services, E-Mail: DBesst@azdes.gov

Successful Caregiving Awareness Day Activities

Just a reminder that National Family Caregivers Month (November 2007) is only six months away and now is the time to start making plans for a great Caregiver Awareness Day. Some activities will require a long lead time (e.g., requesting a governor’s proclamation or planning a conference), so the sooner you start, the better chance you have of success. Following are examples of successful Caregiving Awareness Day Activities held by the Nebraska Caregivers Coalition and the Kansas City Partnership for Caregiving. Send us descriptions of your successful Caregiving Awareness Day Activities (email to aileen@caregiving.org) and we’ll include them in a future issue of the Caregiving Exchange.

Nebraska Caregivers Coalition

For the past several years the Nebraska Caregivers Coalition has teamed with four other organizations in November to have a Proclamation Day. We have either a luncheon or a reception, which is a fund raiser for the Respite Network, and then go to the old Senate Chamber in the Capitol to have the governor sign five proclamations. The other associations that we team with are the Alzheimer’s Association, Home

Continued on page 3
Care Agencies, Respite Network, and Hospice and Palliative Care Association. There are other events throughout the year for caregivers that are sponsored by local caregiver organizations who are members of our coalition. There were two in April, one in Lincoln and another in Hastings.

Submitted by Janice Price, Nebraska Caregivers Coalition, Email: janice.price@hhss.ne.gov

Kansas City Partnership for Caregivers

The Kansas City Partnership for Caregivers has held several successful events including two annual events. They include:

- Senior Quest – Educational Fair aimed at adults 50 and older and attended by over 2,000 people. Booths with resources and information along with live performances by professional older adult singers, dancers, etc. We have been part of providing entertainment and also part of the resource and information sharing.

- Televised town hall meeting. Local PBS station worked with us in producing a follow-up to &Thou Shalt Honor and documentary on caregiving. Our coalition launched the first of 12 televised town hall meetings nationally that addressed local caregiving concerns. We staffed a call-in line post show and responded to 885 calls.

- Produced a Caregiving in America information and resource booklet for caregivers that was distributed by partnership members. The booklets included listings of caregiving services across our metropolitan area with prominence afforded to partnership members, but included other local and national resources for caregivers.

- Hosted a breakfast for community leaders (50) from local foundations, elected officials and businesses. The goal was to build deeper leadership across sectors for caregiving issues. Agenda items included introduction to the Kansas City Partnership for Caregivers’ mission, vision, and member profile; overview of caregiving challenges (by a family caregiver); mental health and caregiving issues; transportation challenges for caregivers; and a specific charge on how to use their professional position to create more community resources for caregivers and their older loved ones.

- Annually we conduct a training day with CEUs for professional caregivers. We provide a theme for each training day (like challenges of discharge planning—going home quicker and sicker), provide professional experts both local and national, offer CEU at very low cost ($35 for registration includes the CEU cost) to attract and encourage professionals in the field to receive more geriatric training.

- Annually we conduct 1-6 training days for kin/non-kin caregivers. Previous topics have focused on “Share the Care” model assisting caregivers in building a support network.

Submitted by Mitzi McFatrich, Kansas City Partnership for Caregivers, Email: mitzi@foundationonaging.org
Coalition Leader Interview with Moira Fordyce
California Coalition for Caregivers

During the Caregiving Coalitions Conference Call on January 17, 2007, we interviewed Moira Fordyce of the California Coalition for Caregivers. Moira is a medical doctor who has practiced medicine for 14 years in Great Britain and over 30 years here in America. She has been a geriatrician for most of those years, specializing in nursing home, hospice and home care. She is currently a clinical professor at Stanford University, sole author of numerous articles and the geriatrics pocket textbook Geriatric Pearls. She currently serves as Vice Chair of the California Coalition for Caregivers, and is a member of the Board of Directors for the American Society on Aging and the California Geriatric Society, as well as a member of the American Geriatric Society’s Public Education Committee. We talked with Moira about the successes and lessons learned in establishing and sustaining the California Coalition for Caregivers.

NAC: How did the California Coalition for Caregivers come about?

Moria: The first step in the birth of the California Coalition for Caregivers (CCC) was the initial training. In 2004, at the end of June, AARP California invited several statewide organizations to participate in a two-day coalition training provided by the AARP Foundation and the U.S. Administration on Aging. The training was developed through qualitative research on existing human services and caregiver coalitions, to assist organizations to form and sustain caregiver coalitions. The participating organizations had a golden opportunity to learn about strategies that work, as well as factors that might impede progress, or threaten the success of the coalition.

The 12 participants at this initial training included:

1. AARP California
2. Alzheimer’s Association
3. American Cancer Society
4. National Multiple Sclerosis Society
5. Association of California Caregiver Resource Centers
6. California Association for Adult Day Services
7. Family Caregiver Alliance
8. California State University Fullerton Institute of Gerontology
9. California State University of Los Angeles Royal Institute for Applied Gerontology
10. University of California Berkeley School of Social Welfare
11. University of Southern California Leonard Davis School of Gerontology
12. Orange County Register

The California Coalition for Caregivers was created as a result of this two-day training. Over the following months, a task force met regularly and worked diligently to create the infrastructure and operational plan to launch the CCC in the spring of 2005. After our April 2005 launch, we have continued to meet quarterly. Coalition members, who are volunteers, consist of organizations, agencies, individual caregivers, and associations that have a commitment to family caregivers in California. Our Coordinating Council, of 25 volunteers from the overall coalition, attends quarterly meetings (half of which are in Pasadena and half in Sacramento, but are linked by video). This council conducts the general business of the coalition. The Coordinating Council includes an executive committee, sub-committees and

Continued on page 5
task forces as needed. The subcommittees are Education, Finance/Legal, Marketing/Communications, and Membership.

**NAC:** *Who have you reached out to in forming the coalition?*

**Moira:** We have reached out to professionals involved with family caregivers across the state, as well as to family caregivers themselves, and we continue to expand this outreach. Spreading information about a State tax credit for caregivers is one example of this. As a whole, our coalition serves, through our members’ constituencies, thousands of family caregivers throughout California.

At our two educational and networking forums on caregiver health, legal and legislative issues; we reached many groups. At the Southern California forum in May 2006, 52 groups were represented. The Director of the Gerontology Program at California State Fullerton (Dr. Pauline Abbott) gave us an auditorium, break out rooms, and parking free. At the Northern California symposium in November 2006, 29 groups were represented. Again, the Director of the Gerontology Program at American River College (Dr. Barbara Gillogly) provided an auditorium, break out rooms, and parking free. Of the approximately 200 attendees, 25 percent were caregivers. Of these caregivers, a few were caregivers only; the rest were caregivers and professionals. Many of these individuals are now members of CCC and can attend our quarterly meetings and receive email updates.

**NAC:** *Why did the coalition reach out to other groups?*

**Moira:** Because a collaborative effort of such organizations is needed, through the California Coalition for Caregivers, if we are going to bring about positive change for the over 3 million, widely diverse, family caregivers throughout the state of California.

**NAC:** *What are the mission, vision and scope of the coalition?*

**Moira:** Our vision or our big picture dream of the way things should be is simple: Caregivers and care recipients will have the best possible quality of care. But, simple isn’t easy, is it?

Our mission or what needs to be done to accomplish this dream is: CCC is dedicated to ensuring that caregivers’ concerns and needs are effectively recognized and addressed through our goals – advocacy, education, empowerment. We are committed to:

- Advocate at all levels for caregiver-friendly policies and programs
- To empower caregivers to mobilize and advocate on their own behalf at every level
- To educate and update professionals involved with caregivers, and caregivers themselves
- To raise public and legislator awareness of the huge contributions to society made by family caregivers, and the special needs and concerns of caregivers
- To provide a networking forum for professionals and caregivers

Our scope is to serve individuals who provide informal care to relatives, partners, friends or neighbors who are 18 years and older and have chronic conditions or disabilities.

**NAC:** *How did you decide what the vision and mission would be?*

Continued on page 6
Moira: Our vision and mission were created in our initial 2-day training, by brainstorming together. To help us think about our vision, we listed:

- The top dilemmas experienced by family caregivers
- The services that could help family caregivers in California
- The changes or improvements that would enhance the family caregiver’s experience

And decided the statement “Caregivers and care recipients will have the best possible quality of care” summed it up best.

To help us think about our mission, we listed the most important things that had to be accomplished to make our vision real, for example:

- Recognition and resources must be brought to all those who provide care in their homes
- Collaboration among caregiver programs and services must be promoted toward one common cause
- One voice is needed to bring to light the financial burdens placed on families when ‘custodial care’ is required
- A sophisticated voice with lobbying power and substance needs to be heard

Out of these came our mission statement – “CCC is dedicated to ensuring that caregivers’ concerns and needs are effectively recognized and addressed.”

Our goals brainstorming session happened after our launch in April 2005, and included many more coalition members. We divided into 5 groups and each group was asked to come up with 2 to 3 briefly expressed goal statements. The following was the result. We combined ideas and our goals can be summed up in 3 words: advocacy; education; empowerment.

**Goals Brainstorming Session for California Coalition for Caregivers**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Goal Statements</th>
</tr>
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| Education | • Educate public and policy makers on caregiving issues  
           | • Raise awareness about caregiving contributions and needs  
           | • Increase awareness by using diverse communications and media |
| Advocacy | • Influence policy makers to ensure caregiving friendly policies are enacted  
           | • Increase funding and tax credits (public + private, non-government)  
           | • Encourage community support, grassroots movements, and volunteerism |
| Empowerment | • Empower, organize and mobilize caregivers  
                | • Increase caregiver self identification  
                | • Improve caregiving image  
                | • Encourage community support and volunteerism |
| Communication | • Make existing information systems available to caregivers (e-communication, web access)  
                    | • Establish caregiver information systems, electronic and hard copy to inform and mobilize  
                    | • Remember the diversity in language and education in CA and reach out to all caregivers |
| Coordination | • Leadership through a coalition of organizations  
                  | • Increase collaboration and service coordination  
                  | • Develop standard definitions and outcomes (re. services) |

Continued on page 7
NAC: What is your personal role in the coalition right now?

Moira: As chair of the CCC Education Subcommittee since April 2005, I helped to organize and present in the two networking and educational meetings, one in Southern California and one in Northern California already mentioned. I also did a presentation at the 2006 American Society on Aging annual meeting along with two other CCC colleagues about CCC, and helped organize a presentation about caregivers at the 2006 California Council for Gerontology and Geriatrics annual meeting in San Jose. I chaired a special interest group meeting at the American Geriatrics Society 2006 annual meeting in Chicago, where I described CCC – a suggestion was made there that we should organize a caregiver “virtual march” on Washington DC, since most caregivers cannot easily leave home to demonstrate.

I testified before Senator Alquist’s Aging and Long Term Care subcommittee in Sacramento in November 2005 on health problems of caregivers, and have since talked with her staff and other legislator’s staff people many times.

I have just been voted vice chair of the CCC Executive Committee. In this capacity, I will promote CCC’s vision, mission and goals throughout California at local and state levels. I do a lot of public speaking, and as clinical professor at Stanford, can reach out to multidisciplinary students in training. I will meet with legislators and testify as needed in Sacramento, and as Senator Barbara Boxer’s delegate to the 2005 White House Conference on Aging, I continue to be involved in elder and caregiver issues at the federal level, and also meet with the other California delegates at regular intervals. I will use my many connections in the field of geriatrics, home and long term care to promote CCC.

NAC: How do you see the work of the coalition evolving?

Moira: I see the work of the coalition evolving along the following lines.

1. We will continue to strengthen our public policy platform to:
   • Support legislation that improves the economic security of caregivers and their families
   • Keep us abreast of current legislation and public policy that affects caregivers
   • Participate in relevant legislative hearings and forums

2. We are planning to hold a caregiver conference this year, in partnership with other organizations, to increase public awareness of contributions and needs of caregivers.

3. We’re working toward empowering caregivers to advocate on their own behalf and will be sending out caregiving information to support groups, churches, senior centers, and local media.

4. One of our members has developed and had published a manual to guide caregivers through legal issues that might affect them. We are planning to make this available at little or no cost.

5. California Senior Legislature is interested in our plans; hopefully they will help us.

6. We are in the process of developing relationships with the media to promote our vision.

7. We need to develop an interactive website as soon as possible.
NAC: What are the benefits for your organization in belonging to the coalition?

Moira: Our Marketing/Communications Subcommittee developed a list of benefits that all members can use in telling others about the coalition. The benefits include the following:

**Benefits for our Coalition – United We Stand!**

- The power of **collective influence**: each of our members represents a number of family caregivers, and united we will have more power to make good things happen.
- CCC is able to be the voice for family caregivers statewide.
- Our coalition members bring a wealth of different perspectives and years of practical experience to our organization. Our coalition as a whole is much greater than the sum of its parts.
- We have passion and expertise – these are assets for the whole coalition.
- Collaboration with other organizations and professionals has assisted us in accomplishing our goals, and sharing our resources and expertise helps to stop us reinventing the wheel.

**Benefits of being a member:**

- Have increased ability to promote change via CCC through advocacy, education, and empowerment in California for the benefit of family caregivers.
- Have an opportunity to network and work closely with key organizations that are at the forefront of serving family caregivers across California.
- Can obtain health, legal and legislative information and updates from CCC.
- Can get help from CCC to organize and support or oppose legislation affecting caregivers.
- Can share already available resources for family caregivers in California.

NAC: Can a coalition survive and carry out its mission without depending upon financial support from its members?

Moira: A coalition cannot survive without financial support from its members unless a funding source is found to support the operations as well as the implementation of the coalition activities and efforts. Our coalition has survived so far on generous support from AARP California State Office in terms of the administrative and operations costs. Each member has donated their own or their organization’s funds to cover their costs for travel and other expenses to participate in CCC activities and events. We’ve also received a donation from CVS Pharmacies for support of our educational forums. We are working towards becoming an independent, self-supporting, non-profit organization.

NAC: How do you deal with competition among the members of the coalition? For example, if you were to seek funding for the coalition, how would you do that without stepping on the toes of the other members?

Moira: This has not yet arisen, but in the initial 2-day training, it was discussed, and has been raised at several of our quarterly meetings. We do review “Conflict of Interest” (see 2.1 Conflict of Interest on page 9) at each meeting, and are considering how we would deal with such competition should it occur.

*Continued on page 9*
So far there has not been any competition. Collaboration has been strong and ongoing. We don’t feel in conflict with each other, and the consensus of opinion seems to be that if the coalition should be fortunate enough to obtain funding this would benefit all the members. We have a list of possible responses should this occur.

NAC: Lastly, what advice do you have for other coalitions?

Moira: Some key lessons are:

1. Take the time to build the coalition infrastructure such as:
   a. Determine the guiding body for the coalition (officers and structure)
   b. Operating guidelines (process and procedures, for example, decision making)
   c. Determine your vision, mission, goals and review them often
   d. Determine the target group you want to help
   e. Determine who will participate in your coalition

2. For the infancy stages of a coalition, it is important to have a designated person/organization to assist the coalition to move forward through operations (administratively – such as meetings, minutes, convening subcommittees) as well as financial (meeting cost, printing cost, etc.). We are indeed fortunate to have AARP CA to help us and our wonderful staff person Ahnileen Martinez.

3. Recruit passionate members. Passionate commitment from the members can push the growth and ensure the success of a coalition.

2.1 Conflict of Interest. No member may accept any compensation or remuneration for participating as a member. No member shall vote on matters in which the member has, or has the appearance of having, a conflict of interest. In the event that a member votes on matters in which the member has or has the appearance of having a conflict of interest, they shall be sanctioned per Article 8.

Competition
At our training, we came up with the following solutions:

- Establish ground rules up front
- At every meeting a “conflict of interest” is read that implies code of conduct.
- Confront the problem in the meeting. The Steering Committee, if there is one, should take note and bring the issue to the full meeting.
- Have to understand whether this is a personality conflict of individual representatives versus organization core values.
- Develop “ground rules” on opting in/out of particular activity (agree to disagree) and (respect other’s comments and debate constructively).
- Allow ample time and obtain input from all members on process to establish core values and “ground rules”.
- Allow conflict issues to be discussed openly.

Source: California Coalition for Caregivers
Next Alliance/CMS Caregiving Coalitions Conference Call

Our next quarterly Caregiving Coalitions Conference Call will feature another excellent interview with a coalition leader. **Mary Brintnall-Peterson**, of the **Wisconsin Alliance for Family Caregivers** will discuss the work of the coalition. The Wisconsin Alliance is attempting to be the “go to” organization in the state for training on family caregiving topics. They support four different family caregiver curriculums through training, on-going education, and their web site. Through this training they’ve been able to train class leaders in a majority of Wisconsin’s counties in two or more curricula. Formalized caregiver education is essential in helping caregivers remain resilient in order to be healthy. Be sure to join us on July 18 and learn how to strengthen your caregiving coalition. The call-in information and agenda are included below.

**Call-in Information**

Date: July 18, 2007

Time: 1 to 2 p.m. (Eastern Time)

Toll-free phone number: 1-888-322-3914

Passcode: Network

Call Leader: Spencer Schron, Centers for Medicare and Medicaid Services (CMS)

**Agenda**

1. Welcome to the Call: Spencer Schron and Gail Gibson Hunt, National Alliance for Caregiving (NAC) (5 minutes)
2. Medicare Update: Robert Boggio, CMS (15 minutes)
3. Caregiving Legislative Update: Aileen Worrell, NAC (5 minutes)
4. Dialogue on the Development of the Wisconsin Alliance for Family Caregivers: Mary Brintnall-Peterson, and Aileen Worrell, NAC (30 minutes)

**Legislative Update**

Over 30 pieces of legislation have been introduced in the 110th Congress related to family caregiving. Below you will find highlights of some of the legislation that has been introduced as of April 24, 2007. Information on the bills is presented below in the following categories: Tax Implications, Social Security/Medicare/Medicaid Enhancements, Family Leave Enhancements, Educational Outreach and Respite Care Services, and Safety for Seniors and Crimes Against the Elderly or Disabled.

**Tax Implications**

**S. 504–Long-Term Care Trust Account Act of 2007**, introduced by Gordon Smith (R-OR) on February 6, 2007; referred to the Senate Committee on Finance. The legislation establishes: (1) tax-exempt long-term care trust accounts and allows cash contributions up to $5,000 annually; (2) allows an exclusion from gross income for certain distributions, including long-term care services for chronically-ill individuals; (3) imposes penalties for excess contributions or failure to provide the required reporting; and (4) allows a refundable tax credit for 10 percent of the annual contribution to these accounts.

Continued on page 11
S. 897–The Alzheimer’s Family Assistance Act of 2007 (also referred to as Family Assistance Act of 2007), introduced by Senator Barbara Mikulski (D-MD) et al. on March 15, 2007; referred to the Senate Committee on Finance. The bill provides for a $3,000 tax credit for a family member caring for an individual with a cognitive impairment, or chronic long-term care health condition that prevents them from performing three activities of daily living without substantial assistance. The bill also includes tax deductions for individuals who purchase qualified long-term care insurance.

Social Security/Medicare/Medicaid Enhancements

H.R. 1161–Social Security Caregiver Credit Act of 2007, introduced by Representative Nita Lowey (D-NY), introduced on February 16, 2007; referred to the House Committee on Ways & Means. The legislation allows workers who work a part-time job, or take time off from their jobs to care for a family member, to continue to earn Social Security coverage by substituting one-half of the average national annual wages earned in their lifetime as income to determine Social Security calculations.

S. 661–Kinship Caregiver Support Act, introduced by Senator Clinton (D-NY) et al. on February 16, 2007; referred to Senate Finance Committee. The measure is designed to assist grandparents, or other relatives who are caring for children, navigate and access existing programs and services for themselves and the children they are raising. States are authorized to establish “Kinship Navigator Programs” designed to help caregivers with a comprehensive understanding of the various types of services that are available and how to access them. Services may include support groups, respite care programs, early childhood education programs, early intervention educational assessments, family support services, mental health services, legal services, child support, youth services, human services, income-based financial support, nutrition programs, housing assistance, and child care. Grants may be funded through a variety of state agencies and non-for-profit agencies including faith-based organizations.

S. 898–Alzheimer’s Breakthrough Act of 2007, introduced by Senator Barbara Mikulski on March 15, 2007 referred to the Senate Committee on Health, Education, Labor, and Pensions. The legislation directs HHS to: (1) double NIH funding for Alzheimer’s Disease Research; (2) establish a program for Alzheimer’s Disease prevention and improved clinical research and early diagnosis; (3) make grants to conduct clinical, social, and behavioral research related to interventions designed to help caregivers of patients with Alzheimer’s disease and related disorders; (4) create a National Summit on Alzheimer’s Disease every three years; and (5) establish a number of programs to help caregivers, including a 24-hour, seven days a week, toll-free call center with trained staff to provide care consultation, crisis intervention to individuals with Alzheimer’s disease and their caregivers. The bill also directs HHS to develop a collaborative component to work with community-based organization to ensure that local, on-the-ground capacity is available to respond to emergency and on-going needs of Alzheimer’s patients, their families and informal caregivers. Companion bill in House, H.R. 1560–introduced by Rep. Edward Markey (D-MA) et al. on March 19, 2007; referred to the House Committee on Energy and Commerce.

Family Leave Enhancements

S. 910–Healthy Families Act, introduced by Senator Kennedy et al. on March 15, 2007; referred to Senate Committee on Health, Education, Labor, and Pensions. The bill requires business with more than 15 employees to provide for paid sick leave of up to seven days to ensure that workers can attend to their own health care needs and the needs of their family members. Companion bill in House: H.R. 1542, introduced by Rep. Rosa DeLauro (D-CT) on March 15, 2007. Continued on page 12
H.R. 1369–Expanding Medical and Family Leave Act, introduced by Rep. Carolyn Maloney (D-NY) on March 7, 2007; referred to the House Education & Labor Committee. The measure allows employees to take additional leave to participate in, or attend their children’s and grandchildren’s educational and extracurricular activities. The bill also clarifies that leave may be taken for routine family medical needs, and to assist elderly relatives. The bill expands coverage to employers with 25 or more employees (current law requirements are for 50 or more employees).

Educational Outreach/Care Coordination/Respite Services

H.R. 1032–Alzheimer’s Treatment and Caregiver Support Act, introduced by Rep. Maxine Walters (D-CA) on February 13, 2006; referred to the House Committee on Energy and Commerce. The measure authorizes grants for treatment and support services for Alzheimer’s patients and their families.

H.R. 1807–Alzheimer’s Family Assistance Act of 2007, introduced by Representative Eddie Bernice Johnson (D-TX) on March 29, 2007; referred to the House Committee on Ways and Means. The legislation: (1) allows a phased-in tax credit ($1,000 in 2007 increasing by $500 each year until allowing $3,000 in 2011) for family caregivers of spouses and dependents who have long-term care needs; (2) allow a tax deduction for long-term care insurance premiums; and (3) applies certain consumer protection standards to long-term care insurance contracts.

Safety for Seniors and Crimes Against Elderly or Disabled

S. 1070–Elder Justice Act of 2007, introduced by Senator Orin Hatch (R-UT) on March 29, 2007 and referred to the Senate Committee on Finance. The bill establishes a Justice Coordinating Council to make recommendations to the Secretary of Health and Human Services on the coordination of activities of the Federal, State, local and private agencies and entities relating to elder abuse, neglect and exploitation. It also provides a first time direct funding stream separate from the Social Services Block Grant for adult protective services. In addition, the Elder Justice Act creates an advisory board to create a short and long-term multidisciplinary strategic plan for the developing field of elder justice. The bill also authorizes $10 million for national organizations or states to train long-term care ombudsman representatives.

Reports and Publications

New Research Supports the Art and Science of Aging Well
Mental, Physical and Social Activity Promote Mental and Physical Health

By Laurie Young, PhD
Executive Director, the Older Women’s League

It is no secret that we all age, although sometimes we try to keep it a secret from ourselves. Often we deny our aging because we are afraid of what might happen when we are older. Will we be strong enough to take care of ourselves? Will our minds hold out as long as our bodies?

One recent survey (MetLife Foundation, 2006) found that adults over age 55 fear Alzheimer’s disease more than cancer.

Continued on page 13
Fortunately, researchers have determined that there are things we all can do to help keep our minds and emotions healthy into advanced age. We all know that eating well, exercising, getting enough sleep and connecting with friends and family are good for us. Now we know that they are as important for our brain as they are for our bodies.

Genes determine about 30 percent of the characteristics of aging. Lifestyle and environmental factors decide the other 70 percent, according to research by the MacArthur Foundation Consortium on Successful Aging. Clearly, we can influence the quality of our aging.

If the secret of healthy aging could be boiled down to one word it would be activity. Mental, physical and social activities are proven to promote health as we age.

**Mental activity** helps to increase brain connections and delays onset of dementia. Researchers from Pennsylvania State University found that many people do not lose significant amounts of mental functioning as they age, and those who do could prevent decline and improve function by reading, taking courses, even doing word puzzles or jigsaw puzzles. Mastering a new skill or maintaining mastery of an old one—such as playing the piano or speaking a foreign language—helps to keep us confident and boosts our immunity to illness.

**Physical exercise,** of course, helps keep our bodies healthy as we age. It also is associated with a lower risk of depression among older adults, *The American Journal of Epidemiology* has reported. Physical activity releases good chemicals into the brain and increases both brain connections and functioning. While brain cells grow old and deteriorate, we also can form new, more efficient connections in our brains into our 80s.

Researchers at the University of Illinois found a correlation between aerobic exercise and density of brain tissue. Research at the Salk Institute suggests that people who have different levels of physical activity have differences in brain cell growth. In that study, mice that got a lot of exercise daily showed a lot of cell growth. “The brain may be more capable of self repair than we think,” said lead researcher Henriete van Praag.

The Centers for Disease Control goes so far as to say “physical activity is the key to healthy aging. Nowhere is the gap wider between what we know and what we do than in the area of physical activity. Nowhere is the potential pay-off greater.”

**Social activity** lowers stress and increases a sense of support, lowering levels of harmful chemicals in the brain and boosting positive ones. Researchers at the University of Southern California in Los Angeles found that support from family and friends helps older people stay mentally healthy, in part because it improves self-esteem. Social connections also boost our immunity to physical illnesses.

Mental, physical and social activity can help individuals keep fit and stay well, but won’t necessarily prevent all mental health problems. Not every mental health problem or dementia can be prevented. But if identified early, most mental health problems can be successfully treated and, according to *The New England Journal of Medicine,* progression of illnesses like Alzheimer’s can be slowed.

Older adults have the same rate of mental illness as younger adults: about one in five have a diagnosable mental health problem, and one in ten have a serious mental health problem. The most common mental...
health problems for older adults are anxiety, depression, and dementia. Importantly, older adults have the highest suicide rate of any age group.

Problems like these may require consultation with a healthcare professional:

- Sadness that has lasted longer than two weeks;
- Consistent worries about issues such as money, family, and health;
- Consistent trouble sleeping or concentrating;
- Frequent trouble remembering things or feeling confused in familiar places;
- Have more than one alcoholic drink a day or take more medication than prescribed.

Often solving basic problems—such as getting a regular ride to the grocery store—can help alleviate anxiety and depression, so reach out for help. The sooner individuals seek help the sooner they will feel better. Treatment, if warranted, may include medication, psychotherapy and community supports. The American Federation of Aging Research reports high expectations for continued advancement in treatments as well as prevention.

Mental health problems are not a normal part of aging. Reading, walking and socializing are just a few of the activities that individuals can enjoy at any age. And keeping an active mind, body and social life are good for your mental health, too. That’s news you can use!

Older Americans’ Mental Health Week is the last week in May. For more information, see www.owl-national.org.

**Resources**

**CaringBridge®**

CaringBridge® is a nonprofit 501(c)(3) organization offering free personalized Web sites to those wishing to stay in touch with family and friends during significant life events. Their mission is to bring together a global community of care powered by the love of family and friends in an easy, accessible and private way. CaringBridge users quickly and easily create personalized Web sites that display journal entries and photographs. Well-wishers visit the site to read updates and leave messages in the Guestbook. As of April 10, 2007, CaringBridge has hosted more than 58,000 sites. Those sites have received nearly 378 million visits and 9 million guestbook messages of hope and encouragement. CaringBridge was featured in an article titled, “My Life with Cancer,” by Jonathan Alter in the April 9, 2007 issue of Newsweek. To learn more about CaringBridge, visit their website at www.caringbridge.org.