



**Supporting Our Parents
From Conversation to Action**


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SUPPORTING OUR PARENTS: FROM CONVERSATION TO ACTION

- Section 1** Population Dynamics and Caregiving
- Section 2** Making the Case for Caregiving
- Section 3** Family Dynamics – The Conversation
- Section 4** Caregiving Resources

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SECTION 1 POPULATION DYNAMICS AND CAREGIVING



“There are only four kinds of people in the world – Those who have been caregivers, those who currently are caregivers, those who will be caregivers, and those who will need caregivers.”

– Rosalynn Carter

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THE VALUE OF FAMILY CAREGIVERS

The economic value of family caregiving is as big as the world's largest company, and bigger than Medicaid and out-of-pocket (OOP) spending on health care.

Category	Value (Billions)
Walmart	\$477
Family Caregiving	\$470
Total Medicaid	\$449
OOP Spending on Health Care	\$339
Total Medicaid LTSS	\$123

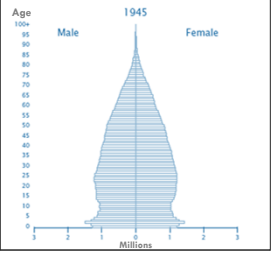
- In 2013, about 40 million family caregivers in the U.S. provided care to an adult with limitations in daily activities
- The estimated economic value of their unpaid contributions was about **\$470 billion in 2013**

Source: Reinhard, Feinberg, Choula & Houser (2013). Valuing the Invaluable: 2015 Update, Undeniable Progress, but Big Gaps Remain, Washington, DC: AARP Public Policy Institute

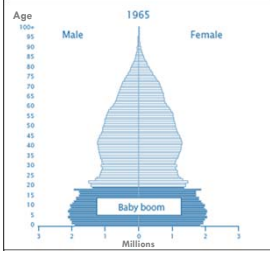
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THE DEMOGRAPHIC IMPERATIVE

Population by Age & Sex: 1945 & 1965



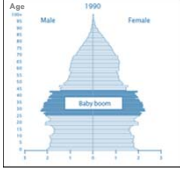
1945



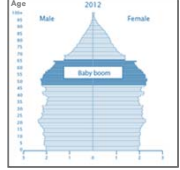
1965

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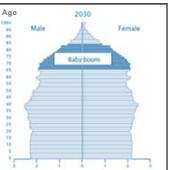
THE DEMOGRAPHIC IMPERATIVE



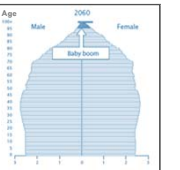
1990



2012



2030



2060

Source: U.S. Census Bureau, 2012 Population Estimates and 2012 National Projections.

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CAREGIVER SUPPORT RATIO

- In **2010**, the caregiver support ratio was more than **7** potential caregivers for every person in the high-risk years of 80+.
- In **2030**, the ratio is projected to decline sharply to **4 to 1**; and is expected to further fall to less than **3 to 1** in **2050**.

Caregiver Support Ratio

Sources: D. Redfoot, L. Feilberg, and A. Houser, The Aging of the Baby Boom and the Growing Care Gap, AARP Public Policy Institute, 2013

POPULATION GROWTH: U.S. & WORLDWIDE PROJECTIONS

NOTE: These projections are based on Census 2000 and are not consistent with the 2010 Census results. Projections based on the 2010 Census will be released in late 2012.
Reference population. These data refer to the resident population.
SOURCE: U.S. Census Bureau, 1900 to 1940, 1970, and 1990; U.S. Census Bureau, 1995, Table 42; 1990; U.S. Census Bureau, 1995, Table 20; 1990; U.S. Census Bureau, 1996, Table 101; 1990; U.S. Census Bureau, 1995, 1999 Summary Table 10a; 2000; U.S. Census Bureau, 2001, Census 2000 Summary File 1; U.S. Census Bureau, Table 1; International Estimates of the Resident Population by Sex and Age for the U.S., April 1, 2000 to July 1, 2010 (SI-EST2000-01); U.S. Census Bureau, 2011, 2010 Census Summary File 1; U.S. Census Bureau, Table 2; Projections of the population by selected age groups and sex for the United States, 2010-2050 (IP2008-02).

CHRONIC DISEASES AND AGING

- Chronic diseases are the leading causes of death among older adults.
- The causes of death shifted from infectious diseases and acute illnesses to chronic and degenerative diseases.
- The pain and disability associated with chronic diseases diminish the quality of life.
- At least 80% of people older than 60 are living with one chronic illness, but 50% of people older than 60 are living with two chronic illnesses.

CHRONIC DISEASES AND AGING

Note: Data for 2010 are preliminary. Source: Healthy People and Healthcare, 2012.

CHRONIC DISEASE AND LONGEVITY

NOTE: Data are based on a 2-year average from 2009-2010.
Reference population: Non-Hispanic white in the general noninstitutionalized population.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

This chart shows the percentage of men and women over 65 reporting selected chronic conditions. Over half of men and women reported hypertension with arthritis and heart disease as the next most common conditions.

CHRONIC DISEASE AND LONGEVITY

- Poor health or functional limitation is not an inevitable result of chronic illness.
- Evidence from large national health surveys indicates that the older population today is generally healthier than were previous cohorts.
- A longer, active life, as opposed to a longer life characterized by dependency and disability, can only occur with adequate management of the chronic illnesses and the management of social and health behaviors throughout life, such as diet, smoking, alcohol consumption, physical activity, and a healthy environment in which to live and work.

Chronic Illness and Aging, The Changing Face of Chronic Illnesses, Grace Christ and Sadhna Diwan, Council on Social Work Education, 2009

SECTION 2

MAKING THE CASE FOR CAREGIVING

"The good news is that more and more vulnerable people are living life on their own terms at home and in the community; the bad news is that this shift puts more responsibility onto family caregivers."

"The older patient today is not the passive, "compliant" patient of yesterday, but a much more informed, much more empowered, and much more self-determined person."

– The National Center on Caregiving at Family Caregiver Alliance

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THE GENERATIONS

Traditionalists The Greatest Generation/Silent Generation

- Born 1922-1945
- 94 years old to 71 years old

Baby Boomers

- Born 1946-1964
- 70 years old to 52 years old

Generation X "Xers"

- Born 1965-1976
- 51 years old to 40 years old

Generation Y Net Generation, Echo Boomer, Google Generation, Millennials

- Born 1977-1994
- 39 years old to 22 years old

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Traditional (Great) Generation

Characteristics:

- Patriotic (50% of Men Are Veterans)
- Dedicated, Hard Working
- Respect for Authority/Adherence to Rules
- Learned to do Without, Conservative Spenders
- Strong Faith in Institutions
- Recognized the Value of the Dollar, Savers
- Knowledgeable

Defining Events:

- Great Depression, WWII, Mass Production of Motor Vehicles & Telephones

Preferred Communication:

- Formal, Direct, Face-to-Face, Written

How Best to Motivate:

- Honor their Hard Work, Show Personal Touch, Handwritten Notes, Face-to-Face

Born 1925-1945

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Baby Boomers

Characteristics:

- Highly Competitive
- Idealistic – View Change as Inevitable
- Question Authority
- "Me" Generation – Value Personal Gratification & Growth
- Buy Now, Pay Later - Spenders
- Hardworking – Defined by their Jobs
- Relationship Builders

Defining Events:

- Consumer Product Explosion, Rock & Roll, Entry of the TV, Civil Rights, Vietnam, Woodstock, Drugs, the Pill, Peace Movement

Preferred Communication:

- Present Options, Offer Flexibility, In-Person, Open Style

How Best to Motivate:

- Public Recognition, Perks, Ask for their Input

Born 1946-1964

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Generation X

Characteristics:

- Indifferent to Authority
- Loyal to People, Not the Company
- Self-Reliant – Latchkey Kids
- Independent Competitors, Difficult with Teams
- Risk Takers & Entrepreneurism
- Dislike micro-management
- Conservative Spenders, Savers

Defining Events:

- Witness to corporate downsizing, home office boom, Watergate, tripled divorce rate, start of the digital revolution

Preferred Communication:

- Informal Style, E-mail, Ask for Feedback, Keep Them in the Loop

How Best to Motivate:

- Provide Challenges, Projects, Allow Independent Work, Provide Frequent Constructive Feedback

Born 1965-1980

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Generation Y (Millennials)

Characteristics:

- Diversity
- Strong Collaboration – Desire to be Part of Decision Making Process
- Highly Communicative, High Expectations
- Optimistic, Confident, Social
- High Use of Technology
- Earn to Spend

Defining Events:

- Fall of Berlin Wall, Reagan Years, 9/11, The War on Terror, Tech Savvy, Columbine (School Shootings)

Preferred Communication:

- Do not Talk Down to Them, Seek their Feedback, E-mail, Use Humor, Provide Fun Learning Environment

How Best to Motivate:

- Provide Avenues for Personal/Professional Development, Mentors, Provide Opportunities for Leadership & Community Service

Born 1981-1996



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LOOKING TO THE FUTURE

- Generation Y may be the generation that provides care to the oldest Boomers.
- Generation Z (born after 1997): Has yet to be defined. Next Gen (Z), iGen, Digitarians, Pluralists.

Summary:

- Be aware of the characteristics for all generations. Be understanding.
- Respect, Respect, Respect

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
SOCIAL CHANGES

- Prior to public benefit programs such as Social Security, Medicare, Medicaid, and Older Americans Act programs, older persons depended upon their families for care and support.
- Caregiving at the end of life often resulted in the transfer of property from one generation to the next.
- Acute illness was often the primary cause of death, now it is chronic disease.

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SOCIAL CHANGES

- The average caregiver is a 49 year old female, normally working in the labor force with family dependents.
- In the early 1960's, less than 40% of women participated in the paid workforce, today more than 60% are.
- Today women are the primary caregivers, 60% vs. 40% for men.
- The typical caregiver is between 45-49 years of age.
- Today older persons live longer and have multiple chronic illnesses as they age in place.
- There has been a population shift from rural to urban settings. Long distance caregiving is a growing national trend.

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SOCIAL CHANGES

- Health care has become complex, specialized, with new medications, treatments, with insurance determining treatment choices (what they will and will not pay for).
- Today's family caregivers are expected to provide complex care that 10-15 years ago would be considered skilled nursing care.

Home Alone: Family Caregivers Providing Complex Chronic Care

A national survey reports that 46% of family caregivers are performing medical/nursing tasks for a family member. These tasks include managing medications, wound care, special diet food preparation, and operating medical equipment such as a ventilator. Most of these caregivers said they had little or no training to help them perform these tasks for their family member.

Training for Medication Management

I learned on my own	61%
Primary care doctor, nurse in doctor's office or outpatient setting	32%
Hospital nurse or doctor	17%

3 out of 4 family caregivers who provided medical/nursing tasks were managing medications, including giving IVs and injections.

Almost half were administering 5 to 9 prescription medications a day; one in five was helping with ten or more prescription medications a day.

Source: Susan Reinhard, AARP Public Policy Institute 2013

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MEDICAL/NURSING TASKS

In addition to activities of daily living, family caregivers are increasingly performing tasks that nurses typically perform. Known now as "medical/nursing tasks," these skilled activities include:

- injections,
- tube feedings,
- catheter and colostomy care, and
- many other complex care responsibilities.

Base: Caregivers of Recipient Age 18+ (n=1,248)

Not sure 2%
No 41%
Yes 57%

% Yes	
Hours Caregiving per Week	
0-20 (n=828)	21+ (n=416)
45%	83%*

About 6 in 10 caregivers assist with medical/nursing tasks (57%)


Source: Caregiving in the U.S. 2015 (Bethesda, MD: NAC, Washington, DC: AARP, June, 2015)

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CAREGIVER CHARACTERISTICS

- Caregiving knows no boundaries – it involves all ages, genders, race/ethnicity, and relationships.
- Today over 34 million Americans provide unpaid care to adults 50 years of age and older. An additional 10 million people provide care to adults under 50 years of age and special needs children under 18.
- Over 85% of family caregivers provide care to relatives.
- Duration of care:
 - For 75% of family caregivers, less than 5 years,
 - For 25% of family caregivers, more than 5 years.
- Family caregivers provide about 25 hours of care per week for relatives, but for spouses, more than 45 hours of care per week.

Length of Care



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SEVEN MARKERS IN THE CAREGIVING PATHWAY

1	Performing Caregiving Tasks	Begin providing a few routine tasks, then progressing to activities of daily living
2	Self-Definition as a Caregiver	Begin identifying yourself as a caregiver (personally/socially)
3	Perform Personal Care	Begin providing personal care (bathing, dressing, personal hygiene)
4	Seeking Formal Assistance/Service	Seek formal support service to assist with informal caregiving
5	Consideration of a Long-Term Care Facility	Consider institutional care as an alternative to informal caregiving
6	Institutionalization	Long-term care placement occurs for spouse/parent
7	Termination of Caregiving Role	Caregiving ends: recovery, caregiver quits, death

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CAREGIVER SUPPORT RATIO

■ In **2010**, the caregiver support ratio was more than **7** potential caregivers for every person in the high-risk years of 80+.

■ In **2030**, the ratio is projected to decline sharply to **4 to 1**; and is expected to further fall to less than **3 to 1** in **2050**.

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Source: D. Redfoot, L. Feinberg, and A. Houser, The Aging of the Baby Boom and the Growing Care Gap, AARP Public Policy Institute, 2013

PAID CAREGIVERS

- There are over 4 million paid caregivers for adults and older adults, including home health aides, nursing assistants, personal care aides, independent providers, and psychiatric aides.
- There is a projected shortage of paid caregivers in the workforce today, with even greater shortages projected for the future.
- Increasing the number of paid caregivers involves:
 - providing a living wage
 - providing health care and other benefits
 - providing continuing education and training
 - creating a career path and opportunities for advancement
 - providing mentoring and career guidance
 - valuing caregiving as a profession – RESPECT

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WORKPLACE ISSUES

- 50% of hourly and 33% of salaried workers have little or no flexibility in the workplace for time off or flex-time for caregiving.
- The Family and Medical Leave Act provides some relief for family caregivers, but may not help wage earners who need the money to survive.

- Currently there are a few pilot programs, scattered across the country which attempt to provide greater flexibility for family caregivers, such as earning sick time for taking care of family members.

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OTHER IMPACTS ON WORK/CAREGIVING BALANCE

- 70%** of caregivers who perform medical/nursing tasks reported that caregiving impacted their job.
- Of those who left their jobs:
 - 39%** quit to have more time to provide care
 - 34%** quit due to lack of job flexibility
 - 11%**—an estimated 2.6 million workers— quit their jobs because they couldn't afford paid care.

Source: National Alliance for Caregiving and AARP Public Policy Institute, Caregiving in the U.S. 2015.

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BALANCING CAREGIVING & WORK

As a result of caregiving, did you ever experience any of these things at work?

Base: Working Caregivers of Recipient Age 18+ (n=724)

Any of these	0-20 hrs/week (n=527)	21+ hrs/week (n=194)
Go in late, leave early, take time off	61%	58%
Leave of absence	49%	47%
Reduce work hours/take less demanding job	15%	12%
Receive warning about performance/attendance	14%	10%
Care up working entirely	7%	5%
Turn down promotion	6%	4%
Retired early	5%	3%
Lose job benefits	4%	3%
	3%	2%


60% of caregivers were employed at some point in the past year while also caregiving. Higher-hour caregivers were more likely to report experiencing nearly all of these work impacts.

Source: National Alliance for Caregiving and AARP Public Policy Institute, Caregiving in the U.S. 2015.

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RECENT TECHNOLOGICAL INTERVENTIONS FOR CAREGIVING

- Remote monitoring
- Medication management devices
- Shopping assistance (on-line)
- Transportation options (UBER)
- On-line home maintenance
- On-line health care information/training



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CARE ACT

The proposed CARE Act (The Caregiver Advise, Record, and Enable Act), provides for instructions for health care providers to family members for the complex medical tasks they are expected to deliver to patients after discharge.

- Opportunity for patient to identify a family caregiver to include in the patient- and family- centered care process...in the medical record
- Notification of discharge
- Teaching/anticipatory guidance for family caregiver expected to perform medical/nursing tasks

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CARE ACT

- Give support to nurses and other health and social service professionals to do what their professional standards of practice require them to do
- Stimulate new thinking on how to anticipate patient and family questions and pro-actively support them
- Reduce hospital re-admissions

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The Caregiver Advise, Record, Enable (CARE) Act

The CARE Act is a commonsense solution that supports family caregivers when their loved ones go into the hospital, and provides for instruction on the medical tasks they will need to perform when their loved one returns home.



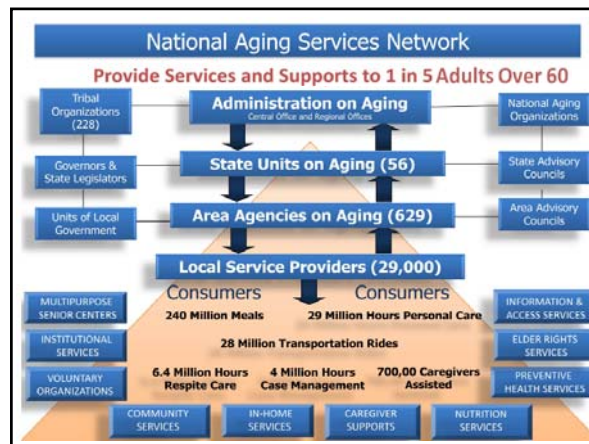
CARE Act goes into effect:
 California, 10/1/14; New Jersey, 8/1/15; New Mexico, 8/8/15; New Mexico, 8/1/15; Oklahoma, 1/1/15; Virginia, 1/1/15; Arkansas, 1/1/15; Florida, 1/1/15; Idaho, 1/1/15

CARE Act Signed into Law (Red arrow icon)
CARE Act Introduced (Grey square icon)

i-Heart Caregivers
 aarp.org/heartcaregivers

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SECTION 4 CAREGIVING RESOURCES



Iowa Area Agencies on Aging
866-468-7887
www.i4a.org

#1: Elderbridge Agency on Aging www.elderbridge.org	#4: Heritage Area Agency on Aging www.heritageaaa.org
#2: Northeast Iowa Area Agency on Aging www.niaaia.org	#5: Milestones Area Agency on Aging www.milestonesaaa.org
#3: Aging Resources of Central Iowa www.agingresources.com	#6: Connections Area Agency on Aging www.connectionsaaa.org

ELDERCARE LOCATOR

1-800-677-1116 (STAFFED MONDAY – FRIDAY, 9:00 A.M. TO 8:00 P.M. ET)

www.eldercare.gov
www.facebook.com/eldercarelocator

- Referral information to the AGING NETWORK of service providers
- Information on:
 - Adult day care
 - Alternative community-based living facilities
 - Elder abuse prevention
 - Emergency response systems
 - Employment services
 - Energy assistance
 - Home-delivered and congregate meals
 - Home health services
 - Information and assistance
 - Institutional services
 - Legal assistance
 - Personal care
 - Respite care
 - Housing
 - Senior center programs
 - Telephone reassurance
 - Transportation

Partners in Service To Older Adults for Over 40 Years

Aging Resources of Central Iowa is part of a national network of Area Agencies on Aging established through the Older Americans Act and supported by federal, state, and local funds. Aging Resources uses these funds to support local providers in making services available to older adults.

As of 2014, Aging Resources of Central Iowa has become the local connection to Lifelong Links, which serves older adults as well as individuals 18 years of age and older who have a disability. Our services enable or strengthen supports for those wishing to live independent and dignified lives.

Serving Boone, Dallas, Jasper, Madison, Marion, Polk, Story, and Warren Counties Since 1973.

Lifelong Links
Connecting the Aging and Disability Communities with:

- Information and Assistance
- Consultation and Assessment
- Connection to Services and Benefits
- Options Counseling
- Elder Rights Advocacy
- Older Adult Employment Services

Senior Medicare Patrol (SMP)

- Education to prevent/report Medicare Fraud
- Education on Identity Theft and current scams

Evidence-Based Programs

- Depression Screening and Treatment
- Matter of Balance
- Better Choices/Better Health

Case Management for Frail Elders

- Coordinate Community Services
- Provide Supportive Services
- Help Older Adults Remain Independent in Their Own Homes
- Assist with Elderly Widow Process

Family Caregiver Support

- In-Home Assessments
- Phone Consultations
- Services for Older Adults
- Education on Caregiving and Memory Loss
- Family Meetings/Mediation
- Relief & Support for Caregivers

Fund Local Service Providers

- Adult Day Care
- Health Promotion
- Homecare
- Home-Delivered and Congregate Meals
- Home Repair and Care Services
- Legal Assistance
- Mental Health Outreach
- Personal Care
- Respite Care

Nutrition Services

- Iowa Senior Farmers Market Program
- Nutrition Education and Counseling
- Holiday Meals on Wheels

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

- Information to caregivers about available services
- Assistance to caregivers in gaining access to supportive services
- Individual counseling, organization of support groups, and caregiving training
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities
- Supplemental services, that complement the care provided by caregivers

IOWA FAMILY CAREGIVER

LIFELONG LINKS: THE FIRST STEP FOR PLANNING AND MAINTAINING INDEPENDENT LIVING

Iowa's Area Agencies on Aging Rely on LifeLong Links to Connect Older Iowans, Individuals with Disabilities, Veterans and Caregivers with Information and Resources.

What is LifeLong Links™?
Iowa's Aging and Disability Resource Center with the purpose of expanding and enhancing the state's volunteer and related resources for the following individuals and their caregivers as they begin to think about and plan for long term independent living:

- aging Iowans
- individuals with disabilities
- veterans

Modeled on the "see-acting-doing" approach
Services are available to ALL Iowans who need home- and community-based services, which are coordinated through physical community locations across Iowa, a toll-free call center, and a website.

The focus for Iowa's growing aging and disability population is to seek information and options, and to plan and maintain independence at home or in the community of choice.

Services Accessed by ALL Iowans Through LifeLong Links™:

- Healthcare
- Transportation
- Food/Bankruptcy
- Housing/Utilities
- Spa/Day
- Mental Health
- Employment
- Education
- Financial Assistance
- Legal Assistance
- Adaptive Equipment and more!

Who is Served by LifeLong Links™?
Within the AARP's 10 regions and offices in 18 states, we have 455 employees and serve clients in all 50 states & 99 countries. Our staff has more than 1,000 combined years of professional experience in our care program areas. Together, we serve over 100,000 Iowans annually.

Iowa's Growing Needs

LIFELONG LINKS WEBSITE

<http://www.lifelonglinks.org/>

LIFELONG LINKS CAREGIVER ASSISTANCE

- Adult Day Care
- Caregiver Options Counseling
- End-of-Life/Bereavement Services
- Grandparents Raising Grandchildren
- Power of Attorney/Guardianship/Substitute Decision Making
- Respite Services
- Support Groups
- Resources

THE GIFT OF PEACE OF MIND: A STEP-BY-STEP GUIDE TO PREPARING ADVANCE DIRECTIVE DOCUMENTS

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STEP III. VALUING MONEY	STEP IV. MEDICAL AND PERSONAL WISDOMS
STEP V. CONCLUDING THE DOCUMENTS	STEP VI. ADDITIONAL CONSIDERATIONS

<https://www.lawaging.gov/sites/default/files/aging/Documents/GiftOfPeaceofMind.pdf>

POLST: PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT

Documenting End-of-Life Wishes With Physician Orders for Life-Sustaining Treatment

The Status of POLST in Your State
As of December 2016, the National POLST Paradigm Task Force has endorsed 50 of the 42 state POLST programs.

POLST is an approach to advance care planning that helps health care providers translate people's care preferences into portable medical orders. Unlike advance directives, these forms are intended only for seriously ill or frail individuals with life expectancies of less than one year.

<http://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2015/12/endorsing-treatment-preferences-for-end-of-life-care>

PREPARE TO CARE: A PLANNING GUIDE FOR FAMILIES (AARP)

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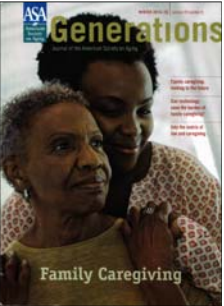
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http://www.aarp.org/content/dam/aarp/home_and_family/caregiving/2012-10/PrepareToCare-Guide-FINAL.pdf

GENERATIONS
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Winter 2015-16, Volume 39

- Family Caregiving: Looking to the Future
- Can Technology Ease the Burden of Family Caregiving?
- Into the Matrix of Law & Caregiving



www.asaonline.org

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HOME ALONE:
FAMILY CAREGIVERS PROVIDING COMPLEX CHRONIC CARE




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- Medication Management: Further Analysis
- Wound Care: Further Analysis
- What is the Effect on Quality of Life for Family Caregivers Who Perform Medication/Nursing Tasks?
- What is the Effect on the Care Recipient of Family Caregiver Help with Medication/Nursing Tasks?
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http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/home-alone-family-caregivers-providing-complex-chronic-care-rev-AARP-ppl-health.pdf

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FCA FAMILY CAREGIVER ALLIANCE
National Center on Caregiving

Family Caregiver Alliance supports and sustains the important work of families informally caring for loved ones with chronic, disabling health conditions.

Get involved!

- Donate to members
- Join our online caregiver blog
- Join our monthly newsletter
- Attend regional get-togethers

Searching for Caregiving Information?
Find Your Caregiving Situation

FAMILY CARE NAVIGATOR — Click on Your State

BLOG | **What's New** | **HELP SUPPORT CAREGIVING**

www.caregiver.org

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WEB RESOURCES

Name	Website	Description
AARP Caregiver Resource Center	www.aarp.org/caregiving	AARP's Caregiving Resource Center provides family caregivers with information, tools and resources to help them on their caregiving journey.
Administration on Aging	www.aqa.gov	Provides information about the Older Americans Act, which authorizes a range of services and opportunities for older Americans and their caregivers.
AgingCare	www.agingcare.com	A community of caregivers sharing experiences and resources.
Alzheimer's Association	www.alz.org	Specializing in caring for those with Alzheimer's and other dementias, the Alzheimer's Association has links with details on what to expect for each disease stage.
Aging Resources	www.agingresources.com	Information on services and resources for older adults and their families in central Iowa.
BenefitsCheckUp	www.benefitscheckup.org	Find programs for those who are 55 years of age or older.

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WEB RESOURCES

Name	Website	Description
The Caregiver Action Network (CAN) (formerly the National Family Caregivers Association)	http://caregiveraction.org	Offers practical lists for immediate help with caregiving; patient file checklist, doctors office checklist, how to find a support group, medication checklist, independent living assessment and helpful videos.
Caring.com	www.caring.com	This website offers informative articles about common caregiving concerns for family caregivers, and hosts a directory of services.
Eldercare Locator	www.eldercare.gov/Eldercare.NET	A free nationwide directory assistance service, eldercare locator helps older persons and their family caregivers locate local support resources.
Family Caregiver Alliance	www.caregiver.org	The Family Caregiver Alliance supports caregivers through information, education, services and research.
I'm a Caregiver/Medicare.gov	www.medicare.gov/campaigns/caregiver/caregiver.html	The Medicare.gov landing page for caregivers has resources, stories and newsletters about taking care of someone on Medicare.

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WEB RESOURCES

Name	Website	Description
Iowa Department on Aging	www.iowaaging.gov	Information about Older Americans Act programs and services available in Iowa.
National Alliance for Caregiving	www.caregiving.org	A coalition of 40 national organizations that conducts research and policy analysis, develops national programs and works to increase public awareness of family caregiving issues across the life span.
National Family Caregiver Support Program	http://www.aqa.gov/aqa_programs/hcltc/caregiver/index.aspx	Provides grants to states and territories, based on their share of the population ages 70 and older, to fund a range of supports that help family and informal caregivers to care for their loved one at home for as long as possible.
Next Steps in Care: Family Caregivers and Health Care Professionals Working Together	www.nextstepincare.org	This program provides information and advice to help family caregivers and healthcare providers plan safe and smooth transitions for patients between care settings.
Rosalynn Carter Institute for Caregiving	www.rosalynncarter.org	An advocacy, education, research and service unit with its own training center, caregiving management certificate program, as well as caregiver resources.

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