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**Moderator: Maria Cora Tracy
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(Donna Wagner): ...undertook the first employee survey designed to examine the issues facing employees who are caring for an older family member. By 1987, there were many surveys of employee caregivers being done around the country and in Canada and the development of workplace programs had begun.

Research findings consistently suggest that many employees were making accommodations at work in order to manage their caregiving responsibilities. They were coming into work late, taking time off, using the phone to check on mom during work, and even in some cases taking unpaid leaves of absence to provide care.

Focus groups of employee caregivers added a voice to the survey as participants talked about the conflict they felt between their responsibility to their family and to their employer.

Caregivers describe making mistakes at work, forgetting important tasks or meetings because of the distraction of caregiving, and troubling for the employers as well as the economic future of the caregivers, some caregivers

told us about having to give up a valued career in order to care for a family member.

While we were learning about the employee, surveys of employers were also being undertaken to examine the issues from the perspective of the employer. One of the most important in terms of a wake-up call for employers was the Fortune survey of Fortune CEOs.

A key finding of this survey was that a full half of the CEOs surveyed reported that they personally would have difficulty managing their work life if they were engaged in caring for a parent, spouse or other family member.

The New York Business Group for Health found that many managers were concerned about the productivity effects of caregiving, including telephone usage, missing work, and the like.

Over the years, researchers have found that employed caregivers are a diverse group of workers including both young and older workers as well as a larger proportion of middle-aged workers.

Some studies also suggest that nearly half of the employed caregivers are men, which is a departure from the population studies that demonstrate that caregiving is a woman's issue.

Employed caregivers are most likely to be caring for a parent or a parent-in-law and a significant number of employee caregivers are caring for someone who lives more than an hour away, the long-distance caregivers.

These long-distance caregivers are most likely to need to miss a day or more of work, rather than just taking time off during the day. On the flip side are

those employed caregivers who live with the care recipient. Some research suggests that co-resident caregivers are the most likely to have an adverse work outcome, in other words, to leave work altogether.

As we will see, the issue of family caregiving brings with it a host of important considerations, many of which can significantly impact the manner in which businesses and service providers approach providing supported services and intervention.

To give us a better understanding of the many aspects associated with caregiving and employment, I'm joined by my friend and colleague Professor Margaret Neal of Portland State University in Portland, Oregon. Dr. Neal has done considerable research on families who care for both older persons and children, the so-called sandwich generation. Welcome, Margaret.

Margaret Neal: Thanks, (Donna), it's my real pleasure to be here with you.

(Donna Wagner): From a workplace perspective, which would you say is more difficult: working with children or working with elder care responsibilities?

Margaret Neal: That's a really interesting question. In our national study of over 300 working couples caring for children and aging parents that was funded by the Alfred T. Sloan Foundation, we were interested to learn about whether people's parent care responsibilities or their childcare responsibilities had the most negative effect.

And what we found out is that indeed, having parent care or childcare - both, actually - contributed to absenteeism and to reduced productivity at work but not for all employees and the ones that were most negatively affected were employees who had a special needs child and employees whose parent had a

lot of impairments, so there weren't a lot of differences in terms of actual impacts on productivity at work.

However, in terms of how employees felt at work, what we learned from the participants in our study is that employees felt much less willing to talk to their supervisors or talk to coworkers about their parent care responsibilities than about their childcare responsibilities.

They were much less comfortable in doing that and that's probably because parent care is less normative than child care and they felt also that this was a private responsibility and there's less need for employers to be involved.

But I should also say that men were much less likely than women to feel comfortable in talking to supervisors or coworkers about either their parent care responsibilities or their childcare responsibilities.

I also should add that it's really important for employers to understand that having parent care responsibility is not a totally negative thing. In fact, the employees who we have talked with and who other researchers have talked with also talk about the positive side of caregiving, the fact that they feel like they are giving something back to their parent or other elder, that they're contributing to the well-being of that person.

So I want to be sure that everyone takes into account the fact that it's not just a negative experience with negative outcomes for individuals and employers but there can be positives as well.

In terms of the benefits for employers, one of the things that we looked at in our study is work family positive spillover, and so spillover from family to work. As an example, people who are managing multiple responsibilities at

home bring those management skills to the workplace, so they can juggle a lot of responsibilities and that's a skill that transfers from home to work and that actually the employer then benefits.

(Donna Wagner): And what types of strategies for managing work and family have you observed in your work?

Margaret Neal: This was one of the key questions that we asked in our study of working sandwich couples. We were very interested to learn which strategies seem to be most effective for managing work and family and which strategies really didn't seem to work very well.

We started off by doing focus groups with couples in the sandwich generation who were working and we came up with a long list of various strategies that people had tried, then we used that list of strategies, we included that list of strategies on our survey that was sent to the couples nationally and in analyzing the responses, we found that the strategies used groups into sort of three major categories.

Two of the categories of strategies worked well in terms of contributing to better health and well-being and one strategy did not, so the two strategies that worked well were seeking emotional support, so talking with friends, family, coworkers, doing things outside to take care of one's self, so that's seeking emotional support.

The second strategy that was effective was prioritizing. In other words, choosing to do those things that mattered most to you. An example of that was one woman talked about how her housework used to be a high priority for her but that when she became more involved in caring for her parents as well as her children, she really needed to prioritize what she was going to do and so

she decided that she was not going to spend every Saturday morning cleaning her house, so prioritizing task was an effective general category of strategies, coping strategies.

The strategies that did not work well were those that involved withdrawing socially, so feeling like you just don't have time for your friends or feeling like you don't have time to spend an evening with your husband or your wife.

Those things didn't work well and actually contributed to negative health and well-being.

(Donna Wagner): Employers often report that they have concerns about productivity issues including absenteeism, work distractions, and being unable to actually perform their assignments as a result of caregiving for an older family member.

Many we know have started workplace programs to help these employees. What has the research shown regarding the effectiveness of these interventions in addressing the concerns and frankly and in helping the employee caregiver?

Margaret Neal: Well, one major problem is that very little research on program effectiveness actually has been conducted and so it's hard to say with any degree of certainty what is effective and what isn't.

The little research that has been done has shown that the programs do in fact have positive benefits for health and positive benefits for well-being so better for the individual and the kinds of programs that we're talking about here are things like paid family leave as well as childcare support, eldercare support,

maybe workplace caregiver support groups or information and resource referral-type programs.

Those work - seem to work well for individuals. In terms of the impact on the workplace however, it's really important to highlight that these programs actually sometimes increase absenteeism and the reason this happened we believe is that the particular research that I'm thinking about is some that we did where we had information seminars in the work place for employees who had eldercare responsibilities.

And at the conclusion of that set of seminars, absenteeism actually increased and the reason it did we feel is that employees got information about resources that existed in the community that they didn't have before and the only way to access those resources was during the workday because so many community services aren't open at night or on the weekends, so people had to take time off from work.

And because of the nature of eldercare, it's also possible that even if we surveyed those same employees several weeks later or months later, we might still find increased absenteeism because eldercare tends to be a progressive thing with progressive deleterious effects.

Some peaks and valleys but overall a general decline in the health of the older adult so it could well be that absenteeism will continue to be relatively high, so employers who are implementing these programs shouldn't expect that absenteeism would necessarily go down as a result of them. In fact, they might just be the opposite.

Despite those negative effects on absenteeism and people needed to take time off from work, what we learned from the employees in our surveys and in our

focus groups is that they so appreciated the ability when they had that flexibility the ability to take time off, that it was more than repaid in terms of loyalty and commitment to the job to employers on the part of those employees who had taken that time off.

(Donna Wagner): How can these findings be applied by small, mid-sized and large employers?

Margaret Neal: I think striving for flexibility in work schedule and in workplace and having a family-friendly work culture is something that employers of all sizes can do. It doesn't matter whether you're small, medium-sized or large.

Larger employers are going to be more likely to have the resources to implement programs such as information and referral, maybe even geriatric care management or caregiver support groups. At the same time, smaller and mid-sized employers could potentially form cooperatives and make those kinds of services available to their employees as well.

But given the dearth of research in this area of program effectiveness, I think it's really important for all employers no matter the size to consider inviting university researchers in to conduct research on the program's effectiveness by taking pre-program and post-program measures so that we can all learn from their experiences.

(Donna Wagner): Thank you, Margaret. We'll hear from Margaret again a little later in the program. In a GAO study conducted of the nation's employers, respondents reported that the key reasons for starting an eldercare program was recruitment and retention of qualified workers.

The business case for addressing the needs of employee caregivers has been underscored by the Met Life caregiving cost study that suggests that the cost of employee caregiving can be as high as \$33.6 billion nationally.

Most of the employers who have workplace eldercare programs in place are large companies. Here to talk more about the importance of this issue for employers is Ron Finch, Vice President of the National Business Group on Health. Welcome, Ron. What is the National Business Group on Health and what is their mission?

Ron Finch: The National Business Group on Health is a membership organization of large employers, the Fortune 500 companies, and we represent those companies around the critical healthcare issues that this nation is facing.

We provide tools and solutions that are practical to use for employers as they address their healthcare problems of employees and beneficiaries, both in their health plan as well as in their health and productivity plans.

We're not a lobbying organization but we do get asked by various governmental organizations about our position on certain critical health issues.

(Donna Wagner): What types of businesses belong to NBGH?

Ron Finch: Our members are made up of the very large employers in this country. Wal-Mart is a member and they have a million, two hundred thousand employees. The Exxons, General Electric, the very large employers are our members.

We have in our membership 303 members who provide healthcare to over 60 million beneficiaries.

(Donna Wagner): Could you describe NBGH's research on the issue of employee caregivers?

Ron Finch: The business group has been looking at the issue of employees as caregivers for some time now. We looked at this for two reasons. Employees are giving care to both aging parents as well as children with special healthcare needs.

With aging parents, employees - about a - one-fourth of all employees are providing services to their parents. About 40% of those employees are caring for aging parents were also providing care to their children, they still have children at home.

So they're sandwiched - kind of sandwiched in between those two populations of taking care of their parents and taking care of their children. When we find that employees are giving care, we find that their - the employees healthcare issues and their productivity are also affected.

About 43% of the employees who are caregivers are experiencing depression that meets the definition for medical necessity for care. Employees are absent from work more.

They're - they experience presenteeism, presenteeism meaning declining performance based on thinking about what they're dealing with and just dealing with themselves.

Employees who are caregivers don't take care of themselves. They don't get preventive services. They don't even wear - many of them don't wear seatbelts. They just forget about how to take care of themselves, so it's productivity issues that we're concerned about, and it's also the health of the employees.

It's important for us to remember that employers need healthy employees and they need them to be at work and to be productive and those that are affected by outside issues like taking care of an aging parent, that performance is affected.

(Donna Wagner): What have been some of the most significant findings of your research?

Ron Finch: Yes, if we take a look at the research that some of our members have done, (Wayne Burden) and (Van Conkey) at JPMorgan Chase have done a fair amount of research into this area.

And they have found that employees do have more illnesses, everything from low back pain to depression. For those employees who were taking care of children with special needs, it's a period of only about two weeks before those employees start experiencing depression once they start that caregiving.

I think we forget how complicated caregiving is, both taking care of aging parents or our children with special needs. Employees are not generally aware of the kinds of services that aging parents need.

Is it hospice care? Is it assisted living? Is it a nursing home? How do you make a decision about which one of those might be appropriate? Do you want to have employees move aging parents into their own home?

What about the financing of services that are needed? We also are concerned - those are real issues. For children it's complicated as well. Where to get care, how do we access specialists? How do parents negotiate the school system with children that need extra care?

Just transportation of a child back and forth from school with children not being able to get on a school bus for example is kind of an example of some of the just kind of daily issues that we don't tend to think about as we - as we just - as we manage our employees.

(Donna Wagner): What are some of the more effective methods NBGH or its members have encountered for supporting employee caregivers?

Ron Finch: This issue has become of such concern that employers are initiating special programs. One employee has even begun to train supervisors about how to manage employees who are giving care to dependents, whether it be parents or children.

Other employers are providing education programs for employees about how to negotiate the system, the healthcare system or the legal system. Many employees don't know how to secure a power of attorney in order to make decisions for aging parents.

The kind of informational service other employers are providing support groups where employees get together and talk about common issues and find common solutions.

We at the business group have made a decision about employees as caregivers. We have recently created an institute on health productivity and one of the major initiatives that will be in place with that new institute is developing materials and resources for employers around this issue of employees and caregivers.

(Donna Wagner): Thank you, Ron. To date, there has been little research conducted on the intervention or programs as they relate to the employees' ability to better

manage care or work or as these programs relate to the business goals of the employer.

A little late in the broadcast, we'll be discussing this issue in more depth. To address the needs of employed caregivers, employers began to design and offer programs to support these caregivers at work. Hallmark was the first company to be in a program, a family resource center.

IBM was the first company to develop a widespread information and referral program. To this day, the most common eldercare model is the resource and referral model, a model fashioned after childcare programs developed for corporate employees.

This model provides information and linkages to needed services in the community. Some employers have implemented financial programs to help caregivers pay for services. Others have experimented with direct services on-site or nearby and still others have included support groups on-site or employees with caregiving responsibilities.

More recently, employers have been experimenting with online interventions for support or information and one of the most promising program innovations for employees is the use of geriatric care managers to assist caregivers.

The use of geriatric care managers by employers as an eldercare strategy was begun in 2000 and has been implemented in two ways: through a vendor who provides access to care managers and by having a resident care manager on-site.

In the segments that follow, we'll examine several approaches available to employers to support their employees who may be facing or already dealing with the many challenges associated with caregiving.

One approach is to include caregiver issues in an employee assistance program or EAP. EAPs are offered by many employers typically in conjunction with the company's health benefits plan.

EAPs help employees deal with personal and family problems that might otherwise adversely impact their job performance, health or well-being. Northrop Grumman electronics sector includes a caregiving component to its EAP.

Called an employee and family assistance program, Northrop Grumman's program is designed to assist employees who are dealing with caregiving issues across the lifespan.

From infants with special needs to adolescents to elderly parents and relatives. I'm joined by (Jim O'Hair), coordinator of Northrop Grumman electronic sector's employee and family assistance program to share how Northrop Grumman has included caregiving in the work they do to support their employees who also care for a loved one. Welcome, Jim.

(Jim O'Hair): Thank you, (Donna).

(Donna Wagner): I'm wondering if you could start by describing the EAP's role in supporting your working caregivers.

(Jim O'Hair): Well, the electronic sector's employee and family assistance program is designed to provide service to all of our working caregivers, whether they are

caring for children or children with special needs, adults or adults with disabilities, or our eldercare employees who are caregivers for eldercare or elders in their family.

(Donna Wagner): And how did Northrop Grumman expand its program to include these caregiver issues?

(Jim O'Hair): We've recognized over the last 22 years that this is a major issue for our company and we've provided resources over that time beginning with a fair that we just celebrated our 22nd anniversary that covers everything from birth through eldercare responsibilities, what we call cradle-to-grave.

And in that, we've expanded those services really over those 22 years to the point where 12 years ago, we changed the name of our program to employee and family assistance to recognize the needs of family members of our employees.

(Donna Wagner): Now (Jim) can you describe the range of caregiving situations that this EFAP addresses?

(Jim O'Hair): Well again, it's child, children, children with special needs, adult or adults with disabilities, and also eldercare. The demographics of our various workplaces really dictate which one of those might be of greater need but we offer all and we really want to make sure we don't miss anyone who might be in a caregiver role.

(Donna Wagner): Okay. Now I understand that Northrop Grumman collaborated with CMS on the design and development of two documents, Medicare Basics: A Guide for Family and Friends of People with Medicare and When Employees Become

Caregivers: A Manager's Workbook. Could you describe these resources for us?

(Jim O'Hair): Absolutely, (Donna). That was an exciting opportunity for Northrop Grumman and for our caregiver support group. What we did is we brought in the production company that was developing these products for CMS and had them meet with one of our caregiver groups.

And it allowed the individuals who were part of that group to share their experiences and it was really exciting program and product for them as well as it gave them a feeling that they were able to give back to others who found themselves in a caregiver role.

(Donna Wagner): That sounds great, (Jim), and you know it's really important that you actually gave the experiences of your caregiving program and your caregiving employees to help make documents that are going to help people all over the country. That's great.

(Jim O'Hair): Thank you, (Donna).

(Donna Wagner): Thank you very much for talking with us today, (Jim).

(Jim O'Hair): Thank you.

(Donna Wagner): Legacy Caregiving Services in Portland, Oregon has developed a program called Powerful Tools for Caregivers. We're going to show you one company that has adopted this program and taken other steps to address the changing needs of employees who provide care.

The Intel Corporation has adopted a flexible and innovative approach for supporting its caregiving employees. Intel delivers eldercare resources on-site using the curriculum Powerful Tools for Caregivers that has been tested across the country.

As we'll see in this next segment, Intel surveyed their employees to learn about caregiving situations, then in partnership with various organizations, they designed the program.

Kathy Shannon:

Legacy Caregiver Services is an array of programs designed to help the family caregiver who is caring for someone with a chronic illness at home. There has been some kind of program at Legacy directed toward the caregiver for over 20 years. We have several different components for the program.

We provide a lot of information and referrals. We have a dementia daycare program. We have training for in-home workers who can then go on a listing that's distributed in the community, and we have a special program called Powerful Tools for Caregivers. It's an education program to help the family caregiver take better care of themselves.

It was adapted from (Kate Lori Strauss, AARPd)'s Chronic Disease Self-Management Program and turned on its head rather than dealing with the person with the chronic illness, focusing on the caregivers. It's a six-week class for either two-and-a-half hours or 90 minutes and it deals with an array of different kinds of problems the caregiver may face.

Dana Vandecoevering: Intel offers a wide range of workplace programs for employees that help them balance their work and life. Some of these programs include flexibility solutions which means employees can telecommute, they can

alternate their start times, job share and part-time opportunities. Additionally, we offer child care solutions, adoption assistance, online tutors for children, voluntary benefit program, and more. Our programs help meet the needs of employees.

Intel recognized that our workforce was aging and the needs of employees were turning more to caregiving rather than just childcare issues. Many employees were in that sandwich generation caring for children then also caring for elder relatives.

In 2005, Intel did a survey of our employees to find out what the caregiving issues were. We realized at that point, there was an opportunity to expand our programs based on this survey data.

(Kathy Shannon): Intel contacted us about the fact that they had read about our Powerful Tools Program and were interested in helping their employees with caregiver issues. We adapted the program and reduced it to a shorter timeframe, from two-and-a-half hours to 90 minutes for six weeks, so that people could attend the program while they were in their working day.

Dana Vandecoevering: We also offer an Internet site which has links to external resources and internal resources. We offer an employee assistance program for employees who can call for counseling services as well as online resources.

We offer a resource and referral service where employees can call to find referrals on caregiving situations for a relative, either close or long-distance.

(Dick Casili): My name's (Dick Casali. I work at Intel in Hillsboro, Oregon near Portland. I'm a failure analysis engineer, which means that I break things apart to find out the physical reasons why they failed, your computer motherboard, for

instance. I've been providing care for my mother who lives the approximately 450 miles away.

It started about two years ago when she had many medical problems due to diabetes and being overweight. At the same time, my father was diagnosed with prostate cancer and consequently the primary caregiver. He started running into issues providing the adequate care for my mom at home.

During this time she started going into a care center, so the family started getting involved in order to help manage the situations for them. Tasks that I typically perform as a caregiver, especially being that far away, are somewhat financial, setting up accounts, making sure that her money is going to last, and being a medical advocate.

Before taking the Powerful Tools for Caregivers class at Intel, managing care was tenuous at best and very stressful. You can imagine managing two full-time things at once for work and then trying to understand what the care situation was for my mom.

The Powerful Tools for Caregivers class offers different techniques for providing stress relief as well as communication techniques, both to the person giving care as well as those who are involved and those outside that care circle as well.

I found that a lot of obstacles were overcome really quite easily with a lot of e-mails and a few phone calls. One of the more important things that I learned out of the caregiver's class was to ask the hard questions of the physicians that were providing care for my mother and father at the time.

I think it's very likely that I will be able to continue to provide care for my mother, specifically, due to the tools. They have given me – rather showed me a path on how to overcome the common obstacles including, stress and communications with other people in the family, in order to provide quality of care to my mother.

Dana Vandecoevering: Intel feels confident that our programs are working based on the feedback from employees. We've talked to several employees who have attended the Powerful Tools for Caregiving training and they have told us that without having this training offered on-site, during lunch time, they would not have been able to attend.

From the training, employees have formed informal caregiving groups, they've gone on hikes together, and really networked because they feel like they're not alone.

(Kathy Shannon): One of the other important parts of the Powerful Tools program I think is that it is so easily replicated and we have been able to replicate it in over 20 states. We now have over a thousand class leaders across the country and are aiming to get it in every state.

Woman: What's made Intel's caregiving programs very successful is our local partnership with different organizations. For example, we have a relationship in Oregon with the Washington County Department of Aging and Veteran Services, and Oregon State University extension services.

In other states, we have relationships with local Agencies on Aging, (Arizona) and (California -Silicon Valley) and these relationships are invaluable to provide support to our employees. We don't want our employees to have to go out and find the information they need, we want to provide it for them.

By forming these partnerships, we are able to provide the employees what they need from these local organizations. It's a win/win for both of us. We feel confident that caregivers can take advantage of our health and wellness program to better themselves and feel good about the situation they are in.

(Kathy Shannon): Powerful Tools has been shown to be extremely effective in eliciting outcomes for people who are caring for the chronically ill in four major ways. It's helped people feel more self-confident about their caregiving. It's helped them manage their emotions more effectively, like anger, guilt and depression.

It's helped them develop more helpful activities for themselves such as exercise, and it's also helped them access more community resources.

Dana Vandecoevering: It's important for Intel to provide caregiving programs and resources for employees to ensure that we have happy and productive employees. If you feel like you can take care of the needs of your relatives, it'll make you more productive and focused on work.

(Kathy Shannon): Our relationships to Intel and to other companies who are interested in dealing with their employees' caregiver issues has been very beneficial.

(Dick Casili): The only other advice that I might give, if you have the opportunity to take a caregiver class such as this, is to take it. They're very simple techniques that they offer us and that we've all seen but they combine them in a simple, cohesive system that's relatively easy to follow and understand. Great benefit.

(Donna Wagner): There are more than eight million long-distance caregivers like (Dick Casilli) in the United States. This type of care can be extremely challenging because you are not able to check-up on your parent on a regular basis.

Travel is time-consuming and expensive and even if your parent enters a nursing home like (Dick)'s mom, caregiving responsibilities continue. Having a strong advocate is a critical component to ensuring quality care.

Often times, people are surprised to find themselves in the caregiver role without much warning or opportunity to pre-plan ahead for the challenges they'll face. In this next segment, we'll learn about the importance of starting the caregiving discussion early, before a crisis occurs.

When families take the time to talk about and create a caregiving plan, the needs and preferences of those receiving care can be more fully considered and the caregiver may be better able to balance their demands of career and caregiving.

(Nancy Hudspeth): My name is (Nancy Hudspeth) and I've been with (Thorlo) for six years. We are a foot protection company. We believe in more life and with that we feel that more life really begins in being active (at or along) the wellness director here.

We provide a wellness program that gives folks the opportunity to create more awareness in their life. I came in six years ago and just started planting seeds and I began to look for resources in the area that were free because we are a textile company and we have a tight budget right now in America.

With the economy, there's just a lot of competition of what people can spend their precious dollar on. We are smack dab in the middle of the sandwich generation.

We are, most of us, the mean age is 45 and we're about to explode with our baby boomers and we know this, so we know that these issues are coming about more and more that folks need to be available to not only take care of their children if something happens but also take care of their parents.

We recognize that that is a stressor so we've looked for opportunities to create more awareness of resources that are available to folks in the community, so bringing in different people from the outside, from the North Carolina agricultural extension program and senior services have also been a fantastic service to us, educating our employees about what is available and how to care for the caregivers, how to take care of yourself so you are not burnt out, so you can be more productive at work.

(Donna Wagner): The Cooperative Extension Service is a national network of non-formal education that really started from a Congressional mandate nearly a century ago and basically the idea was to bring the resources of the land grant university system to bear on agricultural and human issues in geographically isolated areas, rural areas, so that basically we could look at bringing research-based education to communities, to people to help improve their quality of life.

When you think about the fact that we have so many challenges related to caregiving, extensions are looked to for their expertise in helping employers provide services to caregivers.

(Nancy Hudspeth): AARP supports caregivers by providing tools and resources and information to the caregivers themselves and to employers, policy makers, professionals, other people who support caregivers in a caregiving role.

The AARP foundation in particular is interested in reaching people who have limited incomes and who are highly likely to be supporting somebody who has modest means.

“Prepare to Care” workplace is about helping employers understand the impact of caregiving on their own bottom line and then providing them with low-cost tools, strategies and resources that they can provide to their employees to be able to mitigate that situation.

(Donna Wagner): In terms of the collaboration with the AARP foundation and the “Prepare to Care” “Prepare to Care” workplace project, AARP actually approached us and asked, because of our experience with them in the past in delivering programs, whether or not we would be interested.

(Nancy Hudspeth): The AARP foundation and USDA cooperative extension have worked together over the last two years to test “Prepare to Care” “Prepare to Care” materials and to develop and identify strategies to outreach to employers in four states in 12 different counties. “Prepare to Care” “Prepare to Care” workplace in North Carolina rolled out because of very strong cooperative extension educators.

As a cooperative extension agent, I am responsible for community education programs in the areas of foods and nutrition, aging, parent education, childcare education, and I also work with volunteers to extend our extension mission by providing education to people in the community.

I’ve worked with (Thorlo) for about three years. I am a provider of wellness education for (Thorlo). I talk about topics such as health, nutrition, stress management, time management, so “Prepare to Care” fit right in to what we’ve been trying to do for the last three years for (Thorlo) employees.

(Donna White): My name is (Donna White) and I live in Statesville, North Carolina and I work at (Thorlo) and I have been employed there for 20 years. I cared for my father which was - his name was (Gordon Willie Gates) - and from the time he was diagnosed with cancer, we just all came together, took him to the doctor, took him something to eat, went and got prescriptions.

Sometime he just wanted to sit and hold your hand. For me, it was kind of touch. I felt like I wasn't giving him enough of my time or my family enough time, because I felt like I needed to be there for him because he'd been there for me.

My body was at (Thorlo) but my mind was with my daddy. Sometime it was hard, and I had a lot of people at work that helped me get through. When I looked at the "Prepare to Care" guide, there were so many resources that were available out there that I didn't know about and I wished that I would have known that when my dad was sick because we were kind of running around because we didn't know.

And if I had known a lot that was in the "Prepare to Care" guide, I think it would have made the transition a little easier and probably less stressful.

(Nancy Hudspeth): AARP North Carolina and the cooperative extension partners that they have there are definitely national leaders on this issue. We've learned a lot from their work with "Prepare to Care" and a lot of that learning is integrated into the toolkit, so yeah, I would say that they're a model that we're seeking to replicate.

(Donna Wagner): The "Prepare to Care" program is actually helping that person identify themselves as a caregiver. A lot of time folks just say I'm just a daughter, I'm

just a son, and they don't really realize that they're really caregiving for someone and that's something that they're doing.

So, after we go through a process of a checklist that they go are you doing this, like running errands for your loved one, are you doing grocery shopping? Are you taking them to medical appointments or what have you? People are going oh my gosh, I guess I am a caregiver.

(Donna White): Many people don't have the discussion about what they need to do should they have to care for a family member for example, people may not know where important papers are. They may not know about community resources.

They may not know about the stress that is involved in caregiving so by offering a program like "Prepare to Care", you get to discuss all of those topics and they have the opportunity to ask questions about resources and to share their stories.

No one wants to talk about what will happen if. It's not a very pleasant subject but it's a conversation that has to happen.

(Nancy Hudspeth): Unless it's in front of me, unless your tooth is hurting, you don't go to the dentist necessarily, you know. If your parents' doing fine, you're not going to look for the legal services. You're not going to know where her papers are or where his papers are.

It's very stressful and then you're out for probably longer from working and your issues are multiplied.

(Donna White): I'm excited about the "Prepare to Care" program because there's not a week that goes by that I don't talk to somebody who is talking to me about their

parents and the issues that they're facing with their parents that they never, ever imagined they were going to have to even think about.

(Donna Wagner): Preparing employees prior to them finding that they're having to take on the burden and responsibilities, giving them information and resources and materials to even help them identify themselves as caregivers or potential caregivers in the future, I think they'll serve to alleviate a lot of the stress associated with caregiving, if they know they're supported by their employer, if they have a lot of information available to them.

And if they're just aware that you know all of us will eventually likely become caregivers, I think that "Prepare to Care" is an ideal (mate) for this project.

(Nancy Hudspeth): There's so much out there. There's so many things we can have a wellness class on and this just is perfect for this age group and for this population, to bring in a program like "Prepare to Care" to offer information and referrals to people who really need it.

(Donna White): It just made so much sense when I read it and it actually brought tears to my eyes because I just wish I would have known, when I wished so many people would know about it and I was telling that, that I wish everyone would take it (unintelligible) is great, it's a great plan.

(Donna Wagner): I am joined again by Margaret Neal. Margaret, we've just seen three very different approaches that employers may choose to adopt when developing programs to support their employees who are also caregivers.

However, over the past 23 years, there has been a persistent problem with low utilization of workplace programs. To what do you attribute this?

Margaret Neal: It is a huge problem, this low utilization of workplace programs, and it baffles researchers and employers alike, but we've spent a lot of time thinking about why people wouldn't use these great programs that employers have put in place, and sometimes it's because employees don't know that they exist.

Even employers who have spent a lot of time advertising the program may experience this problem and the reason is that as humans, as individuals, we pay attention to those things that are relevant to us and as an example of this, I'll go back to some previous research we did with the employer where we - with some employers where we were offering workplace seminars.

And this one particular situation, a man came into the office of the human resource professional and said, "Well, X company is offering this for its employees. Why isn't our company doing this?"

And the response was, "Oh dear. We just completed that seminar series here at our company." And the man realized that he - that information wasn't relevant to him earlier.

Just the previous week, his dad had had a stroke and all of a sudden, now this information about eldercare made sense to him. It was relevant to him and he wanted the information.

But we tune-out the things that aren't relevant to us, so it's important for employers to remember to constantly advertise their programs and make employees aware of them so that they catch these individuals for whom eldercare is now an issue and last week or last month it wasn't.

So lack of knowledge is one reason for low utilization. Another is timing of the program. It could be that it's not convenient for the employee, so offering programs on a 24-hour basis or at least on a rotating basis can be a good idea to improve utilization.

Another concern is that some employees feel that it's not the employer's responsibility to provide these kinds of programs and they view it as a private responsibility and as a result, they don't want to take advantage of anything offered by the employer.

And I would say finally the fourth and probably most important reason that low utilization of workplace programs may occur is a fear of retaliation, a concern that if your situation as an employee with eldercare responsibilities becomes known, all of a sudden maybe offers for promotion won't come your way or the ability to travel to conferences may not be offered to you.

That sort of issue, so that a feeling - a stigma - associated potentially with using the program could negatively affect utilization.

(Donna Wagner): Thank you for your insights, Dr. Neal. I have just one final question for you. What are a few tips that you might offer employers, whether they employ a handful, several hundred, or even thousands of workers, to more effectively address their concerns about caregiving employees and to better support these employees?

Margaret Neal: I think the two most important things that employers can do are to maximize flexibility both in terms of work schedule and workplace ability to take time off during the day if needed, paid time off is ideal.

That's the first general strategy and the second thing is to do their best to create a family-friendly organization and probably the easiest and best way to do this and the way that's going to be most visible to their employees is to train supervisors in understanding what the issues are that are faced by employees who have parent care responsibilities.

So that they can be understanding in their approach, that they can be flexible with those employees, and those are going to be the best ways for employers to demonstrate that they care and that they understand employees' family situations and value the contributions of those employees.

(Donna Wagner): Thank you, Margaret.

Margaret Neal: Thank you, (Donna). It's been my pleasure to join you today.

(Donna Wagner): While the business community has been developing its approach to supporting its employees who are caregivers, the aging services network had also been busy.

Established by the passage of the Older Americans Act in 1965 and overseen at the national level by the U.S. Department of Health and Human Services, U.S. Administration on Aging, the aging network is often the primary recipient of the referrals from workplace eldercare programs.

In this next segment, we'll see how the aging network can be a resource for meeting the needs of employee caregivers and a partner to businesses wishing to support employee caregivers.

In October 2001, St. Andrews At-Home Services, a not-for-profit subsidiary of St. Andrews Resources for Seniors in St. Louis, Missouri was awarded a

three-year grant from the Administration on Aging under the National Family Caregivers Support Program.

St. Andrews' main objective was to design and implement a workplace-based support program for employee caregivers. Known as the caring workplace, this program was implemented in 12 companies across the St. Louis region.

Ann R. Bannes, VP, St. Andrews Resources for Seniors: St. Andrews Resources for Seniors is an eldercare organization that has been providing care and services for seniors and their family caregivers since 1961. The mission I believe for St. Andrews is to provide choices and options in care and services for seniors and their family members so the senior member can live with respect and with dignity.

Within St. Andrews is the community service division which is my area of responsibility. In our community service division, what we do is provide services and care for seniors to remain placed in their own homes.

We decided that if we really were going to help the seniors, we really need to help the family members who are providing care for that senior, so back about 15 years ago we developed our first program to care for the family caregivers.

We do a caregiver assessment which helps to identify what are the things this caregiver is dealing with? How are they feeling about it? It's just not what's going on with the older person but how are they?

They don't understand all the various levels of care, so we help sort through all of that to make a care plan that they understand and that they support and also that the person they're caring for supports.

And then we help them carry out that support, and then another most important thing - not the most important, they're all important but - is connecting them to all the resources that a family member might need dealing with issues of aging.

When you find out that 64% of caregivers are in the workplace, how are we going to reach them? Business community were not our clients, so I did a research and there were studies out, what was the impact on businesses?

How did someone being a caregiver impact the bottom line of that business and discovering that it really did impact their bottom line so we developed a program that we could do outreach to employee caregivers and then at the same time try to help businesses reduce the costs affected by caregivers.

So for three years, we were funded 75% from the Administration on Aging under their national caregiver initiative program so we selected 10 companies to test out our model and to do ongoing evaluation.

We did that for three years and then through the evaluations, we tweaked our program and then when our grant period was up, we convinced companies to (unintelligible). That's how the caring workplace got started and how our outreach to area businesses (unintelligible).

Heather O'Brien – ElderCare Specialist :My clients are both the company and it's the employees.

For the company specifically, we provide services such as educational seminars, we provide monthly articles that would be like timely topics such as Medicare enrollment, benefits information, things that would pertain to everyone in the company basically.

Then I also meet with individual employees at each company and those are clients that we work more one-on-one with and provide counseling services as well as individual care management services.

A typical day as an eldercare specialist, I would go out and meet with clients on a one-on-one basis to do assessments and counseling services. I create care plans for each of my clients who have an in-depth need and that would be providing anything from resources such as skilled nursing facilities in the area to transportation options for older loved ones.

Donna, Human Resource Director: (White Rogers) is a manufacturing company. (White Rogers) has been in business since 1936. Basically in 1961 became a division of Emerson. We are a manufacturing company of everything in the heating (unintelligible) and air conditioning line.

(White Rogers) offers a couple of different workplace programs, one that's with St. Andrews called the eldercare program and then we also have an employee assistance program for our employees.

When we look at the age of our employees here, basically our average employee age is in the mid-forties so as we started evaluating the needs of the employees, they kind of became the sandwich generation as we hear where they still have children at home but they also have elderly parents that they're starting to need to look after a little bit.

And it's very difficult when you're working full-time to be able to know what resources are out there for help with elderly parents, so the eldercare program was a great resource that we could have employees contact and they could do the research for our employees, depending on the need of the parent.

So they would make phone calls, they would let us know what services were actually out there and people were qualifying for, so it was a great time savings for our employees and we found then that they really didn't have to miss a day of work to go check with these resources on their own that the eldercare program, (Heather O'Brien) was a great help in getting them this information while they were still working every day.

I'm the person assigned to (White Rogers) and what we do is we want to have one eldercare specialist per company so there's that continuity. That way, if a client is referred to me, they know it's going to be me that's helping them every time.

I get to know the clients. We follow them for years at a time in some cases so for me to know that background and build that relationship with them I think is key.

Some of the benefits of the eldercare program, not only the saving time away from work but I think just the peace of mind that employees get knowing that there's help out there, that there's someone that they can talk to, to help them understand what direction to go in.

(Sherry Miller): My name is (Sherry Miller). I've been with (White Rogers) for 16 years. I am a product engineer for electromechanical parts. I'm caring for my son Michael. He's 36 years old and when he was 35, he suffered a stroke and his left side was incapacitated and he has custody of his twin children, (Aston), (Austin), they're six years old, and we all live together.

And since his stroke, a lot of his care and their care has fallen upon me. The hardest part about working and having to take care of my family is finding time for everything that needs to be done.

It's just really overwhelming. I am normally a very strong, very independent, do it all myself type of person but when you're confronted with a situation like this and it is - it is a big, huge responsibility.

That's where you need to pull from your community, from your work, from your family, from your friends, and help's out there. You just need to have the resources to use.

Heather O'Brien: (Sherry) has been someone who just kind of - someone who really just kind of struck a nerve with me when I started working with her because her situation was unique compared with a lot of the clients I've worked with in the past.

She just really has a positive attitude and she'd do anything for her family and you can tell that just by talking to her and so she's somebody that I would just, you know, do anything to help her with that choice.

(Sherry Miller): I have worked with St. Andrews program. I've called them and asked them for references on where to go to find the resources for my son. He needed some special equipment for the home and a lot of the times, they made the phone calls for me and would save me a lot of time and a lot of anxiety.

Donna: And we do have the family medical leave and she was able to participate in that as well that allowed her some time off to help with her son but still, you know, it's difficult without knowing who those resources are, so St. Andrews really helped with that.

(Sherry Miller): It's okay to say I need help.

Ann R. Bannes: Anything they need, and I really do mean that. We help work them through that process. We make sure that we give them the best and we do that nationally because we can through our network, I could call and say I need a senior living community and these are the criteria that I need in North Carolina and I'd like to have it today.

I think what we have seen that we have been most successful and most proud of is the results of our evaluation, both from our employer and our employee. We have a policy that we do what we call our reassessment every six months or when a health status change.

When our employees say things like I don't know what I would have done, but you've saved my life, and we get those type of testimonies over and over. I think we have been successful in delivering this program.

Heather O'Brien: It's just such a hectic, fast-paced world that we're in right now that people are just torn in so many directions and for us to give them some of the tools that they can use for stress management and time management, I think is probably one of the most valuable things that we can help them on.

Heather O'Brien: What we want to do is bring family caregivers to the point that their issues of the physical care, the emotional and psychological issues are not resolved, they're not going to be resolve but they're minimized so they can really in those days they're caring for this person have some joy in caregiving and there really can be.

It's a precious time and I wouldn't give up all the years I cared for my mom for anything.

Donna: I think that the workcare programs have an impact on morale from the standpoint of employees feeling like the employer (White Rogers) really cares about them not only from a work and productivity standpoint but also caring about what's happening within the family.

It's because you figure we spend more time here at work than we do every day at home with our families so it's important that you have that peace of mind about what's going on in your home life and the eldercare program can certainly help that happen.

Sherry Miller: I think (White Rogers) and St. Andrews both have opportunities for a lot of help and have guidance through this life-changing ordeal and without that help, it would have been really, really hard.

(Donna Wagner): St. Andrews Resources for Seniors and the caring workplace program is one example of the many possible ways the aging network can be an integral partner with the business community to support caregivers.

Locating and partnering with an aging network organization in any state or community can happen in several ways. The eldercare locator has been in place since the early 1990s and provides direct linkages to local community resources at no charge.

More recently through a partnership between the U.S. Administration on Aging and the Centers for Medicare and Medicaid Services or CMS, aging and disability resource centers have developed a trusted, single entry point to home and community-based long-term care services in many states and communities.

Both the eldercare locator and ADRCs are ideal places for both employees and employers to turn to when the need for caregiver support arises or either needs more information about the types of programs that are available, including those we have just seen.

This program is sponsored and produced by the Centers for Medicare and Medicaid Services with support from the U.S. Administration on Aging in conjunction with the new freedom initiative subcommittee on caregiving.

We hope that you've found this information useful. Please be sure to download the online resource guide from the broadcast Web site. The guide contains materials and information on a range of topics associated with caregiving, including the topics covered in today's broadcast.

In the guide, you'll also find links and resources featured in today's program. The online evaluation form is available for completion at the broadcast Web site. We appreciate your taking the time to let us know what you liked and what we can improve for the next broadcast.

Now, please join the presenters and me immediately following this broadcast for a live call-in question-and-answer teleconference for an opportunity to ask questions and gather additional information. The dial-in number is shown on your screen.

I'm (Donna Wagner) on behalf of our panel of presenters and everyone at DHHS new freedom initiative subcommittee on caregiving, CMS and AOA, thanks for watching.

Woman: Hello? Hi, who's this?

(Donna Wagner): This is (Donna Wagner). Who is this?

Coordinator: Thank you. At this time, if you would like to ask a question, please press star then 1.

(Ron Finch): This is (Ron Finch) here also.

(Donna Wagner): Hi, (Ron).

(Ron Finch): How are you?

(Donna Wagner): You did a good job.

(Ron Finch): Thank you. It did not come through here well.

(Donna Wagner): Oh really? Oh, that's too bad.

(Ron Finch): Will it replay?

(Donna Wagner): I think we should be getting what do they call those little DVD things? They'll send us those, I think, and then you can look at it in the comfort of your own home.

(Ron Finch): I didn't know whether they would replay this. Are we on the air?

Coordinator: I do have one question.

(Donna Wagner): Yes?

Coordinator: From Robert Zakon, your line is open.

(Donna Wagner): Hello, Robert.

Robert Zakon: Hi, (Donna). Robert Zakon from Caregiver Helper, a company in Boston, Massachusetts. How are you?

(Donna Wagner): Good, how are you doing?

Robert Zakon: Wonderful.

(Donna Wagner): I have also (Ron Finch) is on the phone here with me.

Robert Zakon: Oh, fabulous.

(Cora Tracy): Hi, this is (Cora Tracy) at CMS and you're joined by others at CMS.

Robert Zakon: Well, I just want to tell you I am most impressed.

(Donna Wagner): Thank you.

Robert Zakon: As a - many years ago as a national television producer, there's a huge, huge - I'm sorry - a huge amount of preproduction, thought, care and planning that went into this presentation today, probably one of the most valuable things, seminars or presentations that I've attended in years.

(Donna Wagner): Well, thank you very much.

Robert Zakon: Sincerely. Is there - two questions. Number one, will there be other follow-up presentations like this in terms of caregiving tools because my company Caregiver Helper which is caregiverhelper.com, we provide special easy-to-

use software for caregivers for the 44, 46 million caregivers in America and I was so enlightened by so much of what was covered.

I'm thinking maybe you want to have a follow-up presentation where you talk about the tools that are available maybe specifically online tools that are available to these companies and these wonderful programs that you've illustrated today.

(Donna Wagner): So, that would be a CMS question, I think.

Robert Zakon: Okay.

(Donna Wagner): Do any of you want to weigh-in on this?

(Rachel Horvath): Sure. Hi, this is (Rachel Horvath), just one of the producers on the project and certainly we'll take that information back. We do each year look into programs that we can produce around caregiving.

We usually look into three to four a year, so it's certainly a very well-appreciated comment in the sense that we understand that many of this generation (unintelligible) today's generation are needing online tools and so I think it's a very valuable comment and we'll definitely take it under advisement.

Robert Zakon: Is there a way to be in touch with you just to chat more about that offline?

(Rachel Horvath): Absolutely. If you go to the registration site, there's actually a caregiver mailbox that's cited on the bottom of that site. If you just send me an inquiry there with your contact information, somebody on our team will get back with you.

Robert Zakon: All right, and in the event that I'm not a computer expert, I use it, I love it, but sometimes I get into trouble. Do you want to just give me quickly your Web site, I'm sorry, your e-mail?

(Rachel Horvath): Sure. Actually, you know what? Go ahead and give me yours because that way I'll have somebody on my team get in touch.

Robert Zakon: That'd be great. It's - my name is Robert Zakon, Z-a-k-o-n. My company is Caregiver Helper and the e-mail is initial R as in Robert, initial M as in Michael Zakon is Z-a-k-o-n @caregiverhelper.com so rmzakon@caregiverhelper.com.

(Donna Wagner): Okay, well thank you very much Robert for your comments and do we have other comments on the line, as well?

Coordinator: Our next question comes from (Margarita Moseley). Your line is open.

(Margarita Moseley): Good afternoon. Again, I'm very pleased with what I heard today. I am a caregiver. My husband is the husband is the person that I give care for and it did mention a little bit about the Family Medical Leave Act which I had to use in the month of May because there was no one to be with him.

He was released from the rehabilitation center; however, there is no programs in my area that would take care of a man who is 47 years of age, so that left me having to take off and fortunately with my job, they do have the family medical leave.

They didn't penalize me for using it, but my thing is, there's not anything in my area or a group in my area where I could talk with or have counsel with

that would help in this area as far as being a caregiver of a person at such a young age.

(Donna Wagner): Are there any suggestions from CMS people or presenters?

(Rachel Horvath): This is (Rachel Horvath) again. I think that you might want to take a look at the Web site where you actually registered for the broadcast. On that, there was a resource guide mentioned at the end of the broadcast, and in there are listed many resources that are nationally available.

And so I know that you - at the end, eldercare locator and the ADRCs which are the aging and disability resource centers, those are available nationally, and at least they may be a gateway for you to get yourself in touch with local resources that could really be helpful.

There's a lot of things like that I don't think are as well advertised as they could be and often times there are local community resources whether it's through a local church or through local aging centers that might really be available to you just to give you some support, emotionally as well as contacting other services that might be helpful in this process.

(Margarita Moseley): Well I appreciate that because all the places that I have checked, his age is the only thing that does not qualify him. If he was 60 years or older, there would be no problem getting him in the programs but the thing again is, him being such a young age and disabled.

(Rachel Horvath): Right and I understand. There may be resources that as you have indicated that limited ones that he qualifies for because of his age but even beyond that, there might be resources that might be available for you as the caregiver that might really help you. I would take a look at those and good luck, good luck.

(Margarita Moseley): Thank you.

Dana Vandecoevering: Hello, this is (unintelligible) from Intel and I was just going to ask that. I was going to ask what state do you live in, what area?

(Margarita Moseley): I live in Stockbridge, Georgia.

Dana Vandecoevering: Okay. Because I know I'd had an employee in California that ran into that and one of the agencies, she had the same thing, it was a young employee, a 25-year-old caring for his mother who was about 50 and he ran into that and there was an agency.

The one there wasn't able to but there was another agency who said oh age doesn't matter but it was like California so unfortunately that doesn't - but I wanted to provide you another link.

(Margarita Moseley): Okay.

Dana Vandecoevering: There's a Web site. Actually, it's kind of a - it's called Connecting for Care and it was actually developed by Intel and NFCA and it's more of an online, it's a free service but it's more of an online kind of a chat, but there's resources so you can register yourself, you can find out resources, you can potentially find other people who might be in that same situation, caring.

And so maybe through, it's kind of a like a Facebook. I personally don't have one so I don't know how that works, but it's kind of a chatting type thing and maybe you'll find somebody else's mom there or through the forum that has dealt with that same situation and might be able to offer advice, so the Web site is www.connectingforcare.com.

(Margarita Moseley): Okay. I have it.

(Donna Wagner): Thank you very much and best of luck to you.

(Margarita Moseley): Thank you.

Coordinator: Our next question comes from Mr. (John Woodall). Your line is open.

(John Woodall): Hi, this is (John Woodall) at Mather Lifeways here in Evanston, Illinois. I just wanted to first say that this was a great service and I've got a couple of people here sitting at my desk and we really found this interesting and very helpful and we took a lot of notes so a big applause to you folks and whomever else took their time and energy to put this all together.

Also, I just wanted to quickly mention that because I heard a comment just a minute or two ago about some folks that were looking for an online option or for maybe a distant program that would help caregivers directly.

There is a program, the Powerful Tools for Caregivers program through Legacy I believe it was said, does have an online option and we do offer it here in Mather Lifeways so it's - if those folks out there that were in an area that was maybe inaccessible, you know, maybe there's no public transportation or something like that, you can always Google or go to matherlifeways.com and look at Powerful Tools for Caregivers online.

I think it's a great option for a few folks out there that just don't have the opportunity whether it's work hours or transportation or whatever, to attend one of the traditional programs that offered by those different institutions.
Thank you.

(Donna Wagner): Great suggestion. Thank you.

Coordinator: Once again, to ask a question, please press star then 1.

(Donna Wagner): No more callers?

Coordinator: I do have another caller from (Warren Heber). Your line is open.

(Warren Heber): Yes, my name is (Warren Heber). I'm calling from Louisiana. I host a weekly radio program called A Caring Place and its focus is on family caregivers. I'm a registered nurse. My day job is running the Association for Home Health Agents here and I'm a Robert Wood Johns Executive Nurse Fellow.

It is very important that this extraordinary information that you're getting out be made available to people in the general population. You folks have quoted somewhere in the neighborhood of 45 million family caregivers, a lot of whom don't really self-identify, so I'm wondering if there is some sort of a speakers bureau or something along those lines that we might connect with so that family caregivers around the country might be able to gather this information easily.

(Donna Wagner): That sounds like a great idea.

(Lori Strauss, AARP): Hi, this is (Lori Strauss, AARP) from AARP, I'd like to just respond to that question. You are right on. The reason that we worked on developing "Prepare to Care" and was exactly what you're saying which is the need for consumer-oriented materials that are creative and that people can get easily.

And by e-mailing benefits outreach at aarp.org, you can order “Prepare to Care” planning guide for people in your community and also let us know that you’re interesting in having somebody come and talk to the community, to the organizations around your area about this issue.

So that’s benefitsoutreach@aarp.org and I just want to applaud you here, you’re absolutely right. We know people don’t even look for caregiver materials because they don’t consider themselves caregivers and the checklist that (Susanne) mentioned at AARP North Carolina on the broadcast was designed exactly for that reason, to start people thinking that they’re starting a caregiving experience at the point that they actually are, versus when they’re in really deep and really feeling overwhelmed, so thanks for that point.

(Warren Heber): And (Lori Strauss, AARP) I’ll also mention that there are over 9000 home health agents around the country and it just seems like a natural connection and I know that AARP does an extraordinary job of networking and looking for stakeholders.

It seems like a partnership that we might be able to find a way to connect so that the home care agents and the staff that they’ve got, caring for millions of people every year, might be able to provide some of those resources to the family caregivers.

(Lori Strauss, AARP): Absolutely. You can reach me directly through that e-mail as well, so let’s talk more.

(Warren Heber): Great. Thank you.

Coordinator: Our next question comes from Robert Zakon. Your line is open.

Robert Zakon: Hello again, excuse me. Rob Zakon in Boston. There were two questions that I had. One, I'm trying to find on the Web site the resource guide which sounds so valuable and I'm on the Web site which announced all of this, the video cast dot NAS at NAH.gov.

I am unable to find so I hope I'm not the only person with this problem or I hope I am, actually, but in case there are others. Where exactly on the Web site is the download resource guide button?

(Bob Adams): This is (Bob Adams) with the partner relations group in CMS. The address you'd want to go to or the site would be www.blsmeeing.net...

Robert Zakon: B-l-s, I'm sorry. Please go slowly.

(Bob Adams): Let me go slowly. I'll start again. www.blsmeeing.net/caregivers, one word, and if you go there, you should be able to obtain the resource guide and speaker biographies and the broadcast survey as well.

Robert Zakon: Wonderful, wonderful. Very good. Thank you very much.

(Bob Adams): You're welcome.

(Cora Tracy): And this is (Cora Tracy) from CMS. I just wanted to add a correction from our broadcast that the eldercare locator will be found on www.eldercare.gov so again, on the broadcast it was listed as eldercarelocator.gov but the correct address is www.eldercare.gov. Thank you. Next question?

Coordinator: Our next question comes from (Tammy Riordan). Your line is open.

(Tammy Riordan): Hi. I'm with the Alzheimer's Association and I was just wondering, as you guys are looking at all of these working caregivers and the needs with eldercare issues, do you know of a lot of other organizations that are focusing on the challenges presented through those with Alzheimer's disease and those who are caring for them?

(Donna Wagner): Any ideas from anyone on the call?

(Jim O'Hair): Well, this is (Jim O'Hair) with Northrop Grumman and we regularly include Alzheimer's in our presentations. In fact, we present it from both the caregiver's standpoint as well as people who are looking at memory disorders, the broader spectrum of memory disorders, including Alzheimer's and other forms of dementia.

It's more of an educational component because we do have people who have a wide range of conditions that affect the brain such as traumatic brain injuries and we want to also recognize them.

Now for people who self-select, traumatic brain injury versus Alzheimer's will provide some specific resources to whichever group they fall in, if that helps. I'm not sure, but that includes both online as well as a lot of hard copy resources and even specific support groups, depending on the area they live in.

The caller earlier from Georgia really raised one of the key issues and that is finding support for caregivers in remote areas and that's true even with employers, large employers who have locations in less urban sites.

(Donna Wagner): Yes and I would like to add - this is (Donna Wagner) talking - that one of the very few evidence-based interventions that has been developed for the workplace is an online tool specifically designed to support people who are

caring for someone with Alzheimer's disease and that work was done by a woman named (Beauchamp) and she's also in Portland which seems to be the epicenter of eldercare.

(Tammy Riordan): Thank you.

Margaret Neal: Hi, (Donna), this is Margaret Neal at Portland State University and I just wanted to let you know that I am on the call, too.

(Donna Wagner): Oh, great, okay, good. And do you have any more information about the intervention that (Cathy Beauchamp) and her group studied?

Margaret Neal: I don't actually have any more information but I would add that the Powerful Tools for Caregiver and many of the online programs do address issues surrounding caring for a loved one with Alzheimer's disease, so I think that those are really valuable resources for some.

(Donna Wagner): Okay, great. Other questions?

Coordinator: Our next question comes from (Paula Solomon). Your line is open.

(Paula Solomon): Hello?

Coordinator: (Paula Solomon)? Our next question comes from (Kathleen Manny). Your line is open.

(Kathleen Manny): Hi. I'm (Kathleen Manny) from Wisconsin in aging and disability resource center. I really appreciated the broadcast today and wondering if I wanted to approach employers in our area, what tool should I use? Is this

resource guide that we can download, is that something that's going to have information that would help me do that?

(Donna Wagner): Yes, there'll be some good information that will provide background data for you to use with - when you're talking to employers. Anyone else want to add anything about resources for that, Margaret, or...

Margaret Neal: Yeah. I could suggest that you also go to a Web site we have here, [www.sandwich - no, no - .pdx.sandwich](http://www.sandwich-no.no-pdx.sandwich) and that is - that has a guide for employers, with respect to caring for aging parents and aging children.

(Kathleen Manny): Okay.

(Lori Strauss, AARP Strauss): Oh, and I'd like to jump in, too, this is (Lori Strauss, AARP Strauss) at AARP foundation. The "Prepare to Care" workplace project that was referenced on the broadcast and is also included in the resource guide has - we're working on rolling out in early 2009 a "Prepare to Care" workplace toolkit that you'll be able to use to go and talk to employers.

Gives you talking points, elevator speech, presentations, and then also the workshops and it links a lot of the different things that we were also talking about today.

(Kathleen Manny): Great. (Jackie), could I get that this benefits outreach at aarp.org?

(Jackie): Yes, yes, absolutely.

(Kathleen Manny): Okay.

(Donna Wagner): Yeah, I'll chime in and say I think that's going to be a great research. We've been working with the "Prepare to Care" project here in Oregon and let me correct the Web site that I gave you on sandwich caregivers.com.

That guide for employers doesn't pertain just to sandwich caregivers. It's www.sandwich.pdx.edu.

(Seth Ashropf): Hi, this is (Seth Ashropf) at CMS. We also have I think a pertinent publication called when employees become caregivers, a manager's workbook, which is CMS pub number 11035, which is available through our Web site with an order form. It was printed by AARP, thank you (Lori Strauss, AARP), thanks to (Rhonda Richards).

And just basically states the low-cost - describes low-cost, no-cost programs that can be used by employers for employee caregivers and this really is a masterpiece. Again, that's CMS pub number 11035, when employees become caregivers, a manager's workbook.

Woman: Great. So, is this broadcast going to be repeated in the future? Do you have plans to do that?

(Donna Wagner): It will be archived in - on a Web page that was provided on the site and www.blsmeeeting.net/caregivers with an S.

Man: You want me to repeat that just one more time so that people have that? That's the same address we gave for the resource guide that's www.blsmeeetings.net/caregivers so the archive can be found on that address as well.

(Donna Wagner): Great, okay.

(Kathleen Manny): Thank you.

Coordinator: Our next question comes from (Maryann Gulliver). Your line is open.

(Maryann Gulliver): You've answered my question, thank you very much.

(Donna Wagner): Okay, thank you.

Coordinator: Our next question comes from (Karen Roberts). Your line is open.

(Karen Roberts): Good afternoon. My name as the moderator just stated is (Karen Roberts) and I am an HR director at an area agency on aging in West Palm Beach, Florida and at the risk of forgetting anybody to give kudos to, I'd certainly like to at least try to remember all of the wonderful partners, CMS, AARP, and all the partners who produced the event today, in addition to all the enlightened employers who participated.

I worked in worklife at a company, a large company, a number of years ago and this has certainly been - the information you provided today is certainly light years ahead of what was available in the past and the quality of the production was outstanding, so I'd just like to give kudos for that.

And I had also noted at the beginning of the broadcast, well there was an entry or an intro rather, there was a Web site that was going to be debuting tomorrow and unfortunately I did not catch that.

I believe it was a CMS Web site. Has that Web site information been given out and I apologize if I'm asking a redundant question?

(Donna Wagner): That Web site will be live. It's on medicare.gov/caregivers and it will be live tomorrow at 12 p.m. Eastern Standard Time.

(Karen Roberts): Well, thank you so much and again, all the labor of love that everybody put into it was very outstanding and just extremely well-done so thank you so very much.

Coordinator: Our next question comes from (John Woodall). Your line is open.

(John Woodall): Hi, thanks. Just a quick comment. Earlier there was a request for information or a resource for those folks looking for distance, a distance program for caregivers dealing with someone with different stages of dementia or Alzheimer's and again, here at Mather Lifeways we do have a six-week online program.

It's 100% online and it's called making sense of memory loss and it is directly for those folks dealing again with someone with Alzheimer's or the different stages of dementia so you know, if that is something that you were looking for or an answer to that question, I hope that helps. Again that's making sense of memory loss online at matherlifeways.com. Thanks.

(Donna Wagner): Okay, do we have any more questions?

Coordinator: Our next question comes from (Maryann Stark). Your line is open. (Ms. Stark)?

(Maryann Stark): Hello?

Coordinator: Your line is open.

(Maryann Stark): Oh, thank you. Hello. My name is (Maryann Stark) and I'm from (Lifecare) and with regard to the contact from Alzheimer's Association looking for different programs, I am aware that one of the large telecommunication firms has just developed a new program for different communities that they work in that targets those working caregivers who are caring for somebody with a memory impairment.

And they approach it from not only coping with that and helping the loved one maintain what they can but also it addresses fears around their own worries about their own cognitive health and you know, worrying that they might go through the same thing that their parent goes through so a very interesting program so I thought that was a newer one out there.

(Donna Wagner): Thank you.

Coordinator: Our next question comes from (Amy Allred). Your line is open.

(Amy Allred): This is (Amy Allred) in Durango, Colorado and I'm a private geriatric care manager. I have a response to (Tammy R.), I didn't quite catch her last name, with the Alzheimer's Association? Can you hear me okay?

(Donna Wagner): Yes.

(Amy Allred): Okay, regarding about other resources or Alzheimer's care. The AARP recently funded a program called even at home that has fantastic training for caregivers in support in ways to keep age in place and it's now proven out to I believe it was the University of Texas, but that's another - you can find information on that at edenalt like alternative, edenalt.org or laurabett@edenalt.org. and I found that really useful.

It's also - they have a program for people with dementia but it's not necessarily for professionals at this time. It's also for coordinating volunteers and how to work within a community to have family support as well.

(Donna Wagner): Thank you very much.

Coordinator: Our next question comes from (Melissa Smith). Your line is open.

(Melissa Smith): Hello. I'm (Melissa Smith) from the University of Penn human resources. You actually answered my question regarding a manager's workbook I was looking to find information pertaining to that, so I thank you very much, but I would just also like to say that this is an excellent program.

I've enjoyed listening to the program and I'd also like to say thanks to all the researchers who put this together for caregivers. Thank you.

(Donna Wagner): Thank you.

Coordinator: Our next question comes from (Steve Greenwell). Your line is open.

(Steve Greenwell): Hi, this is (Steve Greenwell), I'm with Cuyahoga County Department of Senior and Adult Services and we are just starting a program doing some outreach to employers to help them know the services available throughout the county from various agencies, but we're focusing on the smaller employers, you know, 25 to a hundred, who don't have the EAPs, don't have a lot of their own resources.

And one of the comments that one of the presenters made was about immediate relevancy and as we did some focus groups with this project, that became real clear that employers and managers of small businesses say it, if

they don't need the information right away, they just throw it away or tuck it away and don't look at it and don't think about it when it comes due.

So I guess my question is more regarding the real small employers. How do you deal with immediate relevancy to keep the word out and keep small employers engaged to know about caregiver issues?

(Donna Wagner): Margaret, do you want to try that?

Margaret Neal: Boy, that's a tough one. I think that one of the best ways that we've (unintelligible)...

(Steve Greenwell): Hello?

(Donna Wagner): Go ahead. You're okay now.

Margaret Neal: Oh, okay. I think that the smaller employers do have a kind of tough way to go to keep up with the researchers and frankly, I think it's our responsibility to be sure to get the news out to like chambers of commerce and other business groups on health so that small employers can know about the latest research.

(Lori Strauss, AARP): This is (Lori Strauss, AARP) again at the AARP Foundation. I want to add that when we worked with the cooperative extension educators in the 12 counties, they were particularly reaching out to small businesses and one of the things that they found was it was really important to develop that relationship over time with the employer so that they knew that the cooperative extension educators who lived in that community and that county was a place they could go when they did have a need to get more information.

And then having a free piece, again the planning guide really seemed to work for folks because it was a really short, easy, it was actionable. You didn't have to know everything about caregiving to say oh, wait a minute. There's some things here that I should start thinking about.

That that message resonated with smaller employers which - because it didn't overwhelm them and it allowed them to feel like there was something they could do really easily and quickly, so I would encourage you to actually look for the cooperative extension educator and also e-mail them...

Man: Look for what?

(Lori Strauss, AARP): Your cooperative extension educator in your county, but also e-mail us and order some of the like planning guides and see if that's something that - that that message helps.

Man: Are you talking about the "Prepare to Care"?

(Lori Strauss, AARP): Yeah, "Prepare to Care" planning guides.

Man: Okay, okay. Great. Thanks for the input.

(Jim O'Hair): This is (Jim O'Hair) with Northrop Grumman. I would give you a local resource that you need to follow-up with would be very helpful to you right there in Cleveland. (Sandra Turner)'s with Ernst & Young in Cleveland and they've done a lot of work, not just with their company but assisting other businesses, smaller businesses, and (Sandra) has worked with a lot of smaller businesses.

We co-chaired an International Working Family Committee for a number of years and she has a great deal of knowledge in this area and could be a great asset to you.

Man: So (Jim), I can use your name?

(Jim O'Hair): You can use my name freely, please.

Man: Thank you very much. That's...

(Jim O'Hair): I'll give you her phone number.

Man: Okay, great.

(Jim O'Hair): It's area code 216 as you know, 583-1438. That's a direct line to her office.

Man: Great, thank you very much.

(Jim O'Hair): Sure.

Coordinator: Our next question comes from (Lydia Pitick). Your line is open.

(Lydia Pitick): Hello?

(Donna Wagner): Hello?

(Lydia Pitick): Yes. I don't know if this is outside of the scope of what we're discussing, but I'm in D.C. I'm a federal occupational health nurse and I have for the last two years been caring for my parents in their '90s who have prior to that time been independent and did not make any plans to help us, so we've had to - me and

my sisters - mainly me - have had to try to scramble around and do things at the last minute.

The biggest challenge I'm facing now is I'm having them move in with me and they are rapidly running out of funds to pay. They have caregivers but then I oversee you know all the other problems, especially health, and they're running out of funds to pay the caregivers and they need to sell their house, and if they don't sell it, apparently there is no way of getting help from Medicare, Medicaid, is it Medicaid?

If they don't have anything to pay caregivers, they have to go to a nursing home, and they can't stay with me, and I'm wondering if anybody has any insights on that?

(Jim O'Hair): Well, this is (Jim O'Hair) again. I am a caregiver also and sympathize with your situation. We're kind of in the same place. You might want to talk to a financial advisor.

We're in the same position at looking - my mother-in-law owns her home and we have two profoundly retarded adult sister-in-laws of mine that lived in the same house and they've basically gone through all their assets and we're looking at the benefits of going home equity for finances versus reverse mortgages and those are two avenues that are open to you.

You need to do a little research, though, to see which one is best in your situation.

(Lydia Pitick): Well, they can't stay in their home anymore because they can't get up and down steps. There's no oversight for the caregivers. That's just an untenable situation. We've been doing it but it's not working out well.

(Jim O'Hair): And they've exhausted...

(Lydia Pitick): So they need to get out of there.

(Jim O'Hair): They've exhausted all their assets?

(Lydia Pitick): They're close to it. They're within two or three months. I have spoken with an eldercare lawyer and she doesn't have much hope to offer, either. I live in Maryland and I work in D.C.

(Jim O'Hair): I live in Maryland, as well, so I can relate.

(Lydia Pitick): Apparently there's a waiver list but you know, they're like number 600 or something and I'm panicking, I'm just panicking, because I don't know what to do. I really don't want to put them in a nursing home. My dad nearly lost his life in one, but that's the only way that they get any help apparently if they run out of money.

(Jim O'Hair): And they don't have any type of long-term care coverage, I...

(Lydia Pitick): No, they don't. They have gone through about \$200,000 in two years, paying caregivers.

(Rhonda Richards): This is (Rhonda Richards) at AARP. Just a couple of thoughts to mention. There - depending on where you live, there might be some state-based or local long-term care programs that might be able to help you.

Otherwise, what sometimes happens or and often happens with folks in your situation is people will go through what is called the spenddown where they're

using all their own resources to pay for care until they run out of resources and then they end-up applying for Medicaid which does have a bias towards nursing home care.

Reverse mortgages can be one way to pay for long-term care services that could help keep your parents in their home. Reverse mortgages can be expensive and so you definitely want to do...

(Lydia Pitick): Well, in their case, they can't stay in their home anyway.

(Rhonda Richards): All right, okay, so then a reverse mortgage then is probably not an option for them because you have to be in your home...

(Lydia Pitick): You do, I found that out already.

(Rhonda Richards): Okay, okay.

Cora Tracy: And also as a resource, you can also contact the area agency on aging in your area. They could look at your situation and see what resources are available in the area.

(Lydia Pitick): Is there any difference between county and state department of aging? I mean, is one - I've already talked to county, I'm in Montgomery County.

(Rhonda Richards): Oh, Montgomery County, yeah, well that is a separate entity than the state but they would know what the state programs are and I don't believe they have that assessment service which is available in Baltimore County but I'm not sure about that. Did you ask them...

(Lydia Pitick): I haven't gotten much help from them so far.

(Rhonda Richards): Okay, all right, well that's really - that's too bad. It is. It's really distressing to hear situations where people have spent down everything and then you can't get on the Medicaid waiver program. I think in Oregon we're in a better situation in terms of access to the waiver services, maybe than Maryland, so I have to defer to whatever (Donna) says about what's available in Montgomery County.

Okay, well good luck and I would just keep trying to get some help, even if it means calling the county exec directly, his office, and that's basically what I would do there.

(Lydia Pitick): Okay. All right. Thank you.

Coordinator: Our next question comes (Fernicka Tubbs). Your line is open.

(Fernicka Tubbs): Yes, hi, our question was initially about also rolling out these programs in small businesses but we wanted to ask as far as cost, we're here in Miami, Florida and the majority of the businesses here are small businesses and what has been your experience in rolling it out in small businesses, the cost, what are some of the lessons learned?

(Donna Wagner): You know, this is (Donna) speaking, and I've looked at the research that has been done on small business and there hasn't been a lot of it but all of the research that I've looked at suggest that small businesses have primarily done it on an informal basis.

And they're basically doing things without really implementing the formal programs that we talked so much about in this thing and are doing it on an ad

hoc basis. Maybe Margaret or someone else would like to add something to that.

Margaret Neal: I would agree that most of the small business programs are more informal in nature in things like training managers and encouraging managers to allow their employees to have flexible schedules and that sort of thing.

I guess the hope that I'm holding out is that small businesses can get together and form cooperatives so that they could then offer some of these more formal programs but they just don't seem to be feasible on a really small scale basis.

I mean it's hard to have a caregiver support group if you only have 10 employees.

(Fernicka Tubbs): Is there a model that you know of, of a cooperative in the United States?

Margaret Neal: There was a cooperative on Long Island and they started in the mid-1980's and I have no idea if it's still going or not, but that could be a call that you made to the area agency that serves Long Island.

(Fernicka Tubbs): Okay, thank you. Someone else here has another question.

(Ron Finch): Could I chime in on that last question? This is (Ron Finch) at the (National Businesses Motels). There are healthcare coalitions all over this country that provide not only healthcare benefits and by healthcare benefits as a collective but they also look at health and productivity management of resources for those small employers that are members of those different coalitions.

And that is - those health and productivity management programs include employee assistance and work life and they can be bought through some of those coalitions.

Spencer Schron: This is (Spencer Schron) at CMS, just to reiterate. When dealing with small businesses, again, "When Employees Become Caregivers: A Manager's Workbook" published by CMS, we talk about the type of agencies that are available within the local area that you can bring in speakers, lunch and learn sessions, that type of thing. Again the low-cost, no-cost for small businesses that could be done economically or at no cost. I highly recommend it.

(Stanna): And this is (Stanna) from Intel. Even coming from a big company, anything that I've done, I've spent no money on any caregiving programs. I don't have any budget for it and I've just really re-educated employees about what programs were available, the flexibility, the leave programs, and then that's what I did.

I just went out to Google and started searching and finding local agencies to partner with and that's how I found it's a local Washington County agency and veteran's services and they came onsite and did a seminar.

That's how I found Legacy caregivers and they do this Powerful Tools Caregivers training onsite, no cost, so that's what I just - as a work life professional and wanting to do something for employees and having no budget, just to get it started, I just started finding agencies and anybody I contacted was more than happy to come and offer seminars on elder law, elder care.

I mean, anything I wanted, they came in and did it for free because that's what they're all about is sharing those resources and educating people on what they

offer to anybody out there, so I had no problem with anybody helping support anything I wanted to do.

(Jim O’Hair): This is (Jim O’Hair) with Northrop Grumman, ditto. What Intel just said. We use a lot of these resources ourselves and I would suggest that you work through local chambers of commerce, healthcare coalitions, business groups on health, anything like that to do programs.

Maybe partner with area agencies on aging to talk about eldercare issues and get it in front of the small business people so they can see that there are programs out there that are successful and the cost element is so low that it’s something that they could show a lot of positive morale quite frankly.

It would send out a very positive message on the part of the company at very low cost to them.

Spencer Schron: To supplement the words of my idol, (Jim O’Hair), just state health insurance assistance program offers a lot of information on Medicare and Medicaid and they are more than willing to come and speak and these agencies basically it’s a win-win relationship that they are looking for people to use their services.

(Lori Strauss, AARP Strauss): And I’d like to just throw my plug in one more time for “Prepare to Care” planning guides. You can order - an employer can order those for free from the AARP Foundation at benefitsoutreach.aarp.org and as we roll out our “Prepare to Care” workplace program in 2009, we are planning to have volunteers and other professionals providing on the ground free workshops on the subject, so please consider us a resource for this too and I would love to continue the conversation with you.

(Ron Finch): This is (RonFinch) at the National Business Group on Health again. I think over the next 12 to 18 months, we're going to be experiencing some really financial strains on the, you know, the economy is struggling right now.

And employers are going to pay attention to productivity and I think it's especially important for us to try to share as much of this information as we can because employees will continue to have the struggle between being productive employees as well as caring for family members so the more we can share, the better off we're going to be.

(Donna Wagner): Thank you for all the wonderful tips, and we just have one more question.

(Marina Bravo): Yes, hi, I'm (Marina Bravo). I also work here at homecare agency in Miami-Dade and all these are wonderful suggestions you're making about information and referrals, but as a social worker, often times we find that follow-through with information and resources becomes a challenge with just falling-out - just gaps in services.

I'm interested in the program that was presented, caring workplace, where there is an eldercare specialist that follows employees with their issues. I was just wondering about that program, the specialist. Is that a geriatric care manager, is it a master's level person, licensed, and also the cost related with that more formal type of care that you described where you develop a care plan and you work with that person more closely?

I was wondering about the cost related. I believe it was the St. Andrews resource center partnership that was...

(Donna Wagner): Do we have anyone on the call from St. Andrews? No, well perhaps we could - you could e-mail them and ask them that question directly.

Woman: (Donna), they could submit that to - when they signed-up, there's a Web site on the Web site to the www.blsm meetings/caregivers.

(Donna Wagner): Excellent.

(Cora Tracy): And also Ann Bannes was from St. Andrews resource for seniors in St. Louis, Missouri. She was a feature speaker and you can e-mail Ann Bannes to ask for some questions - some specific questions about the program at abannes@standrews1.com.

And on that note, this is (Cora Tracy) from CMS and I wanted to thank everybody for joining us in viewing the innovative employer caregiving programs broadcast presented by the U.S. Department of Health and Human Services New Freedom Initiatives Subcommittee on Caregiving. I also want to remind everyone to join us tomorrow for the kick-off of the e-launch initiative here at CMS at 12 pm Eastern Standard Time, our Acting Administrator (Kerry Weems) will be speaking at www.medicare.gov/caregivers and we look forward to kicking-off our caregiving initiatives with everybody. Have a nice day.

END