

“INTEGRATING HEALTHY LIVING FOR CAREGIVERS”

THE FOLLOWING IS AN OVERVIEW OF THE TOPICS COVERED IN A SEPTEMBER 12, 2011 WEBINAR. IT WILL GIVE YOU AN IDEA OF THE KIND OF INFORMATION THAT CAN BE FOUND IN THE RECORDING THAT IS ARCHIVED ON THE SITE
HERE: <http://azlwi.org/Partners/webinars-2/>

Why should Healthy Living support family caregivers?

To help alleviate the burden and stress of caregiving, family caregivers must have access to supports and services designed to safeguard their health and emotional well-being while offering protections against the financial burdens that often accompany caregiving duties. Support programs and services that assist caregivers helps keep their loved ones at home for as long as possible. Without what these caregivers provide, our long term care system would collapse under the strain.

Where does funding for family caregiver support come from?

Family Caregiver Support Program (FCSP) is funded through Title III E - enacted in the November 2000 reauthorization of the Older Americans Act. Title III E provides grants to states and territories based on their share of the population aged 70 and older and is administered by the U.S. Administration on Aging (AoA). Arizona receives approximately \$3.3M of Title III-E funding for caregiver programs each fiscal year. Most of that funding is allocated to the Area Agencies on Aging across Arizona based on a funding formula.

Who benefits from the Title III-E funding?

Beneficiaries include family caregivers of adults age 60 and older, family caregivers of individuals of any age with Alzheimer’s disease and related disorders, family caregivers providing care to adults with disabilities, age 19-59 (SSBG) and grandparents and other relatives raising grandchildren. The FCSP gives priority consideration to low-income older individuals and older relatives caring for children or adults with developmental disabilities.

What are some supplemental grants in Arizona that complement the national caregiver program?

Existing programs include: CarePRO Training - a ten week psycho-educational training for caregivers of individuals with Alzheimer’s Disease (includes respite), EPIC – a seven week training for early-stage dyads (two individuals working as a pair) facing AD and Lifespan Respite – which provides respite across the lifespan to family caregivers and strives to create better access for caregivers seeking services.

Where can I get more ideas on involving family caregivers?

One opportunity is a National Conference and Statewide Summit being held in Glendale in November 2011 for outreach on benefits of CDSMP training for family caregivers. We can also look at some best practices in caregiver identification. NACOG has gone from a very low percentage of caregivers

identified to almost 70% documentation. ADL Training provides temporary respite for appropriate caregivers to attend homecare training sessions, allowing access to this valuable service. These existing training models can provide a model for how to engage caregivers to participate in CDSMP.

How do we integrate Healthy Living into caregiver services?

One strategy is to educate health care employees about HL and how to incorporate a recommendation into current referral system, which could include those who are involved with intake or those who are case managers. Current intake processes can also be utilized when someone is seeking caregiver services, such as those who contact their local Area Agency on Aging (AAA). The AAA Health Promotion Contact can also be used for referrals.

Are there any programs that have proven the relevance of caregiver participation in health promotion workshops?

There has been a proven relevance for individuals with Dementia and caregivers by Center for Disease Control and Prevention (CDC) Healthy Aging Program Study, from the University of Massachusetts Boston and the Alzheimer's Association, under Cooperative Agreement 1U58DP002945-02.

What are some of the benefits to the individual participant in attending a workshop with a caregiver?

The caregiver can assist the participant with the action plan process and help with the follow through. (One way could be by taking notes.) The caregiver can explain and reinforce instructions and information and can also help the group understand the individual's contributions during group activities (clarifying, interpreting, etc.). They could also act as a liaison between the individual and group leader. The caregiver provides "a frame of reference," and a familiar face thus helping the individual feel safe, grounded, and less confused.

What are some potential problems when an individual attends with a caregiver?

One problem could arise if the caregiver is always speaking for the individual and the individual leans too much on the caregiver to answer for them. For the caregiver, it may get uncomfortable if they notice the individual is having problems staying on task.

What are the benefits to the caregiver by attending with the individual?

The caregiver will achieve greater understanding of the individual's needs, concerns and fears (by sharing activities). The caregiver can also benefit from peer support and the tools of the workshop that could help with caregiver stress (muscle relaxation, better breathing, guided imagery). Workshop sessions teach about the importance of self-care to maintain strength and manage difficult emotions. Through group brainstorming and problem solving, help may be gained for caregiving challenges. The caregiver can learn how to navigate the health care system and access resources. Finally, there is the opportunity to gain reassurance and confidence being with others in similar situations.

What are the benefits to the individual and caregiver partnership?

The individual and caregiver will develop greater mutual understanding and knowledge. Joint participation reinforces a sense of teamwork and a sharing of a common language (from the Healthy Living program). There is an opportunity for greater communication through sharing challenges and difficulties with each other. Overall, this collaboration can improve the individual-caregiver relationship.