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Presentation on the **National Family Caregivers Association**
to the NYS Bureau of Long-Term Care Services and Caregiver Supports
Area Agency Caregiver Coordinators' Conference Call

Thank you, Ken, for inviting me to speak to all of you today about the National Family Caregivers Association. NFCA is a non-profit organization based in Washington, D.C., and we educate, support, empower and speak up for the more than 50 million Americans who care for loved ones with a chronic illness or disability or the frailties of old age. As you know, caregivers can be family, friends, partners and neighbors. Caregiving can be hands-on care at home or coordination of care from across town or across the country. NFCA encourages support for caregivers on a local, state and national level so that all caregiving families can have a better quality of life.

I'm speaking to you today as a volunteer with NFCA. I'm one of several representing New York State--though at the moment I'm the only one outside of the New York City area. Our national group of volunteers is called the Caregiver Community Action Network, and we have over 110 volunteers in 40 states and Puerto Rico.

I will be talking to you about what NFCA offers its members, our advocacy and education work, the kinds of resources we offer that you may find valuable in your work, and why we encourage you as caregiver coordinators to pass this information on to family caregivers.

NFCA was cofounded in 1993 by two family caregivers, Suzanne Geffen Mintz, whose husband has multiple sclerosis, and Cindy Fowler, who was caring for her mother with Parkinson's disease. Friends for many years, they realized in 1991 that although

their loved ones were 30 years apart in age, with different diagnoses, as long-term caregivers the women were feeling “the same anguish, the same emotional distress, and were concerned about similar issues.”¹ Cindy says that "Our original vision was to get information and resources into people's hands and to let them know they weren't alone." They started the newsletter “Take Care! Self Care for the Family Caregiver,” and 2 years later NFCA was officially established.

Today NFCA is recognized as the leading organization in the United States for family caregivers. Suzanne Mintz serves now as the president, speaks before Congress, writes articles, serves on numerous advisory boards, and is recognized as a national spokesperson for family caregivers. NFCA has often been featured in national media.

NFCA consists of 4 interacting groups: paid staff in the main Washington, D.C. office; volunteers in each state; corporate and non-profit sponsors and partners; and over 35,000 members.

There is no fee for membership if you are currently a family caregiver. You're also welcome to join NFCA, with a small annual membership fee, if you are a former caregiver, a family friend, a professional or an organization.

Many join just to share concerns and ideas with other caregivers through the website, to receive the quarterly 16-page newsletter, or to take advantage of educational opportunities. Starting next year if you don't have Internet access and need to have your newsletter sent in paper form rather than by email there will be a \$10 annual fee to cover printing and postage. Unfortunately NFCA is feeling the pinch in the recession of

¹ Since this is a teleconference presentation, I have not cited my sources for quotes. Most come from the NFCA website, or Suzanne Geffen Mintz's book “A Caregiver Speaks Up: It Doesn't Have to Be This Hard.”

reduced donations, and we regret having to charge caregivers anything for the newsletter. We know that for many caregivers money is tight.

Each new member receives a welcome kit consisting of: a welcoming letter, a copy of the newsletter, a complete set of Learning Library educational pamphlets, a survey form, information about Suzanne Mintz's most recent book, *A Family Caregiver Speaks Up: It Doesn't Have to Be This Hard*, and information on the family caregiver medical ID bracelet. [The caregiver bracelet alerts ambulance crews and others that if the caregiver gets hurt, someone needs to go and help their loved one. Caregivers find that the bracelet gives them piece of mind. NFCA members receive a 10% discount.]

For many family caregivers, calling NFCA is the first time they've ever reached out for help. In FY 2008, NFCA's Help Line responded to 5,886 calls and e-mails from family caregivers across the country, from MD to Alaska and even from foreign countries.

NFCA's website averages over 62,000 visits per month, of which 18,000 are new visitors.

I have to say that I am delighted to be a part of this conference call with so many caregiver coordinators from so many offices for the aging. The caregiver coordinator at my local Office for the Aging in Tompkins County, and its Alzheimer's Caregivers Support Group, have been two of my main sources of support as I've learned how to be the caregiver for my mother.

Let me briefly tell you now my own caregiving story. At 45 I am my mother's sole family caregiver. My brother passed away a few years ago and no one else remains to serve as her main caregiver. Mom is 77 now, in pretty good physical health, but she

has vascular dementia and probably Alzheimer's disease, and needs round-the-clock supervision and assistance with nearly everything. Though she suffers the indignities, for example, of double incontinence, her dementia has reached a point where she seems unconcerned about these discomforts; she seems quite happy in the moment, full of love for me as her daughter—she still recognizes me and knows my name—and full of smiles and kisses for her paid caregivers at the wonderful dementia care facility she's been fortunate enough to enjoy for the past 2 years.

Our caregiving journey started five years ago when I finally realized that my mother could no longer live alone. My mother and I had lead independent lives away from each other since I left home at 17 for college. Like many mothers and daughters, our history together was complicated. For 25 years my mother had enjoyed living alone in a cottage on a lake in the Finger Lakes here in Upstate New York. By six years ago she was struggling to maintain her checkbook register, she probably shouldn't have been driving, she'd stopped cooking for herself, and she'd fallen on her walk to her car. For years in the winter she'd carried her groceries and library books in a small red backpack and hiked to and from her car parked on top of an extremely steep and long gravel road leading down the shale cliffs to the cottage. On these hikes up and down the hill she'd wear ice cleats on her boots for traction and lean on a ski pole for balance. Inside the cottage she spent most her days in bed reading and smoking. Luckily she never fell asleep with a lit cigarette.

Because it was so hard to get to the cottage in winter, there was no way I could arrange someone year-round to come in and cook and clean for her. She was looking skeletal, and I wanted to feed her. I figured the easiest way for me to care for her would

be for her to move into our house. She loved the idea and, unlike many older parents, was more than ready to move.

In my case, inviting my mother to live with me was the wrong decision, and I figured it out within 3 months after she moved in. I have a wonderful husband and 2 children, who were age 7 and 9 at the time. At that time I worked 30 hours a week in an office. There are many reasons why this arrangement didn't work for either of us, too many to go into here, but suffice it to say that she grew quickly bored and depressed, and even though I found various means of emotional support for myself-- through the Alzheimer's Caregiver Support Group, through our county's Family and Children's Services Caregiver Counseling program, with a social worker, and with a psychologist specializing in elder care issues, I felt overwhelmed. Mom refused to try an Adult Day Care program, rejected Meals on Wheels as an alternative to the lunches I left for her in the fridge, and cancelled outings with neighbors who were kind enough to invite her out for dinner and concerts. She did enjoy the company of one neighbor, a stay-at-home mom, whom we paid to visit Mom a few hours a week. They talked and went to the library and out to lunch, but mostly I was my mother's main source of entertainment, as well as her sole driver and interpreter for medical appointments, her sole coach for making sense of her bills, her cook, her cleaner, her laundress. I spent so much energy taking "care" of her that I was grumpy most of the time and we rarely enjoyed each other's company.

After those 3 months my mother agreed to move to an excellent non-profit assisted living facility 15 minutes away, students from the gerontology program at the college across the street would come to visit and lead activities. She could still dress and

bathe herself, walk without assistance, and use the bathroom on her own. She enjoyed making new friends there, even if she didn't remember their names. She took piles of books and magazines out of their library and enjoyed her usual pleasures of reading in bed, though her memory no longer allowed her to read a whole book or even a whole magazine article. She had to give up cigarettes when she moved in, since it was a non-smoking facility, and miraculously she seemed to immediately forget that she had ever smoked, that she had been a 2-pack-a-day smoker for 50 years.

Two and a half years ago, she fell in the night and fractured her pelvis, and spent a little over a month in a nursing home rehabilitation center, then a week recovering in the nursing home's locked dementia ward because she kept trying to escape from the unlocked rehab center. She may have had another tiny stroke, a TIA, because all of a sudden she was incontinent, the morning of the fall, she became incontinent, and she struggled more to express her thoughts.

In this time period I got a taste of the challenges caregivers face in the transition process from one facility to another, and in advocating for our loved ones' needs in a hospital, rehab center, or nursing home when our loved ones can no longer clearly verbalize their needs themselves.

I also learned that I could truly enjoy her company just sitting and doing nothing. I could just hold her hand or listen to music with her and that was more than enough. I didn't need to do stuff all the time to care for her.

When my mother recovered from the pelvic fracture Medicare left me with 3 days to negotiate her move back into the assisted living facility or a nursing home. I did convince the assisted living manager to take Mom back, with some help from private

aides, but it was becoming clear, however, that my mother now needed more care around the clock. She had to use a walker now for balance, and needed to be reminded to use it.

Shortly after her move back to the assisted living facility, a private aid found my mother at 8 a.m. in bed soaking wet from head to toe and shivering uncovered. I immediately contacted a local private assisted living facility with a dementia care “cottage,” toured the place—a lovely, home-like building with plenty of caring staff--and secured my mother the only available room. My husband and I moved her there within a week, and for over 2 years she’s blossomed there with their attentive care and their specific training on how to help people with dementia the gentlest way possible.

Unfortunately this facility is private pay, and we’ve exhausted my mother’s savings that she carefully squirreled away over the years. I sold the cottage this past spring in order to keep my mother at this facility for a few more years. She qualifies for Medicaid now but she does not need a nursing home yet, she needs this specific kind of care for people living with dementia.

Last year I signed up to be a volunteer representative for the National Family Caregivers Association because my own struggles as an at-home caregiver and a caregiver from across town have convinced me that family caregivers need all the help they can get. The majority of us are women, and like much of the caregiving we do as women for our families, our responsibilities are mostly invisible to those not doing the caregiving. (Yes, many men are family caregivers, but statistics show that male caregivers are much less likely than female caregivers to do the day-to-day, hands-on caregiving like bathing and dressing; they’re more likely to delegate this work to paid caregivers.) Family caregivers provide care that, if paid, would amount annually to more

than all federal and state spending on Medicaid in 2007. Our invisible work holds up our national health care system, like Atlas held the world on his shoulders.

As caregivers we need emotional support, we need respite, we need classes and workshops in person, online and over the phone, to teach us tools to ease the strain of our myriad responsibilities. We need public policies that recognize the contribution we make to the health of our families—and policies, like respite, to help protect our own health. We need a variety of choices for caring for our loved ones, either at home with a generous amount of assistance, top-notch day programs, and truly excellent facilities that are mostly publically-funded, small and homelike.

I found the transition from independent daughter to caregiver to be one of the most complex and emotionally-challenging transitions of my life. I volunteer with NFCA because I want to help make caregiving easier for others. Fortunately, because my mother now lives five minutes away from me in her state-of-the-art dementia care facility, I have the time and energy to volunteer. If my mother still lived with me I doubt I'd be doing this. I don't mean to belittle caregiving at home—for many, that works, if only just barely. In fact, if my mother becomes bed-ridden or needs hospice at some point, I could picture bringing her back to our home to care for her. But she could hang on as she has for several more years, so having her live with us now in our tiny house would not work for our family.

As family caregivers our individual stories may differ, but we face many of the same challenges and share many of the same emotions. As caregivers we often say that we feel invisible and unheard. We need to be seen and have our voices heard within our own families, at our loved one's doctor's office, in the hospital, in their care facilities,

even as far away as our national capital when Congress debates changes to health care. Right now, for example, the Senate, I believe, is contemplating reducing Medicare financing for home care like visiting nurses as part of the health care bill. Those kinds of policy changes must reflect the needs family caregivers. If you reduce home care, for example, you increase the burden on already over-stressed family caregivers. The increased stress affects the caregivers' own health, then, like dominoes, affects the well-being of their entire family, their effectiveness at work if they have a job outside the home, and the productivity and health of the whole country.

You can see on NFCA's website that we espouse 4 core messages for family caregivers:

1. **Believe** in Yourself—and Take Charge of Your Life.

Recognizing your strengths and your limitations and knowing that it is okay to set boundaries, and to say: "yes I can and will do this, but I'm sorry, I just can't do that".

2. **Protect** Your Health.

3. **Reach Out** for Help.

“Support” and “Help” are 2 different things. “Support” is often emotional support. “Help” is someone lending a hand to get things done, and we need to ask for that help. “Caregiving is far too big a task to undertake alone.”

4. **Speak Up** for Your Rights.

The first step of advocating for your loved one and for yourself is to see yourself as a caregiver. So many of us view what we do as just what a spouse or partner, son or daughter, etc., *should* do. Especially for spouses and partners who

have been together a long time, it can be very difficult for us to see our new caregiving role as the major life transition it is.

Acknowledging that you are part of a group of millions of caregivers across the county can provide the strength and the conviction that you often need to speak up for your loved one and yourself.

“We all have a right to be acknowledged; to be respected for the work we do, and the role we play in society. We all have a right to receive answers to our questions.”

Speaking up for our rights includes public advocacy. Many of us are not comfortable speaking in public, or writing about caregiving issues, but we “can all vote and send an email to our elected officials.”

NFCA says that “Family caregiving is hard and it always will be, but it doesn’t have to be quite as hard as it currently is.”

The NFCA vision is of “an America in which family caregivers lead full and productive lives, free from depression, pain, isolation, and financial distress.” Our mission is “to empower family caregivers to act on behalf of themselves and their loved ones, and to remove barriers to health and well being.”

Nationally, NFCA is trying to make life easier for family caregivers in many ways. Despite the recession, NFCA continues to educate our government representatives about the necessity—and the financial and budgetary expediency—of recognizing and supporting family caregivers.

In particular, NFCA supports 8 national Policy Recommendations.

Principle #1 states that “family caregiving concerns must be a central component of health care, long-term care and social service policy-making.”

The second principle is that “family caregivers must be protected against the financial, physical and emotional consequences of caregiving that can put their own health and well-being in jeopardy.” NFCA recommends that

- a) the current 7.5% income tax medical deduction threshold be lowered so that more caregivers and individuals with long-term conditions can claim their out-of-pocket expenses for services and items that private insurance, Medicare and Medicaid do not cover
- b) that Title II of the Social Security Act be amended to provide working “credits” of market-rate wages for up to 5 years for family caregivers who leave the workforce to provide full-time care for an ill, disabled, or elderly family member.
- c) that individuals who have lost their health insurance due to caregiving be allowed to buy into Medicare or group insurance programs at rates commensurate with their incomes
- d) that the time period during which employees can maintain COBRA insurance be extended to 36 months
- e) that Medicare be required to pay for some of the most common caregiving supplies that are currently not covered, such as incontinence products, which can easily cost \$1800 a year or more, or grab bars and ramps to help prevent falls.

(My mother, for example, has osteoporosis and wears Hip Savers around the clock, a kind of girdle with soft, round pads over the hip bones and tailbone, to

prevent fracturing her pelvis again or breaking a hip. Though she's fallen a few times since she started wearing them, she has not been injured. These Hip Savers are not covered by her private insurance or by Medicare.)

A third principle of NFCA is that "caregivers must have access to affordable, readily available, high-quality respite care." Congress should fund the Lifespan Respite Care Act passed in 2006.

Principle no. 4 is that "family caregivers must be supported by family-friendly policies in the workplace in order to meet their caregiving responsibilities." In my case I feel very lucky to have had a boss who made it clear, even in my interview, that, in her office, family came first. At first I took that to mean that if I had to leave early to pick up a sick child from school, it would be okay. But when I took on my mother's care, I learned that if I also had to leave early to take my mother to the emergency room, or take a morning off because I could only schedule a doctor's appointment for my mother at 10 a.m., that was fine with my boss. I was fortunate as well to have flexible hours.

Unfortunately not every employer is as generous. Many family caregivers who work outside the home don't even get sick days or personal days. Lack of flexibility has forced many caregivers out of the workforce entirely. Others struggle to work 2 full-time jobs: one to keep their health care benefits, one to care for their loved one.

NFCA recommends that

- a) states create paid family leave policies that include job protection for all workers who chose to take a leave.
- b) Under the Family Medical Leave Act, eligible employees include domestic partners, siblings, inlaws, and grandparents.

- c) Legislation be enacted that requires employers to provide at least 5 paid sick days annually for all employees.

The fifth principle is that “family caregivers must have appropriate, timely and on-going education and training in order to meet their caregiving responsibilities and to advocate for their loved ones and themselves across care settings.”

Family caregivers should be trained in the basic skills necessary to meet the ADL requirements of their loved ones.” They should be educated about legal documents like power of attorney, Living Wills and Health Care proxies. They should receive training in how to communicate effectively with health care professionals, and how to choose, for example, long-term care insurance policies.

NFCA recommends that

- a) funding be increased for the National Family Caregiver Support Program and Aging and Disability Resource Centers “with specific allocations for providing caregiver education and alerting family caregivers to other education opportunities in their communities.”
 - b) Medicare and Medicaid should pay for caregiver training through home health and other agencies
 - c) hospitals should be required, and funded, to provide--prior to discharge--detailed education to family caregivers regarding the specific knowledge and skills they will need to care for their loved ones at home or to arrange specific care in a facility.
- Hospitals should provide in-home follow-up, and a way for caregivers to ask questions and get answers.

d) the funding level authorized in the National Family Caregiver Support Program under the Older Americans Act be doubled.

The sixth principle of the National Family Caregivers Association is that “family caregivers and their loved ones must have affordable, readily-available, high-quality and comprehensive services that are coordinated across all care settings.” As you know, family caregivers often find themselves alone, lost and confused as they coordinate care, both medical and non-medical, from setting to setting.

] For caregivers who care for a loved one with complex long-term conditions, NFCA envisions patient and family advocacy teams of nurses, social workers and others, as appropriate, to “assist in periods of crisis, transition, and also stasis to help ward off future crises.” Certainly as a caregiver I’ve experienced, in just 5 years, many periods of crisis and transition.

NFCA recommends that Congress pass legislation to authorize Medicare to establish a care coordination and continuity of care benefit for certain populations, which could reduce Medicare costs by enhancing the well-being of caregivers and their loved ones.

Principle 7 is that “family caregivers and their loved ones must be assured of an affordable, well-qualified, and sustainable healthcare workforce across all settings.” Not enough doctors are going into primary care and geriatrics; there’s a shortage in the number of teachers of nursing; and home health aides and facility RA’s receive “low pay, no benefits, no career ladder, and often insufficient training.” Among other recommendations, NFCA wants to see incentives for doctors to go into family medicine

and geriatrics, and a national standard for the training of home care attendants.

Healthcare workers need a livable wage, and to receive their own health care benefits.

The last principle, number 8, is that “Family caregivers must have access to regular comprehensive assessments of their caregiving situation to determine what assistance they may require.”

In other words, caregiving changes from day to day, month to month. We struggle to do the best we can, and keep struggling even more when the situation changes and we might benefit from a different kind of support, if we knew it existed. NFCA believes that “programs and services should be put in place to assess the specific needs of family caregivers, separate and apart from those of their loved ones.”

As the NFCA website states, “what happens on Capitol Hill and in State Houses across the country actually affects what happens in our bedrooms and bathrooms on a daily basis.”

On the NFCA website under “Caregiver Advocacy” you can download a pdf summarizing the legislation currently before Congress that speaks to the needs of family caregivers.

Part of the secret to NFCA’s success over the years has been a dedication to advocacy at a variety of levels. For example, NFCA’s president:

- Served on the advisory board and public policy committee of the Partnership to Fight Chronic Disease and worked with the Partnership to include a family caregiver plank in its [policy statement](#).

- Served on the Governing Board of the National Patient Safety Foundation and its Patient and Family [Committee](#).
- Was elected to the Board of the [National Health Council](#).
- And was asked to serve on the Advisory Task Force of the [National Transitions of Care Coalition](#).

In 1994 NFCA launched National Family Caregivers Month. Today, NFC Month has become part of our national culture, inspiring national, state, and local proclamations recognizing the work of caregivers, as well as educational programs in local communities.

The NFCA website includes a substantial library of caregiver resources, which you can download for free as pdfs, or order in bulk for a small fee. The pamphlets include titles such as:

10 Tips for Family Caregivers (also available in Spanish)

Share the Caring: Action Checklists for Family Caregivers*

Telephone Techniques for Family Caregivers*

When Your Loved One is Hospitalized, and

When Your Loved One Isn't Very Lovable

On the website you can order Suzanne Mintz's book *It Doesn't Have to Be This Hard: A Family Caregiver Speaks Up*, which I highly recommend as one of the best books out there on caregiving, and I've read nearly all of them. Suzanne weaves together

her own personal story as the caregiver for her husband, with the inspirational stories of other caregivers, honest discussion of our common emotions and challenges, concrete advice on how to ask for help, and--what makes this book unique--a clear explanation of why family caregiving issues deserve the attention of our elected officials.

The website provides descriptions of and links to many other caregiving websites, all vetted by NFCA as being of high quality.

One website I highly recommend is Lotsa Helping Hands <http://www.nfca.lotsahelpinghands.com>. Lotsa Helping Hands is a free-of-charge online service for creating private caregiving coordination communities where family and friends can stay informed and more easily provide assistance and support to caregivers. The service features many communication and social networking tools, including the ability to easily store and retrieve vital medical, financial and contact information, convey medical updates, and post photos. In addition, the easy-to-use calendar is specifically designed for organizing helpers, where everyone can pitch in with meal deliveries, rides, visits, and other tasks. Usually the person to organize the website is not the caregiver himself but a friend or another member of the family.

If you've seen the book *Share the Care*, the website is like that but online. Lotsa Helping Hands is able to offer this service absolutely free to all NFCA members because of it does charge corporations to offer the service to their employees. If you create a website with them, it is completely private, you won't receive spam, and people are allowed to view the site only if they are invited by other members of the group.

There is a special section of the NFCA website with articles on specific diseases, conditions, and symptoms, such as Alzheimer's Disease, incontinence, and pain management.

There's a section on depression, as family caregivers are more likely to suffer from depression than the general population.

On the website, under "Media Room," you will also find caregiving statistics, and audio and video clips about caregiving.

Family caregivers can share their ideas with NFCA and with each other via our e-newsletter, and via our website that offers multiple opportunities for interaction and community building, including the caregivers' story project, pen pal network, bulletin boards, and forums.

The most recent edition of the newsletter includes articles on "Preventing Medication Mishaps" and "Making the Most of the Visit to the Doctor," tips, resources, book reviews, recommended web sites, and caregiver questions.

On the website you can participate in NFCA's National Family Caregiver Story Project to share your story with other caregivers, or read about other family caregivers' experiences. There are over 800 personal stories in the Story Project.

In the Family Caregivers Pen Pal Program, members can search through caregivers stories in the Story Project to find caregivers who are willing to be pen pals.

You fill out a form on the webpage and your message is sent directly to the other caregiver.

Also, through a grant, NFCA has started a pilot program for e-communities in 4 states. We have funding to develop e-communities in up to 10 states. Unfortunately New York State is not yet one of them, but if you're interested in helping with this project please contact me. An e-community is a place for family caregivers to post questions and to seek advice on a more local level.

Another way for caregivers to talk to each other is through NFCA's Caregiver Message Board, a chat group on its website where they can post questions and respond to those of others.

NFCA also offers free teleclasses and webinars throughout the year. The most recent was "Safe and Sound: How to Prevent Medication Mishaps."

Any caregiver, even if they are not a member, can visit the NFCA website and find a local NFCA volunteer, like myself, in their state. The network is called the Caregiver Community Action Network, CCAN'ers for short. CCAN'ers regularly attend meetings, conferences, and conventions about family caregiving issues. We serve as presenters, speakers, panelists, and workshop directors. CCANers advocate on behalf of family caregivers, talk to local and regional media, and may even manage their own family caregiver web sites. Some CCANers are professional caregivers while others care full-time for their own loved ones. All CCANers reach out to family caregivers, providing education and support while teaching caregivers to be advocates for themselves and their loved ones.

Every October for National Family Caregiver Month in November, volunteers arrange to have packets of information and resources sent to caregivers across the country. This year we mailed out 30,000 of these packets. I sent 2,600 packets to several offices for the aging in counties near Ithaca, where I live, to social workers at local hospitals, to the local Family and Children's Services Caregiver Counseling Project, to the Visiting Nurses Program, and to caregiver education coordinators at Cornell University and Ithaca College, among other places. Other volunteers know a lot of caregivers personally and deliver these packets door to door.

I mentioned to Nancy Hawver that next year I plan to request the contact information and addresses for all of you at the offices for the aging throughout New York State so that next October I can contact you and ask if you'd like the central NFCA office to mail you our next batch of caregiver packets. This year I sent packets to 4 or 5 offices for the aging in my region, but it would be terrific if NFCA could reach caregivers in all of your offices throughout the state.

Feel free to email me if you want me to arrange to have packets sent to you next year, or you can wait and let me email you next fall. My email address is Marthastett@gmail.com,

In this recession, NFCA faces the same challenges as other non-profits with corporate sponsorships and donations going down. This October, for example, we didn't know until the last minute if we would receive our usual donation for those 30,000 caregiver packets of pamphlets and flyers to be printed, sorted and mailed. Fortunately the funds came in at the last minute.

Let's plan ahead for next year, though, and assume—hope--that the funding will come through as it usually does.

Another task that NFCA volunteers do on the local level is request proclamations from governors and mayors in support of National Family Caregivers Month. We encourage them to send out press releases in their communities about NFC month, and then we follow up with thank you notes.

Right now NFCA's volunteers are also encouraging everyone they know to visit the website and sign the online petition to the *U.S. Postal Service* to create a stamp honoring the work of family caregivers. We need about 2,000 more signatures before the post office will accept our petition.

Please consider signing the petition yourself, emailing the link to the webpage to everyone you know, or printing out a bunch to pass around. On the website, thefamilycaregiver.org, you can find a link to the petition on the home page.

Thank you for listening today. Please refer family caregivers to NFCA, and consider joining NFCA yourselves as individuals or agencies. The more voices and experience we bring to NFCA, the more power we will have to advocate for caregivers and their families.