COMMONWEALTH of VIRGINIA
Department for the Aging

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AAA TUESDAY E-MAILING
March 11, 2008

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Note: The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.

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08-73

COMMONWEALTH of VIRGINIA
Department for the Aging

March 11, 2008

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman
Director of Administrative Services

RE: External Financial Auditor

I am pleased to announce that Solomon Girmay has accepted the position of External Financial Auditor. Solomon's first day will be Monday, March 24, 2008. For the past two years, Solomon has worked at Longwood University where he is an Accountant. He received his Bachelor of Arts in Accounting from the Unity University College Addis Ababa, Ethiopia. He is attending classes at Longwood University towards a Masters of Business Administration. He is eligible to set for the Certified Public Accountant (CPA) Exam.

Please join me in welcoming Solomon to VDA. Once he has been oriented and reviewed the monitoring protocols he will shortly join the Program staff with their monitoring.

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08-74

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: March 11, 2008

SUBJECT: **Digital TV Transition and the Lifeline & Linkup Programs**

Also, see Tim Catherman's Tuesday email from 12/11/07 (08-25) on the transition to digital TV.

DTV Transition

As you now know, on February 17, 2009, full power broadcast TV stations will stop broadcasting in analog format and will continue broadcasting in digital only. This change, known as the DTV transition, was mandated by Congress and should provide many benefits to the public, including more spectrum for use by public safety (police, fire and emergency rescue workers). This transition will require many consumers with analog television sets who receive only free over-the air television through either a rooftop broadcast antenna or "rabbit ears" to take action in order to continue to receive a television signal.

Both the FTC and AoA are concerned that the transition may disproportionately affect older constituents because they are more likely to have an older, analog television, less likely to be connected to cable or satellite, and less likely to be able to go out and buy a digital TV. Consumers with an analog television who are not connected to cable or satellite will need a converter box to continue to watch television after the transition. Every household is entitled to two $40 coupons to help purchase up to two converter boxes through a program administered by the National Telecommunications

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and Information Administration (NTIA). Coupons may be requested from www.dtv2009.gov or by calling 888-DTV-2009.

The FCC is currently reaching out to organizations across the country to support our efforts to inform consumers about the DTV transition. Specifically, they are requesting that AAAs help by:

1) Adding a link to your website to www.dtv.gov. Please click on this link http://www.dtv.gov/dtvlogos.html for instructions on how to link to the DTV website.

2) Running an article about the DTV transition in your organization's publications. The FCC can provide copy discussing the DTV transition for your publication.

3) Providing educational hand outs (supplied by the FCC) on the DTV transition and the Lifeline/Link-up programs to your constituents.

4) Letting the FCC know if there are any conferences/conventions sponsored by your organization that the FCC could participate in for DTV outreach purposes.

Lifeline/Link-Up

The second issue is the "Lifeline" and "Link-Up" programs, which provide discounts to low-income consumers on basic telephone service. “Lifeline” involves discounts on the monthly charges, and “Link-Up” involves a discount on the cost of initiating telephone service. The discount is available for the primary residential telephone, even if that’s a wireless phone. Discounts are available everywhere in the country and the amount of the discount depends on where you live. The basic federal Lifeline discount is as much as $10 per month. The basic federal Link-Up discount is half the cost of installation up to $30. Consumers qualify for Lifeline and Link-Up by participating in one of a number of federal assistance programs OR by having income of 135% or below of the federal poverty guidelines. For more information go to: http://www.lifeline.gov/.

08-75

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: March 11, 2008

SUBJECT: **Tax Contributions of Virginia's Undocumented Immigrants – A New Report**

Many of you may be in situations where your local boards of supervisors or city councils are debating the contributions made by the immigrant population. As you know, the effect of undocumented immigrant workers on Virginia's economy is an intensely debated subject. The discussions typically focus on the costs of providing services to this population.

However, according to a new study by the *Commonwealth Institute*, Virginia's undocumented workers cannot avoid paying sales taxes on their purchases nor can they bypass property taxes, at least as part of the rent paid to their landlords. In addition to sales, excise, and property taxes, at least half of Virginia's undocumented immigrants are employed "on the books" where payroll and income taxes are regularly withheld. In fact, the report states that the Social Security Administration's chief actuary has estimated that as many as three-fourths of this population has payroll taxes withheld.

For your information, I have attached a copy of the Institutes new report titled *Fiscal Facts: Tax Contributions of Virginia's Undocumented Immigrants*.

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THE COMMONWEALTH INSTITUTE

Fiscal Facts: Tax Contributions of Virginia's Undocumented Immigrants

By Michael Cassidy and Sara Okos

Executive Summary

- Estimates place Virginia's undocumented population between 250,000 and 300,000 individuals.
- The combined income of Virginia's undocumented workers is between **$2.99 billion and $3.59 billion**.
- Estimates indicate that half of Virginia's undocumented population pays federal or state income taxes.
- Virginia's undocumented population pays an estimated total of between **$145 million and $174 million** in state income taxes, sales and excise taxes, and property taxes.
- Undocumented immigrants working "on the books" pay an additional **$114 million to $137 million** in Social Security and Medicare taxes. Their employers match this contribution and pay an additional **$4 million to $5 million** in unemployment insurance taxes on their behalf.

Undocumented Immigrants Pay Taxes, Too
Estimates of the Tax Contributions of Virginia's Undocumented Population

Assumptions:	**Estimates:**
Number of undocumented	250,000 to 300,000
Average household size	2.29
Annual household Income	$27,400
Annual household income after remittances	$23,866
Income tax compliance rate	50%
Payroll tax compliance rate	50%
Estimates of Income:	
Total income	$2.99 billion to $3.59 billion
Total income after remittances	$2.61 billion to $3.13 billion
Estimates of taxes paid by workers:	
State income taxes, excise taxes, and property taxes	$145 million to $174 million
Social Security taxes	$93 million to $111 million
Medicare taxes	$22 million to $26 million
Total tax contributions of workers:	$260 million to $311 million
Estimates of taxes paid by employers on behalf of workers:	
Social Security taxes	$93 million to $111 million
Medicare taxes	$22 million to $26 million
State unemployment insurance taxes	$4 million to $5 million
Total tax contributions of employers on behalf of workers:	$119 million to $142 million

Introduction

The effect of undocumented immigrant workers on Virginia's economy is an intensely debated subject. The discussion typically focuses on the costs of providing services to this population. Very rarely do the economic contributions of these individuals and families enter the conversation. In order to develop policy solutions that promote prosperity for the Commonwealth and all of its residents, it is vital that the discussion flows from data that factors both inputs and outputs.

Virginia's undocumented workers, like Virginia's documented workers, live in homes and apartments and consume goods and services. The fact that they are undocumented does not mean that they can avoid paying sales taxes on their purchases or that they can bypass property taxes, at least as part of the rent paid to their landlords. In addition to sales, excise and property taxes, at least half of Virginia's undocumented immigrants are employed "on the books" where payroll and income taxes are regularly withheld. In fact, the Social Security Administration's chief actuary has estimated that as many as three-fourths of this population has payroll taxes withheld.[1] This compares with an estimated 81 to 84 percent of the U.S. population as a whole, who voluntarily pays their income taxes on time.[2]

This study attempts to synthesize available data on the state's undocumented population in order to estimate how much they contribute to state resources. Though it is impossible to calculate precisely how much these men and women pay in taxes, this study aims to approximate the scale of the tax payments they make.[3]

Tax Contribution: Methodology

In order to estimate the taxes paid by Virginia's undocumented population, the Commonwealth Institute partnered with the Institute on Taxation and Economic Policy (ITEP), a nonprofit and nonpartisan research organization that educates policymakers and the public on issues surrounding tax policy. ITEP maintains a model of state and local tax structures that allows it to

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[1] Stephen Goss, chief actuary with the Social Security Administration, has suggested that as many as 75 percent of the undocumented pay payroll taxes. See Porter, Eduardo. "Illegal Immigrants Are Bolstering Social Security With Millions." *New York Times*, April 5, 2005. A recent review of research by the Congressional Budget Office in its paper, "The Impact of Unauthorized Immigrants on the Budgets of State and Local Governments," shows that income tax compliance rates are typically estimated to fall between 50 and 75 percent. A 1994 Urban Institute Study by Rebecca Clark et. al. cites a Los Angeles County study that found 58 percent of undocumented immigrant workers pay income taxes. See "Fiscal Impacts of Undocumented Aliens: Selected Estimates for Seven States." For the purpose of this study, the lower bound compliance estimate of 50 percent is utilized to estimate income, Social Security, and Medicare taxes paid by the state's undocumented immigrants.

[2] GAO. Testimony Before the Committee on the Budget, U.S. Senate. "Tax Compliance: Multiple Approaches Are Needed to Reduce the Tax Gap." Jan. 23, 2007.

[3] Some inconsistencies in aggregated estimates may arise due to rounding.

estimate the taxes paid by different income groups within a state. Using estimates of Virginia's undocumented population and the income earned by undocumented families, ITEP's model provides a vehicle by which the sales, income, and property taxes paid by Virginia's undocumented families may be estimated.

Population

The Department of Homeland Security only estimates the size of states' undocumented immigrant populations for the 10 largest immigrant states. Because Virginia is not one of these states, this analysis relies upon a different estimation methodology utilized by the Pew Hispanic Center.[4] A 2005 report by the Pew Center on the size and characteristics of the nation's undocumented population places Virginia's undocumented population somewhere in the range of between 250,000 and 300,000 individuals. These high and low estimates are used in this analysis to calculate tax contributions.

How Big is Virginia's Undocumented Population?

The Pew Hispanic Center Estimates that between 250,000 and 300,000 undocumented immigrants live in Virginia.

Using Pew's average of 2.29 people per household, th ere are between 109,170 and 131,004 undocumented households in the Commonwealth.

Income

The Pew Hispanic Center's report revealed that the undocumented are considerably more likely to work in lower wage and lower education occupations than the naturalized and native populations. More specifically, it estimated that the average income for an undocumented family in 2003 was $27,400.

How Much Do the Undocumented Make in Earnings?

The Pew Hispanic Center estimates that an undocumented household in Virginia makes $27,400 annually in income.

The Inter-American Development Bank estimates that each year Virginia's Latin American immigrants send $3,534 back to their countries of origin.

Whether the Pew Center's national figure mirrors what is happening in Virginia is not clear. The actual state average may be higher or lower. Due to a lack of state-specific data, the Commonwealth Institute used the $27,400 estimate of income for this analysis.

One caveat regarding income assumptions has to do with remittances. Research indicates that many immigrant workers send a portion of their earnings to family members in their country of origin. In 2006,

[4] The Department of Homeland Security's Office of Immigration Statistics uses U.S. Census data to estimate states' undocumented populations; however, their methodology only allows them to do so for the top 10 immigrant states. Because the sample size is too small in Virginia, OIS does not publish estimates of the undocumented immigrant population for Virginia.

it was estimated that 90 percent of Virginia immigrants regularly sent money abroad.[5] Furthermore, Virginia ranks in the top five states in terms of the size of annual remittances — with an average transfer of $3,534.[6] Because remittances reduce the income that immigrants can spend within the state, the pre-remittance income figure is used to calculate income and payroll tax contributions, while an income figure adjusted for remittances is used to estimate sales, property and excise taxes.

Tax Payments

In order to estimate how much Virginia's undocumented population contributes in tax dollars, the Commonwealth Institute relied upon ITEP's model of state and local tax structures. Using the population and income estimates from the Pew Hispanic Center, the model projects the sales, income and excise taxes paid per undocumented household.

How Much Do The Undocumented Pay in Taxes?

Sales and Excise, Income, and Property:	$145-$174 million
Social Security:	$93-$111 million
Medicare:	$22-$26 million
TOTAL:	$260-$311 million

While it is impossible for the undocumented to avoid paying sales, excise and property taxes, the exact proportion of undocumented workers who pay income taxes is unknown. This analysis assumes that roughly half of undocumented workers are employed on the books.

The ITEP model estimates that an average undocumented household pays $1,596 annually in sales, excise, property and income taxes, while an average undocumented household that does not pay income taxes still contributes two-thirds of this amount in sales, excise and property taxes. With between 109,170 and 131,004 undocumented households and an income tax compliance rate of 50 percent, tax contributions total between $145 and $174 million dollars.

How Much Do Employers Contribute in Taxes on Behalf of Undocumented Workers?

Social Security:	$93-$111 million
Medicare:	$22-$26 million
Unemployment Insurance:	$4-$5 million
TOTAL:	$119-$142 million

Undocumented immigrants who work on the books also pay Social Security and Medicare taxes, although they are incapable of benefiting from these programs until they become legal U.S. residents. Using current tax rates and a 50 percent compliance rate, undocumented workers pay an additional $93 million to $111 million in Social Security taxes, and

[5] Williams, Krissah. "Immigrants Sending $45 Billion Home." *Washington Post,* Oct. 19, 2006.
[6] Wasow, Bernard. "Private Foreign Aid Is Bigger Than Ever." The Century Foundation, March 20, 2007. http://www.tcf.org/list.asp?type=NC&pubid=1535, retrieved Jan. 3, 2008. This figure is for Latin American immigrants. It is employed in this analysis as a proxy for the remittances of Virginia's entire undocumented population.

an additional $22 million to $26 million in Medicare taxes. The employers of undocumented immigrants (working on the books) match these tax contributions and pay an additional $4 million to $5 million in unemployment insurance taxes.[7]

Conclusion

The undocumented population contributes to the Virginia economy in substantial ways. They provide critical labor to certain industries, including construction, manufacturing, and leisure and hospitality,[8] and the $2.6 billion to $3.1 billion in income earned by this group is used to purchase goods and services in the Commonwealth.[9] Furthermore, the taxes paid by the undocumented population total between $260 million and $311 million. When the payroll taxes of employers of undocumented immigrants working on the books are considered, these numbers increase to between $379 million and $453 million.

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[7] These figures utilize the 2007 average effective unemployment insurance tax rate for Virginia of .29 percent. The Public Policy Institute of New York, http://www.ppinys.org/reports/jtf/uitaxrate.html, retrieved Jan. 11, 2008. See also: Knapp, John and Moyer, Megan Coltson. "Virginia's Unemployment Insurance Program." The Virginia News Letter, December 2003, Vol. 79 No. 6.

[8] Passel, Jeffrey. "Unauthorized Migrants: Numbers and Characteristics: Background Briefing Prepared for Task Force on Immigration and America's Future." Pew Hispanic Center, June 14, 2005.

[9] Income after remittances.

Support The Commonwealth Institute

The work of The Commonwealth Institute is supported by grants from charitable foundations and non-profit organizations as well as support from individuals. This research was partially funded by the Annie E. Casey Foundation. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the author alone, and do not necessarily reflect the opinions of the Foundation.

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08-76

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors
Health Promotion and Disease Prevention Coordinators

FROM: Elaine S. Smith, MS, RD
Program Coordinator

DATE: March 11, 2008

SUBJECT: Fall Prevention – Traumatic Brain Injury Awareness Campaign

Following is more information about the ***"Help Seniors Live Better, Longer: Prevent Brain Injury"*** project, a national initiative from the Centers for Disease Control and Prevention (CDC).

In Virginia, the VDH/Division of Injury and Violence Prevention has developed radio ads that will air starting March 10. A 60 second spot and a 30 second spot will run throughout the State (except Northern Virginia). Since the awareness campaign is targeted to the adult children and caregivers of seniors aged 75 and older, radio stations with an audience of 40-60 year olds were sent the ads.

A poster will be displayed at Northern Virginia's train stations.

Virginia 211 and Senior Navigator are partners on this campaign. However, please anticipate that your AAA may also receive calls requesting information. Here are some strategies for handling the calls:

- Following are fact sheets and other materials available from VDH that you may disseminate. Your agency should also have received a packet of these materials from Lenny Recupero, Community Injury

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Prevention Coordinator at VDH/Division of Injury and Violence Prevention

- Refer callers to the VDH/Division of Injury and Violence Prevention website at www.vahealth.org/civp

- Use CDC materials and refer callers to the CDC website

- CDC will launch their national Help Seniors Live Better, Longer: Prevent Brain Injury campaign on Thursday, March 6. On March 6, the campaign materials (poster, magnet, brochure, booklet, and fact sheet) will be available to order or download from the web site www.cdc.gov/braininjuryinseniors

- If callers are asking about Brain Injury refer them to the Brain Injury Association of Virginia - www.biav.net - 1-800-334-8443

- If there is a fall prevention program available in your area, please refer callers to that program, if appropriate

Thank you for assisting in this worthwhile awareness campaign to ***Help Seniors Live Better Longer.*** If you have any questions or concerns, please contact me at 804-662-9319 or Elaine.Smith@vda.virginia.gov or Lenny Recupero at 804-864-7734 or Leonard.Recupero@vdh.virginia.gov

Help Seniors Live Better, Longer: Prevent Brain Injury

Help Seniors Live Better, Longer: Prevent Brain Injury is a national initiative developed by the Centers for Disease Control and Prevention (CDC) to raise awareness about preventing, recognizing, and responding to fall related traumatic brain injury (TBI) in older adults. The ***Help Seniors Live Better, Longer: Prevent Brain Injury*** initiative reaches out to children and caregivers of adults 75 and older with messages to help them understand ways to prevent falls, the leading cause of TBI among older adults, learn the symptoms of TBI in older adults, and how to respond to a TBI should one occur.

TBI is a special health concern for older adults. People ages 75 and older have the highest rates of TBI-related Hospitalizations and death. In addition, they recover more slowly and die more often from these injuries than do younger people.

Nationally

- More than one-third of the adults 65 years and older in the United States fall each year.
- Twenty to 30 percent of people in this age group who fall suffer moderate to severe injuries such as bruises, hip fractures, or head traumas. These injuries can make it hard to move around and limit independent living. They can also increase the risk of early death.
- Falls are the most common cause of TBI. In 2000, TBI occurred in 46% of fatal falls among older adults.
- Among older adults, falls are the leading cause of injury deaths. They are also the most common cause of nonfatal injuries and hospital admissions for trauma.
- Approximately 85% of deaths caused by falls in 2004 were among people age 75 years and older.
- People 75 years and older who fall are 4 to 5 times more likely than younger people to be hospitalized in a long-term care facility for a year or longer.

In Virginia

- Between 2001-2005, Virginians 65 and older had higher rates of TBI hospitalizations than any other age group. Eighty percent of the injuries among those 65 and older were attributed to falls.
- Virginians aged 65 and older experienced a higher number of TBI related deaths than any other age group. Over half (51%) of these deaths were the result of a fall.

Traumatic brain injury is a significant health concern for older adults. However, falls and traumatic brain injury can be prevented! During the month of March 2008, the Virginia Department of Health, Division of Injury and Violence Prevention (DIVP) will be raising awareness about fall and Traumatic Brain Injury prevention using radio and transit advertisement. The DIVP has partnered with 2-1-1 VIRGINIA and SeniorNavigator.org to respond to requests for additional information and resources.

2-1-1 VIRGINIA is the national abbreviated dialing code for free access to health and human services information and referral (I&R). 2-1-1 is an easy-to-remember and universally recognizable number that makes a critical connection between individuals and families in need and the appropriate community-based organizations and government agencies. 2-1-1 makes it possible for people in need to navigate the complex and ever-growing maze of human services' agencies and programs by making services easier to access. 2-1-1 encourages prevention and fosters self-sufficiency.

SeniorNavigator is a non-profit organization designed to help seniors and caregivers find the health and aging resources available to help. They have over 21,000 programs and services listed on their website (www.seniornavigator.org), as well as hundreds of informative articles. Topics on site include anything a senior or caregiver would need to know: anything from health, legal or financial information—to housing or health facilities—SeniorNavigator has it.

For more information about the VDH campaign, visit www.vahealth.org/civp or contact Leonard Recupero, Community Injury Prevention Coordinator, at leonard.recupero@vdh.virginia.gov or by telephone at 804-864-7734.

Visit the CDC web page www.cdc.gov/braininjuryinseniors for information on the national campaign.

As part of the ***Help Seniors Live Better, Longer: Prevent Brain Injury*** initiative, CDC has developed easy-to-use English- and Spanish-language materials for older adults and their caregivers. Each of these materials uses a concise question–and-answer format to provide information that older adults and their caregivers can use to take an active role in preventing, recognizing, and responding to TBI. These materials will be available for download online. It will also be possible to place bulk orders for these materials. Use their Online Order Form to request any of the materials listed below.

Helping Seniors Live Better, Longer: Prevent Brain Injuries

CDC Materials

- **Preventing Traumatic Brain Injury in Older Adults"** (booklet for older adults; English and Spanish)
- **Preventing Traumatic Brain Injury in Older Adults: Information for Family Members and Other Caregivers"** (brochure; English and Spanish)
- **Preventing Traumatic Brain Injury in Older Adults: A Fact Sheet for Family Members and Other Caregivers"** (fact sheet; English and Spanish)
- **Signs and Symptoms of TBI"** Poster (English)
- **Facts about TBI in Older Adults"** Poster (English)
- **Refrigerator Magnet** (lists signs and symptoms of TBI; English)

Fall/TBI Prevention Awareness Campaign Partners/Useful Links

Information and Referral

Dial 2-1-1 anywhere in Virginia - provides a wide variety of free health and human service referrals
www.Seniornavigator.org – online database of available resources and information in Virginia
Virginia Department for the Aging - www.vda.virginia.gov - 1-800-552-3402
Brain Injury Association of Virginia - www.biav.net - 1-800-334-8443
US Administration on Aging - www.aoa.gov
Brain Injury Association of America - www.biausa.org - 1-800-444-6443

Support

Brain Injury Association of Virginia - www.biav.net - 1-800-334-8443
Virginia Caregiver Coalition *(Virginia Department for the Aging)* - 1-800-552-3402
Children of Aging Parents - www.caps4caregivers.org – 1-800-227-7294
National Family Caregivers Association - www.nfcacares.org - 1-800-896-3650

Prevention

Home Safety Council - www.homesafetycouncil.org
Centers for Disease Control and Prevention/TBI & Falls – www.cdc.gov/braininjuryinseniors
Centers for Disease Control and Prevention/Preventing Falls - www.cdc.gov/ncipc/duip/preventadultfalls.htm
American Academy of Family Physicians – www.Familydoctor.org
National Safety Council – www.nsc.org – 1-800-621-7615
Virginia Department of Health, Division of Injury and Violence Prevention – www.vahealth.org/civp

Tips to Help You Care for Aging Parents

(Source: National Safety Council, www.nsc.org)

As the number of older adults in the United States grows, so does the number of adult children caring for aging parents. More than 6 million seniors require help with such basic activities as getting out of bed, dressing, cleaning, cooking and handling finances. An estimated 5 million Americans spend some time caring for an aging parent, a figure that is projected to double within the next 20 years. Here are some tips to ease the complicated process of caring for aging parents or other relatives.

Pay Attention

How can you tell when your parents are no longer able to live on their own? Their ability to perform basic activities of daily living is a key indicator, says Trudy Lieberman, author of Consumer Reports' Complete Guide to Health Services for Seniors. "If they're having trouble with personal hygiene, dressing, preparing meals, shopping - those kinds of things can be telltale signs that maybe you need to think about some type of assistance. That doesn't necessarily mean they can't continue to live on their own; it means they need some kind of help."

Plan Ahead

Avoid waiting until your parents' health has deteriorated to consider the available options. "Long-term planning needs to happen long before you need to place someone in a nursing home," says Donna Schempp, a clinical supervisor with the Family Caregiver Alliance. "Adult children or their parents have to start a conversation with each other about preferences and their financial situation."

Hold a Family Conference

Before making any care decision, include as many members of the immediate family as possible, including the person involved, "whether they're going to be an active participant in this move or not," Lieberman notes. "Sometimes, decisions have to be made that are not what the person wants. People generally don't want to leave their homes."

In making decisions, "you want all the family members to be on board as much as possible - because you're going to need support and help, especially in regard to guilt issues. Everyone who places an aging relative in a facility has some level of guilt," Schempp says.

Respect Your Parents' Wishes

Throughout this process, it's important to respect your parents' wishes and their desire to live independently as long as possible. "Whenever your relatives are cognitively 'with it,' they should be brought into any decision-making process," Lieberman says. "They should be able to express where they want to go."

Talk About Finances

Talk with parents about finances. Find out if they have savings accounts, medical insurance, or supplemental insurance that covers expenses not provided for under Medicare. Ask your parents about an updated will to avoid estate problems after their death. Ask an attorney to draw up a durable power of attorney for finances, which allows a designated person to make legally binding decisions should parents become incapacitated. Also talk to your attorney about an advanced directive, sometimes called a living will. The document defines your parents' wishes regarding medical care and names someone to make care decisions should they become unable to do so.

Conduct a Home Safety Evaluation

If you're caring for aging parents at home, Schempp recommends having either a physical therapist or occupational therapist come to the home and evaluate it. Simple but effective measures include installing bathroom grab bars, putting higher-watt light bulbs in light fixtures to brighten rooms, and using double-sided tape to anchor area rugs.

You can also replace doorknobs with levers that are easier to open. And you may need to add railings and a ramp at the front entrance and widen doors so a wheelchair or walker can pass through. In the bathroom and kitchen, install faucets with levers so there's no knob to twist. You can also convert a room on the first floor into a bedroom.

Ask Questions

Before deciding whether to place an aging relative in a nursing home or other facility, ask a lot of questions, Lieberman advises. A useful source of information on nursing facilities is the state-by-state quality assessment survey of nursing homes published by the federal Health Care Finance Administration. Every certified nursing facility is required to post its survey results. "Unfortunately, our research shows that sometimes nursing homes try to hide the survey results or otherwise make them not available," Lieberman says. "Look for it, read it, and ask questions; it can tell you a lot about a facility."

Consider Nonprofessional Help

Volunteers can meet many of the needs of elderly people. They can visit, prepare meals, clean, do yard work, or provide rides to medical appointments or to the local supermarket. Church groups or other community service organizations, such as Meals on Wheels, are often a good source of volunteer assistance.

Take Care of Yourself

Caring for aging parents can be both a difficult challenge and a rewarding experience, strengthening family bonds. But it's stressful. Emotions such as anger, guilt, grief and anxiety are normal. Don't forget to also take care of yourself. "Caregivers often let their own health deteriorate or their stress level becomes high," Lieberman advises. "When it's appropriate, ask for help or accept help when it's offered by friends or people in the church or community. Or hire help."

Resources

Prevention

Home Safety Council - **www.homesafetycouncil.org**

US Centers for Disease Control and Prevention/TBI & Falls – **www.cdc.gov/braininjuryinseniors**

US Centers for Disease Control and Prevention/Preventing Falls - **www.cdc.gov/ncipc/duip/preventadultfalls.htm**

American Academy of Family Physicians – **www.Familydoctor.org**

National Safety Council – **www.nsc.org** – 1-800-621-7615

Virginia Department of Health, Division of Injury and Violence Prevention – **www.vahealth.org/civp**

Information and Referral

Dial 2-1-1 anywhere in Virginia - provides a wide variety of free health and human service referrals

www.Seniornavigator.org – online database of available resources and information in Virginia

Brain Injury Association of Virginia - **www.biav.net** - 1-800-334-8443

Virginia Department for the Aging - **www.vda.virginia.gov** - 1-800-552-3402

US Administration on Aging - **www.aoa.gov**

Brain Injury Association of America - **www.biausa.org** - 1-800-444-6443

Support

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Children of Aging Parents - **www.caps4caregivers.org** – 1-800-227-7294

National Family Caregivers Association - **www.nfcacares.org** - 1-800-896-3650

FALL- RELATED TRAUMATIC BRAIN INJURY AMONG OLDER ADULTS
FACT SHEET

A traumatic brain Injury (TBI) is caused by a bump or blow to the head that affects how the brain works. TBI is a special health concern for older adults. According to the Centers for Disease Control and Prevention (CDC), people age 75 years and older have the highest rates of TBI-related hospitalizations and death. They recover more slowly and die more often from these injuries than do younger people. Falls are the leading cause of TBI.

Symptoms of TBI

- Slight headache that will not go away
- Increased trouble remembering things, paying attention or concentrating, organizing daily tasks, making decisions, or solving problems
- Slow thinking, speaking, acting, or reading
- Getting lost or becoming easily confused
- Feeling tired all of the time, lack of energy
- Change in sleep pattern—sleeping more or less than usual
- Loss of balance, feeling light-headed or dizzy
- Increased sensitivity to sounds, lights, distractions
- Blurred vision or tired eyes
- Loss of sense of taste or smell
- Ringing in ears
- Change in sexual drive
- Mood changes—feeling sad, anxious, listless, easily irritated or angered, or lack of interest

<u>In addition to the symptoms listed above, a person with a moderate or severe TBI may also have:</u>

- Headache that gets worse
- Frequent vomiting or nausea
- Convulsions or seizures
- Unable to wake up from sleep
- One or both pupils enlarged
- Slurred speech
- Weakness or numbness in arms or legs
- Loss of coordination
- Increased confusion, restlessness, or agitation

Division of Injury and Violence Prevention, Virginia Department of Health
www.vahealth.org/civp - 1-800-732-8333

Long-term Consequences of TBI

• TBI can cause a wide range of changes that affect thinking, sensation, language, or emotions.

- Thinking (memory and reasoning)
- Sensation (touch, taste, smell)
- Language (communication, expression, understanding)
- Emotion (depression, anxiety, personality changes, aggression, acting out, inappropriate social behavior)

• TBI can also cause epilepsy and increase the risk for conditions such as Alzheimer's disease, Parkinson's disease, and other brain disorders that occur more frequently with age.

WHAT CAREGIVERS SHOULD DO IF THEY THINK SOMEONE HAS A TBI

• Take the person to the doctor. Tell the doctor about all prescription and over-the counter medications the person takes, including aspirin.

FALLS AMONG OLDER ADULTS

Nationally

• More than one-third of the adults 65 years and older in the United States fall each year.

• Twenty percent to 30% of people in this age group who fall suffer moderate to severe injuries such as bruises, hip fractures, or head traumas. These injuries can make it hard to move around and limit independent living. Also, they can increase the risk of early death.

• Falls are the most common cause of TBI. In 2000, TBI occurred in 46% of fatal falls among older adults.

• Among older adults, falls are the leading cause of injury deaths. They are also the most common cause of nonfatal injuries and hospital admissions for trauma.

• Approximately 85% of deaths caused by falls in 2004 were among people age 75 years and older.

• People 75 years and older who fall are 4 to 5 times more likely than younger people to be hospitalized in a long-term care facility for a year or longer.

In Virginia

Between 2001-2005, Virginians' 65 and older had higher rates of unintentional TBI hospitalizations than any other age group. Eighty percent of the injuries among those 65 and older were attributed to falls.

Virginians' aged 65 and older experienced a higher number of unintentional TBI related deaths than any other age group. Over half (51%) of these deaths were the result of a fall.

Falls Can Be Prevented

There are several steps that can be taken to help older adults keep their independence and reduce their risk of falling. Older adults should be encouraged and helped to take all of the following steps:

- Exercise regularly; exercise programs like Tai Chi that increase strength and improve balance are especially good.
- Ask their doctor or pharmacist to review their medicines—both prescription and over-the counter—and warn them about side effects and medications that do not work well together.
- Have their eyes checked by an eye doctor at least once a year.
- Improve lighting and reduce hazards in their home that can cause falls.

Resources

Prevention

Home Safety Council - www.homesafetycouncil.org

Centers for Disease Control and Prevention/TBI & Falls – www.cdc.gov/braininjuryinseniors

Centers for Disease Control and Preventionl/Preventing Falls - www.cdc.gov/ncipc/duip/preventadultfalls.htm

American Academy of Family Physicians – www.Familydoctor.org

National Safety Council – www.nsc.org – 1-800-621-7615

Virginia Department of Health, Division of Injury and Violence Prevention – www.vahealth.org/civp

Information and Referral

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08-77

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen M. Nau, Human Services Program Coordinator

DATE: March 11, 2008

SUBJECT: Caregiving

Supporting Rural Family Caregivers

As previously announced in a VDA Tuesday Mailing, the United States Department of Health and Human Services will launch a government wide effort to eliminate barriers that prevent people with disabilities from participating in community life. On Wednesday, March 19, 2008 from 1:00 – 3:30 P.M. EST, a broadcast will discuss community integration issues confronting rural family caregivers of persons with disabilities.

There are ***five options for participating in this program***: satellite downlink; webcasting; audiolines; videoconferencing, and an archived broadcast. Attached is a flyer that shows how to access the broadcast. Supporting documents for the broadcast are available at **http://registration.casals.com/cms/supporting_docs.asp**

To register and find more information on the broadcast, please go to: **http://registration.casals.com/cms/**

1610 Forest Avenue, Suite 100, Richmond, Virginia 23229
Toll-Free: 1-800-552-3402 (Voice/TTY) · Phone: 804-662-9333 · Fax: 804-662-9354
E-mail: aging@vda.virginia.gov · Web Site: www.vda.virginia.gov

NASUA, *More Can Be Done: Involvement of Older Consumers in the Design, Implementation and Oversight of Home and Community Based Services*

Cash and counseling programs offer home and community based supports to older persons with significant need for assistance with both activities of daily living and instrumental activities of daily living. Consumers can control the budget for their services. Currently, Alabama, Arkansas, Florida, Illinois, Kentucky, Michigan, Minnesota, New Jersey, New Mexico, Pennsylvania, Rhode Island, Washington and West Virginia have cash and counseling programs.

The *More Can Be Done* report was prepared by the National Association of State Units on Aging (NASUA) for the National Program Office (NPO) for Cash & Counseling Demonstrations at Boston College. Cash and counseling states are reporting difficulty in recruiting and retaining senior members on the National Participant Network created by NPO. Funded by the Robert Woods Johnson Foundation, the report examines the declining role of older individuals as public policy advocates, explores barriers to successful advocacy by seniors, and outlines various efforts to attract, retain and support older individuals as participants in home and community based services policy-setting activities.

The full report ***will be*** posted on **www.nasua.org**, **www.cashandcounseling.org**, and **www.HCBS.org**, or contact **Ellen.Nau@vda.virginia.gov** for an email copy of what is currently available.

Evaluating Services for Senior Care and Housing

The Rosalyn Carter Institute for Caregiving at Georgia Southwestern State University will present a Telephone Learning Series entitled ***Finding Quality Care – Evaluating Services for Your Loved One*** on Thursday, March 20 at 2 P.M. EDT.

Participants in the session will discover tools and resources to help them make choices regarding nursing homes, retirement communities, assisted living homes, Alzheimer's facilities, or home health agencies.

Handouts for the session can be downloaded at
www.rosalyncarter.org/handouts/ .
Register online at: http://www.eventbrite.com/event/97049277

District of Columbia Caregiver's Institute

The D.C. Caregiver's Institute has shared its caregiver assessment and reassessment form. Please find attached a pdf. of the form together with the institute's caregiver support plan document. The DCCI is the only caregiving program in the country to win the Aging Innovations Award from n4a.

Funded by the District of Columbia Office on Aging, the Caregivers' Institute strives to be a one-stop, centralized resource to help caregivers make critical decisions, develop and implement a Caregiving Support Plan, advocate for themselves and the older person, and participate in activities designed for personal rejuvenation. Visit the Caregivers' Institute on-line at: **http://www.dccaregivers.org/**

"SUPPORTING RURAL FAMILY CAREGIVERS"

Satellite Broadcast

Wednesday, March 19, 2008

1:00–3:30 PM Eastern Time

Goal:

This is a government-wide effort directed at eliminating the barriers that prevent people with disabilities from participating in full community life. Everyone benefits when people with disabilities and older adults are fully engaged in community life.

This satellite broadcast, "Supporting Rural Family Caregivers" will feature rural family caregivers and experts who have worked and conducted research in the rural family caregiver arena. They will discuss the issues confronting rural family caregivers, and present possible interventions to address these challenges.

This satellite broadcast is presented by the DHHS New Freedom Initiative (NFI) Subcommittee on Caregiving in partnership with the Centers for Medicare & Medicaid Services.

To View Program:

First, **register** for the program by going to our website at: **http://registration.casals.com/cms.**

Second, choose how you will view the program. You have **five options:**

1. **Satellite Downlink—**If you are part of an organization that operates a steerable commercial satellite dish capable of receiving the broadcast signal, please **register your agency as a downlink site** on our website.

   If you **are not** part of an organization that operates a steerable commercial satellite dish, you may reserve a seat at one of the **downlink sites** listed on the website.
2. **Webcasting—**View the broadcast as a live webcast through a NIH weblink **http://videocast.nih.gov.**
3. **Audiolines—**You can listen via telephone. There will be 500 audiolines available. Please call 1-800-779-5364 as early as 30 minutes before program start time (1 PM Eastern Time) and use "Caregivers" as the passcode.
4. **Videoconferencing—**If your office has videoconferencing capability, please fill out form on registration site and e-mail it to **vtc@cms.hhs.gov**. Then testing will take place for compatibility. If compatibility is found, dialing logistics will be sent to you.
5. **Archived Broadcast—**View the archived broadcast via the CMS website and NIH videocast at **http://videocast.nih.gov**.

A list of supporting documents for the broadcast can be found at **http://registration.casals.com/cms/supporting_docs.asp**. There you will find a Resource Document on Rural Family Caregivers, Faculty Biographies, Evaluation Form, Moderator's Guide and Frequently Asked Questions.

To Register:

To register and to find more information on the broadcast and where it can be viewed, please go to: **http://registration.casals.com/cms/**

If you have any questions, please e-mail us at **caregivers@cms.hhs.gov** or contact:
Crystal Barnes at 410-786-8475; Spencer Schron 410-786-1075; or Rick Greene 202-357-3586.

District of Columbia Caregivers' Institute

DC Caregivers' Institute

CAREGIVER ASSESSMENT- REASSESSMENT
Primary Caregiver Profile

Date: _____ Caregiver for how long? _____

Social Security #_____ Date of Birth :_____

CG I.D. No._____ Referral Source_____

Caregiver Name: _____, _____, _____
(last) (first) (mi.)

Address & Zip: _____

Daytime Phone: _____ Evening Phone_____

Emergency Contact for Caregiver: _____

Your relationship to Care Receiver:
[ ] spouse [ ] sibling [ ] child [ ] friend/neighbor [ ] step child [ ] other _____

Do you consider your caregiving responsibilities to be?
[ ] 24 hours [ ] full time [ ] part time [ ] occasional

ADL and IADL needs that you or others provide to the care receiver:

Task	No help	Super -vise	Assist	Total Care	Task	No help	Super-vise	Assist	Total Care
Bathing					Shopping				
Grooming					Cleaning				
Eating					Trans-portation				
Toileting					Yard Work				
Mobility					Bill Paying				
Walking					Heavy Cleaning				
Transfer-ring					Medications Management				
Dressing					Use of Telephone				
Therapy/ Exercise					Escort				
Meals					Medical Appts				
Laundry					Coordinate Services				

Do you also provide care for someone else? [ ] Yes [ ] No
If yes, describe your other caregiving responsibility_____

What is your employment status?

[ ] full time
[ ] part time
[ ] short term disability
[ ] long term disability
[ ] leave of absence
[ ] retired
[ ] unemployed
[ ] not able to work due to care for CR

Informal Support

How would you describe your social support system? (READ LIST - check ONE that best describes)

[ ] excellent, includes willing family members and friends
[ ] good, includes family members and friends
[ ] fair, minimal support from family or friends
[ ] poor, no willing family members or friends

Who helps you provide care?

Name	Relationship to Caregiver	Assistance Provided

Are there others who could assist you (family, friends, neighbors, club members, volunteers from a religious institution) [ ] Yes[ ] No

List other potential caregivers:

_____
_____
_____

Living Arrangements

Caregiver's living arrangement/setting:

[ ] lives with Care Receiver in Washington, DC
[ ] lives in Washington, DC apart from Care Receiver distance between homes:_____
[ ] drive [ ] walk [ ] public transportation [ ] other_____

Who are the members of your household?

Name	Age	Gender	Relationship

Health/Mental Health

Would you describe your health as:

[ ] excellent [ ] good [ ] fair [ ] poor

Do you have any medical conditions or physical limitations? [ ] Yes [ ] No (LIST ALL)

How do you describe your emotional health?
[ ] excellent [ ] good [ ] fair [ ] poor

Recently, have you experienced any changes in your physical or emotional health?
[ ] Yes [ ] No If yes, describe:
_____
_____

What concerns, if any, do you have about your physical or emotional health?
_____
_____

Stress

Are you currently experiencing stress because of your caregiving role [ ] Yes [ ] No
If yes, what exactly about your caregiving responsibilities is stressful?

Caregiver self-report stress level: (circle which applies)

0	1	2	3	4	5	6	7	8	9	10
no stress										maximum stress (I can't continue giving care)

What is the most stressful aspect of caregiving for you?

Are you experiencing stress in other areas of your life related to: (READ LIST, Mark ALL that apply)

[ ] children
[ ] work
[ ] marriage
[ ] personal health concerns
[ ] legal arrangements regarding care receiver (power of attorney, advice directives, wills)
[ ] family
[ ] other: _____

Coping

Describe your social outlets, leisure activities, and civic and religious involvement (and how often these occur):

How do you manage all your responsibilities?

What is working well in your caregiving situation?

One important lesson you have learned and can recommend to other caregivers?

Resource Utilization

Have you used community resources to help YOU? [ ] Yes [ ] No (If no, skip next question)

What are the community resources you currently use?

[ ] Homecare [ ] adult daycare [ ] Caregiver educational program
[ ] Written resource materials [ ] other_____
[ ] Respite care – Name of Provider _____
[ ] Caregiver support group -Name of sponsor _____

Why haven't you used community resources for caregivers?

[ ] Did not know about them [ ] Do not have the time [ ]Other_____
[ ] Financial barriers [ ] Transportation barriers

CARE RECEIVER INFORMATION

The following questions are about your older relative/friend:

Care Receiver Name: _____, _____, _____
(last) (first) (mi.)

Address: _____, Zip Code _____

Ward_____ Phone: _____ Date of Birth _____

Care Receiver's Gross monthly income: $_____ Source: _____

Insurance:_____

Health/Mental Health Inventory

Description of care receiver's current health status, illnesses and disabilities:

Alert:[ ]Yes [ ]No Oriented to: [ ]Person [ ]Place [ ]Time Ambulatory: [ ]Yes [ ]No
Incontinence: [ ]Bowel [ ]Bladder

Can be left alone Yes No Comment:_____

Description of care receiver's emotional health:

What health issue causes you the greatest concern and why?

Resource Utilization

What community resources does the older person use and how often?

Service	Provider	Frequency

Does the older person resist using services? [ ] No [ ] Yes, _____

Are there services, supplies or equipment you need for caregiving that you can not afford at this time?
[ ] Yes [ ] No

If yes, List below:

_____

_____

Other Comments/issues of concern/recommendations not addressed elsewhere in this assessment:

_____

_____

District of Columbia Caregivers' Institute

DC Caregivers Institute (DCCI)
Caregiver Support Plan

Caregiver Name _____ CG I.D. #_____
Date_____

A. Self Care and Stress Management Recommendations (Mark ALL that apply)
[ ] 1 Participate in a caregivers' support group
[ ] 2 Attend educational seminars
[ ] 3 Use respite care
[ ] 4 Get physical exam
[ ] 5 Start a fitness program (what type) _____
[ ] 6 Participate in a hobby
[ ] 7 Learn and practice stress reduction techniques (how) _____
[ ] 9 Let others help you

B. Informal Support Plan
For each recommendation checked in Section A, outline the way in which the recommendation can be implemented. Be specific, listing the names and phone numbers of **services** to be accessed (support groups, daycare programs, etc.) and identifying family members and friends who can provide **informal support** and the type of support needed.

Service	Agency	Tel. #

Informal Support – Describe how family members and friends will be involved in caregiving (i.e., the name of the person, what assistance is needed, how to approach the person to obtain assistance, etc.)

_____
_____
_____
_____

C. Flex Account Approved Reimbursable Caregiver Expenses, if paid for by the caregiver:

NOTE: No reimburse is available for contributions made to programs funded by DC Office on Aging. All purchases over $200 must be pre-approved by contacting DCCI staff.

- Medical services
- Medical related transportation & parking
- Prescriptions
- Over the counter medications
- Health related over the counter supplies
- Incontinence related supplies
- Diabetes related supplies
- Nutritional Supplements
- Home modifications
- Homemaker and chore services
- Respite
- Adaptive equipment and adaptive clothing
- Personal Emergency Response Systems
- Dentures and dental care
- Glasses and vision care
- Hearing aids and hearing care

Other items not listed:

I understand the elements of this support plan and am willing to implement the plan. I will contact the DCCI at 202/464-1513 if I have questions or further concerns. I give DCCI authority to verify my eligibility for this program at any time.

_____ Caregiver Signature and Date

_____ Assessor Signature and Date

OPTIONAL - I agree that the DC Caregivers' Institute can consult with and/ or provide a copy of this Caregiver Support Plan to referral agencies to help me access needed services.

_____ Caregiver Signature and Date

_____ Assessor Signature and Date

Post visit comments

Rate the potential for Caregiver/situation to deteriorate in the next 12 months

0 1 2 3 4 5 6 7 8 9 10

will stay the same — Moderate potential for decline — High potential for situation to collapse

Do you think the Care Receiver will use the services recommended today?

[ ] Yes [ ] No

[ ] Yes, under the following conditions_____

_____

Do you think the Care Giver will follow through with services recommended today?

[ ] Yes [ ] No

[ ] Yes, under the following conditions_____

_____