



FAMILY CARE GIVER[®]

Winter 2011

MAGAZINE

Long-Distance Caregiving

Ask the Doctor

**Sleep and Sleep Disorders:
A Public Health Challenge**

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Welcome to *Family Caregiver* E-magazine and FamilyCaregiver.org.

We invite you to read this newly launched E-magazine and visit our website. Our mission is to provide caregivers and families with resources, support, and education.

Visit FamilyCaregiver.org, subscribe to this **FREE** E-magazine, and order the **FREE** book *The Caregiver Companion*.

Message from the Editor



More and more of the Boomer generation are finding themselves shouldering the responsibility of caring for an aging parent who lives on the opposite side of the country. It can be a challenge to maintain a full work schedule and at the same time arrange for and supervise care for parents who live nearby. This task becomes even more daunting when the parents live in a remote location. The effects of geographical differences can be difficult, costly, and exhausting. Joan Branin's article, "Long-Distance Caregiving," provides an overview of

the impact of and practical recommendations for dealing with this family situation.

In this issue of *Family Caregiver Magazine* we also present some of the positive benefits of caregiving revealed by new research and information on sleep disorders and their effects. Dr. Moira Fordyce returns with her popular "Ask the Doctor" column and a Q & A on dementia.

This fall, *Family Caregiver Magazine* will publish a special issue focusing on the caregiver in the workplace and the challenges that not only affect the individual but also impact the workplace and the national economy.



Rebecca Martinez
Editor-in-Chief

FAMILY CAREGIVER
MAGAZINE

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Long-Distance Caregiving

By Joan Branin, PhD

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If you are a long-distance caregiver, you are not alone. Approximately seven million adults are long-distance caregivers, mostly caring for aging parents who live an hour or more away. By 2015, the number of long-distance caregivers is expected to have doubled over what it was in 2000. Historically, caregivers have been primarily midlife, working women who have other family responsibilities. That's changing. More and more men are becoming caregivers; in fact, men now represent over 40 percent of caregivers. Clearly, anyone, anywhere, can be a long-distance caregiver. Gender, income, age, social status, employment—none of these prevent a person from taking on long-distance caregiving responsibilities.

In the old days, ailing parents would most often be looked after by their adult children. But people are more mobile as a result of divorce, remarriage, and frequent job changes, and more women who traditionally were the family caregivers are in the workforce. So more older people are living alone or moving to retirement communities far from their families, where there is not always someone at home or nearby to look after them. And when your parent suddenly loses his or her independence and you live far away, it can be a shock.

What Is the Profile of the Typical Long-Distance Caregiver?

According to the MetLife Study of Long-Distance Caregiving, the typical long-distance caregiver is more likely to be male, married, affluent, well educated, approximately 50 years of age, and with a child under the age of 17 living at home. The majority work full-time or part-time. The care

recipient is more likely to be a woman, with an average age of 89, who lives alone or with a spouse and is in fair or poor health.

Long-distance caregivers live an average of 450 miles from the person they are helping, and it takes them an average of 7.23 hours to reach the care recipient when they visit. Despite the distance and time, long-distance caregivers report visiting their loved one at least once a week—a striking display of commitment. Almost half report spending the equivalent of nearly one full workday per week managing needed services.

What Do Long-Distance Caregivers Do?

Long-distance caregiving takes many forms—from helping manage the money to arranging for in-home care; from providing respite care for a primary caregiver to helping a parent move to a new home or facility. Many long-distance caregivers act as information coordinators, helping aging parents navigate the confusing maze of home health aids, insurance benefits, and durable medical equipment.

Caregiving is often a long-term task. What may start out as an occasional social phone call to share family news can eventually turn into regular phone calls about managing health insurance claims, getting medical information, and arranging for respite services. What begins as a monthly trip to check on Mom or Dad may turn into a larger project to move her or him to a nursing facility close to your home.

Nearly three-quarters of long-distance caregivers help with instrumental activities of daily living such as transportation, shopping, managing finances, or cooking. More than four in ten have had to rearrange their work schedules in order to take care of their loved one, more than a third report missing days of work, and 12 percent have taken a leave of absence. Both men and women are equally likely to have rearranged their work schedules, left early or come in late to work, taken an unpaid leave, or to have considered changing employers.

What Is the Economic Impact of Long-Distance Caregiving?

Long-distance caregivers spend an average of \$392 per month on travel and other out-of-pocket expenses. Distance is a factor in the total out-of-pocket expenses reported by caregivers. Those who live between one and three hours away from the care recipient spend an average of \$386 per month on travel and direct expenses for items needed by the care recipient; those who live more than three hours away average \$674 per month.

Tips for Long-Distance Caregivers

When you live many miles away from your loved one, the separation can complicate caregiving. Concerns about the person's safety, nutrition, and health can be overwhelming at times. Here are some tips to manage long-distance caregiving, from an article in *Kiplinger's Retirement Report*:

Identifying needed help

If the person lives alone, he or she may have difficulty managing daily tasks. You will need to identify what kind of help he or she may need to remain independent in the home for as long as possible. When you visit your loved one, observe the following:

- Is there food in the refrigerator? Is the person eating regular meals?
- What is the condition of the inside and the outside of the home?
- Are the bills paid? Are there piles of unopened mail?
- Do friends and relatives visit regularly?
- What is the person's personal appearance?

- Is the person bathing and grooming?
- Is the person still able to drive safely?

Establishing support contacts

Building a list of contact people and resources can help you coordinate care from a distance. These include:

- **Family, friends, and neighbors.** Make a list of their phone numbers and addresses and check in with them to find out how your loved one is doing. Ask them if they would be willing to stop by your loved one's home for regular visits.
- **Your loved one's doctor.** Keep in contact with the person's doctor so that he or she can call you if there are concerns about your loved one's mental or physical well being.
- **Community organizations.** Check with local churches, temples, neighborhood groups, and volunteer organizations. They may provide meal delivery, transportation, or companion services.
- **Home care services.** You can hire home health care workers to help the person with bathing, personal care activities, preparing meals, and taking medications.
- **Geriatric care managers.** You may want to locate a geriatric care manager in the area. These elder-care experts specialize in assessing and monitoring the needs of older adults.
- **Trusted professionals.** Elder-law attorneys work with older clients and their families to get legal documents in place for making healthcare, legal, and financial decisions. Bank officers can help the person pay his or her bills. Check with your loved one's bank.

Making the most of visits

Few long-distance caregivers are able to spend as much time with their loved one as they would like. The key is to use your time effectively:

- Make appointments with your loved one's physician, lawyer, and financial adviser to coincide with your visit so that you may participate in any decision making.
- Meet with neighbors, friends, and other relatives to hear how they think the person is doing. Ask if there have been any behavioral changes, health problems, or safety issues.

Considerations before moving a loved one into your home

There will come a time when your loved one will no longer be able to live alone. One of the decisions you might consider is moving the person into your home. Some of the things to think about before the move include:

- Does he or she want to move?
- Does his or her spouse want to move?
- Is your home adapted to support the person?
- Will someone be at home to care for the person?
- How does the rest of the family feel about the move?
- How will this move affect your job, family, and finances?
- What community resources and respite services are available in your community to assist you?

Caring for a loved one in a facility

Whether your loved one lives in an assisted living or a residential care facility, maintain ongoing communication with the staff and with friends who visit regularly.

- Work with the managing nurse and physician and agree on a time when you can call to get updates on your loved one's condition and progress.
- Call family, friends, or other visitors and ask for their observations.

Resolving family conflicts

Caregiving issues can often ignite or magnify family conflicts, especially when people cope differently with caregiving responsibilities. Other family members may deny what is happening, resent you for living far away, or believe you are not helping enough. There may also be disagreement about financial and care decisions. To reduce conflicts, acknowledge these feelings and work through them by having family meetings, recognizing differences, making a list of and dividing caregiving tasks, and keeping everyone up-to-date via meetings or conference calls.

Conclusion

For yourself, it is important to know your limits and to come to terms with the distance. Most older adults want to remain in their own homes and their own community; you may also wish to remain in yours. You may need to bring in professionals and friends to help; that does not mean you are a bad daughter or son or caregiver. Asking for help is not a sign of weakness, but of caring.

[See Author's Biography](#)



Research Findings Benefit Caregivers

By National Institute on Aging

Although research on family caregiver support is still in its early days, we have already learned much about the unique aspects of caregivers' personalities and situations. For example, it is well established that AD caregivers often experience stress, anxiety, depression, and other mental health problems as a result of the continuing and demanding nature of AD care. This chronic stress can have detrimental effects on the physical health of caregivers. The physical and emotional effects of AD caregiving can last a long time, even after the death of the person with AD.

On the other hand, research also has shown that caregiving can have important positive effects, including:

- A new sense of purpose or meaning in life
- Fulfillment of a lifelong commitment to a spouse
- An opportunity to give back to a parent some of what the parent has given to them
- Renewal of religious faith
- Closer ties with people through new relationships or stronger existing relationships

AD caregivers do not all have the same psychological and physical response to caregiving. For example, caregivers who have strong support systems and well-developed coping skills may be able to weather the stresses of caring for a loved one with AD. Others who have few breaks from caregiving responsibilities and/or have preexisting illnesses may be more vulnerable to the physical and emotional stresses associated with dementia care. Caregiver research is beginning to discover effective ways to ease the burden of caregiving. Researchers have learned that:

- The information and problem-solving needs of caregivers evolve over time as AD progresses.
- Traditions and attitudes about caregiving vary across cultural groups.
- Use of multiple types of support over an extended period of time helps caregivers.
- Developing ways to help caregivers become educated about AD, improve flexibility in responding to caregiving demands, and learn a variety of practical strategies can help.
- Helping caregivers deal with the complicated issue of whether and when to place a loved one in a nursing home is an important aspect of caregiver support.
- Helping caregivers stay physically active has big benefits.

Call the Alzheimer's Association at 800-272-3900 or visit www.alz.org

Source: National Institute on Aging

Where Are People with Alzheimer's Disease Cared For?

- **Home**
- **Assisted living facilities (those in the early stages)**
- **Adult day care centers**
- **Nursing homes**
- **Special care units**



Ask The Doctor

Dementia

By Moira Fordyce, MD, MB, ChB, FRCPE, AGSF
Askthedoctor@familycaregiver.org

Minor memory lapses can happen as we grow older, forgetting the name of someone recently introduced, misplacing our car keys, or being slow to find a well-known word. So, how would we know when we, or someone we love, should worry about memory changes as a sign of developing dementia?

Q. What is dementia?

A. Dementia is a term used to describe different brain disorders that have in common memory loss, confusion, and problems with speech and understanding. They are usually progressive and eventually prevent the sufferer from caring for him/herself. There are over 100 different types of dementia, some of which do respond to treatment, so it is important to look for a reason for these symptoms. Could they be caused by something treatable like thyroid disease, or anemia, or even be produced by medicines? Such treatable conditions can be determined by a good physical and mental evaluation, plus carefully chosen lab tests.

Q. Isn't dementia just old age or senility?

A. Aging alone does not cause significant memory problems or stop us taking care of ourselves. As we get older, it might take longer to remember names or find the right word to say. This is different from the loss of memory and other mental problems associated with conditions like Alzheimer's disease (AD). Those suffering from Alzheimer's can get lost in familiar places like home or close to home, fail to recognize family members, fail to recognize familiar objects such as a pen or a watch, and cannot compensate for these deficiencies.

While various kinds of "dementia" are more common the longer we live, they are not part of normal aging. All memory changes should be thoroughly evaluated.

Q. What are the different kinds of "dementia"?

A. The most common dementias are Alzheimer's disease (AD), vascular dementia and Lewy Body dementia. But, there are many other causes of impaired brain function such as strokes, low vitamin B12 levels, thyroid conditions, depression, AIDS, other infections and illnesses. In addition, medicines, either prescribed or bought without prescription, or alternative and herbal remedies can affect memory and cause confusion in older people.

Q. What is Alzheimer's disease?

A. In this condition, certain cells in the brain stop working and eventually die. These cells produce important chemicals (acetylcholine, serotonin, dopamine and others) needed for memory, language and other thinking functions. As the chemicals decrease, so do the person's abilities to remember and think clearly. AD usually sneaks up on the person and family. It can get worse slowly

and silently over several years before changes are noticed. Over time (usually 2—8 years), it advances to a point where the person can no longer handle simple tasks like eating or bathing.

Q. How do you get Alzheimer's disease?

A. As we get older our chances of getting AD increase. Between the ages of 65 and 70, about one in twenty people has the disease. By the age of 85 and older, between one in two or three has this disease. We also know that some families pass along genes that increase the risk for developing AD. Some factors in our environment can increase the risk also, such as head injury with unconsciousness. When we say "increases the risk" of getting AD, this does not mean we will get it for sure. It just means the odds of our getting it are increased.

Q. Is there any point to seeing my health care provider?

A. It is very important to get a good medical evaluation. First, the mental changes could be a result of a treatable condition such as thyroid disease, or medication related, and second, there are now treatments available for AD that can improve the symptoms and slow the progress of the disease. Third, the doctor's office should be able to assist you in finding community resources for information, support groups and help at home.

Q. What can we expect from the health care provider?

A. Your health care provider should take your concerns seriously. He or she should carry out a careful medical examination and medicines review. There should be tests of memory, mood, daily function, lab tests, and sometimes a scan of the brain. A referral for detailed mental testing may be made. If the diagnosis is clear, the doctor should continue to provide care throughout the illness.

Q. What treatments are there for Alzheimer's disease?

A. Medicines approved for treating Alzheimer's disease are donepezil (Aricept), galantamine (Razadyne, formerly Reminyl) and rivastigmine (Exelon). They work by raising the levels of acetylcholine in the brain. Memantine (Namenda) regulates glutamate, another brain messenger chemical, and might help AD symptoms. Vitamin E might slow the progress of Alzheimer's disease. However, since it can increase bleeding, it should be used with caution, especially in people taking blood thinners. None of these drugs cures or stops the disease but might slow progression.

Several herbal remedies and other dietary supplements are promoted as effective treatments for AD and related disorders. However good scientific evidence of this is lacking as yet, though trials are being conducted on substances such as Ginko Biloba. Your doctor or the Alzheimer's Association may be able to help you find a research study site if you want to participate in one of these trials.

Q. How can I convince my family member to go to the doctor?

A. Often, your family member already knows there is something wrong and is frightened. It is helpful to focus on the available treatment options, and to remind your family member that early detection allows decisions to be made about treatment, and will allow him or her to put affairs in order.

Q. How do I know when my loved one should stop working, banking, driving or living alone?

A. These are difficult questions that your health care provider should assist you in answering. In general, if there is potential for harm to your family member or to others, it may be time to consider stopping certain activities. Health care providers rely on your reports when making recommendations about major life changes. They can be supportive in reinforcing your concerns.

Q. What else can I do as a caregiver?

A. Above all else, the person with dementia needs your care and support. You can't provide that care if you don't look after your own health. Caregiving can be rewarding, but can also be exhausting, sad and depressing. You can become sick if you ignore your own health needs. You need breaks from caregiving; you need help at home; you need to eat, sleep and exercise regularly; you need to forgive yourself for feelings of anger and guilt. A support group can help you through some tough times you may face.

Q. Is a nursing home really necessary?

A. This is an individual matter. Often families feel guilty about placing a loved-one permanently in a nursing home. Some nursing homes can provide temporary respite care, to give the main caregiver a break. A good nursing home can provide care, safety and social interactions that can give your family member pleasure and security. It can also give you a chance to sleep undisturbed and do your daily tasks with some peace of mind. With good help at home, safety measures (such as removing the knobs from stoves) and day care options, the person can stay at home for a long time.

Q. Where do I go for more information or support?

A. The National Alzheimer's Association
1-800-272-3900
email: info@alz.org.
website: <http://www.alz.org>.

Your local Alzheimer's Association chapter can help you find local resources and support groups. The Alzheimer's Disease Education and Referral Center
1-800-438-4380
email: adear@alzheimers.org
website: <http://www.alzheimers.org>.

[See Author's Biography](#)

How to Prevent Falls (Book)

Better Balance, Independence and Energy in Six Simple Steps

by: Betty Perkins-Carpenter, Ph.D.

Accidental falls are the leading cause of death by injury among older adults. Dr. Betty Perkins Carpenter has dedicated her life to preventing falls and these unnecessary deaths and injuries due to falls.

The fifth edition of her book, *How To Prevent Falls: Better Balance, Independence and Energy in Six Simple Steps*, lays out a common sense, fun approach to improving both fitness and balance in senior citizens through a series of simple, easy to learn balance exercises. Evidence based statistics have proven that the Six Step Balance System™ is effective in preventing falls and reduction of injuries. More than 130,000 copies of the book have been sold!



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Sleep and Sleep Disorders: A Public Health Challenge

By National Institute on Aging

While we often consider sleep to be a “passive” activity, sufficient sleep is increasingly being recognized as an essential aspect of health promotion and chronic disease prevention in the public health community.

Insufficient sleep is associated with a number of chronic diseases and conditions—such as diabetes, cardiovascular disease, obesity, and depression—which threaten our nation’s health. Notably, insufficient sleep is associated with the onset of these diseases and also poses important implications for their management and outcome. Moreover, insufficient sleep is responsible for motor vehicle and machinery-related accidents, causing substantial injury and disability each year. In short, drowsy driving can be as dangerous—and preventable—as driving while intoxicated.

Notably, more than one-quarter of the U.S. population report occasionally not getting enough sleep, while nearly 10% experience chronic insomnia. However, new methods for assessing and treating sleep disorders bring hope to the millions suffering from insufficient sleep. Fundamental to the success of all of these efforts is the recognition that sufficient sleep is not a luxury—it is a necessity—and should be thought of as a “vital sign” of good health.

Key Sleep Disorders

Sleep-related difficulties affect many people. The following is a description of some of the major sleep disorders. If you, or someone you know, is experiencing any of the following, it may be important to receive an evaluation by a healthcare provider or, if necessary, a provider specializing in sleep medicine.

Insomnia

Insomnia is characterized by an inability to initiate or maintain sleep. It may also take the form of early morning awakening in which the individual awakens several hours early and is unable to resume sleeping. Difficulty initiating or maintaining sleep may often manifest itself as excessive daytime sleepiness, which characteristically results in functional impairment throughout the day. Before arriving at a diagnosis of primary insomnia, the healthcare provider will rule out other potential causes, such as other sleep disorders, side effects of medications, substance abuse, depression, or other previously undetected illness. Chronic psychophysiological insomnia (or “learned” or “conditioned” insomnia) may result from a stressor combined with fear of being unable to sleep. Individuals with this condition may sleep better when not in their own beds. Health care providers may treat chronic insomnia with a combination of use of sedative-hypnotic or sedating antidepressant medications, along with behavioral techniques to promote regular sleep.

Narcolepsy

Excessive daytime sleepiness (including episodes of irresistible sleepiness) combined with sudden muscle weakness are the hallmark signs of narcolepsy. The sudden muscle weakness seen in narcolepsy may be elicited by strong emotion or surprise. Episodes of narcolepsy have been described as “sleep attacks” and may occur in unusual circumstances, such as walking and other forms of physical activity. The healthcare provider may treat narcolepsy with stimulant medications combined with behavioral interventions, such as regularly scheduled naps, to minimize the potential disruptiveness of narcolepsy on the individual’s life.

Restless Legs Syndrome (RLS)

RLS is characterized by an unpleasant “creeping” sensation, often feeling like it is originating in the lower legs, but often associated with aches and pains throughout the legs. This often causes difficulty initiating sleep and is relieved by movement of the leg, such as walking or kicking. Abnormalities in the neurotransmitter dopamine have often been associated with RLS. Healthcare providers often combine a medication to help correct the underlying dopamine abnormality along with a medicine to promote sleep continuity in the treatment of RLS.

Sleep Apnea

Snoring may be more than just an annoying habit—it may be a sign of sleep apnea. Persons with sleep apnea characteristically make periodic gasping or “snorting” noises, during which their sleep is momentarily interrupted. Those with sleep apnea may also experience excessive daytime sleepiness, as their sleep is commonly interrupted and may not feel restorative. Treatment of sleep apnea is dependent on its cause. If other medical problems are present, such as congestive heart failure or nasal obstruction, sleep apnea may resolve with treatment of these conditions. Gentle air pressure administered during sleep (typically in the form of a nasal continuous positive airway pressure device) may also be effective in the treatment of sleep apnea. As interruption of regular breathing or obstruction of the airway of the individual during sleep can pose serious complications for the health of the individual, symptoms of sleep apnea should be taken seriously.

How to Prevent Falls (DVD)

Better Balance, Independence and Energy in Six Simple Steps

by: *Betty Perkins-Carpenter, Ph.D.*

Simply pop in the disc and follow along. Watch as Dr. Betty Perkins-Carpenter explains and demonstrates each easy exercise. You too can gain the benefits that thousands of others already have through the wisdom found in the Six-Step Balance System®.

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ASA'S MATURE WOMEN'S SUMMIT: A NEW ERA OF GROWING INFLUENCE FOR WOMEN 50+

Sponsored by



Presented by ASA's Business Forum on Aging

Moderated by **Helen Dennis**, Owner & Founder, Helen Dennis & Associates; **Barbara Hoenig**, MPH, Consultant, CVS Caremark Corporation; **Laura Rossman**, President, Outside Insite;

Program Co-chairs

Thursday, April 28 | 8:00 am - 3:30 pm

Fee: \$25 (includes morning coffee);

Optional luncheon: \$75.

Pre-registration is required. (Attendees must be registered for the Aging in America conference.)

Women are living longer and healthier lives, expanding their influence in the marketplace and the workplace. Older women are a diverse group. Who are they and what do they want? Organizations that successfully answer these questions can capture their share of the market of over 50 million women 50+. Often overlooked, older women have a wide sphere of influence that reaches far beyond their households. Not only are they consumers and decision-makers in their own households (especially on health care), but they exert influence over the purchasing habits of older and younger generations.

This Summit, keynoted by Maddy Dychtwald, nationally recognized demographer and author of *Influence: How Women's Soaring Economic Power Will Transform Our World for the Better*, will explore the concerns, options and choices that punctuate the lives of older women so that organizations can better understand how to appeal to them. As program synthesizer, Maddy will also weave together key themes and insights during the daylong program. Three powerhouse panel sessions will show just how powerful this growing marketplace is for business.

Business leaders and professionals who attend this program will:

- Apply various types of research and marketing messages that media companies use to successfully reach older women.
- Understand how the economy affects the lives of older women using financial, workplace and personal transition models of success.
- Acquire a holistic picture of the active older woman, with insights into beauty, health care, physical fitness and well-being.

8:00 - 8:05 am | Welcome and Introductions

Helen Dennis, Chair, ASA's Business Forum on Aging.

8:05 - 8:50 am | Influence: How Women's Soaring

Economic Power Will Transform Our World for the Better

As we enter the second decade of the 21st century, women are on the verge of attaining economic parity with men—something our great-grandmothers and grandfathers would never have imagined. With this new economic fortitude, women may be the biggest change agent of the 21st century with the opportunity to influence the direction of the marketplace, the workplace, the family and worldwide leadership. In this presentation, based on her new book of the same title, Maddy Dychtwald paints a captivating picture of women coming into power in America (and worldwide), which no woman or man can afford to ignore. With more than 25 years experience in analyzing and forecasting demographic, lifestyle and consumer marketing trends pertaining to boomers and the aging of America, Maddy has filled this multimedia presentation with breakthrough research findings, marketplace insights and inspiring stories of trend-setting women from all walks of life.

Keynote presenter: Maddy Dychtwald, Co-Founder & Senior Vice President, Age Wave.

8:50 - 9:50 am | Money, Work and Transitions

A panel of experts will talk about the dramatic changes taking place in the economy and how it impacts the lives of older women and what business is doing to respond to the change. We'll look at the importance of saving and investing for women who tend to live longer than men; the changes in the workplace and how women are not just surviving but excelling; and how women are tackling the transitions in life: home, family and work.

Presenters: Jo Ann Jenkins, President, AARP Foundation; **Carrie Schwab-Pomerantz**, President, Schwab Foundation; **Suzanne MacGibbon**, Principal, High Technology Industry, Deloitte Consulting LLP; **Sandra Timmermann**, EdD, Vice President, MetLife and Executive Director, Mature Market Institute.



Maddy Dychtwald,
Keynote presenter
and synthesizer



Helen Dennis



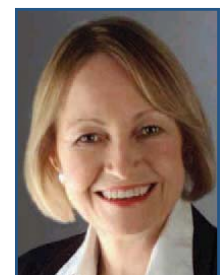
Jo Ann Jenkins



Carrie
Schwab-Pomerantz



Suzanne MacGibbon



Sandra Timmermann



9:50 - 10:30 am | When She Speaks, We Listen

Understanding the data on the needs and purchasing power of women has guided our national strategy and customer service policies. During this interactive session, we'll explore how customer- and community-centric companies connect with colleagues and customers, especially women. Specific elements of each strategy, as applied at CVS Caremark, will be discussed.

Presenter: David Casey, Vice President and Diversity Officer, CVS Caremark.

10:45 - 11:45 am | Marketing & Media: Reaching Women the Right Way

Women 50+ are a financial power to be reckoned with—22 million strong they wield influence over the buying and consuming behavior of their family and the generations above and below them. Yet, they are still often overlooked by businesses. What do women want and how can business deliver it in a meaningful way? This panel will provide case studies of what some companies are doing to reach and succeed with this market segment.

Presenters: Nataki Clarke, VP Online Marketing, AARP; Stephen Reilly, CEO and Founder, Vibrant Nation, an online site dedicated to women 50+; Debra Bass, WW Vice President, DePuy Cross-Franchise Marketing, DePuy, Inc.; Mary Alexander, Director of Business Relationships, Home Instead Senior Care, Inc.

Noon - 1:30 pm | Luncheon: Tables of Experts

Fee: \$75.

Optional luncheon; requires pre-registration.

Each of the 25 tables will be hosted by an expert and will include topics ranging from those covered during the session to caregiving, technology, women's groups, marketing, transportation issues, research and more. Reconnect with old friends, meet new colleagues and enjoy lively conversation during lunch.

1:45 - 2:15 pm | Elder Women's Health Security: A Proposed Plan of Action

Elder women's health and economic security are linked. Disadvantages accumulate by color, class, gender, and age. Social movements respond in health, long-term-care, and retirement policy. What's a plan of action?

Carroll L. Estes, PhD, Professor and Founding Director of the Institute for Health & Aging, University of California, San Francisco.

2:15 - 2:45 pm | Role of Healthy Aging and Consumer Trends Among Women 50+

This session will explore factors that relate to healthy aging among women 50+. Included will be the debut release of data and insight from Natural Marketing Institute's (NMI's) 7th annual Healthy Aging/Boomer Database®, a breakthrough research study of American consumers. NMI will provide a multifaceted perspective on women 50+ and consumer trends among this influential demographic.

Presenters: Steve French, Executive Vice President, Managing Partner, Natural Marketing Institute.

2:45 - 3:30 pm | Staying Healthy and Keeping Fit

This panel will highlight the measures businesses are taking to promote the health and wellness of mature women in their workforce. Information and motivation are vital for changing behavior and for helping older women make informed decisions about health, fitness, beauty and skin care, and their overall emotional well being. Older women have the potential for transforming society by focusing attention in the workplace on their special health and fitness needs and concerns in a way that both empowers and inspires.

Presenters: Ruth Bachman, Motivational Speaker; Nancy Gagliano, Chief Medical Officer, CVS Caremark Minute Clinic.



David Casey



Nataki Clarke



Mary Alexander



Steve French



Ruth Bachman



Nancy Gagliano

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