
■ Foreword

Rapidly changing demographics in the United States provide strong evidence that community-based services will have to be expanded and multiplied many times over to support the expanding needs of chronically ill older people in the 21st century. The health care needs and challenges of the growing older adult population are anticipated to drain the diminishing resources of our health care system, our government agencies, our community-based services and, most of all, our families.

At the beginning of the 20th century, only 4 percent of the American population were age 65 or older. By the beginning of the 1990s, the 65+ population grew to about 12.5 percent of our total population. By the year 2050, more than 1 in 5 people will be 65 or older.

Since 1900, the likelihood of a person living to be 100 years old has increased over 40 times. By the year 2050, it is expected that there will be 1.3 million “centenarians.”

There are two positive reasons for these longer life spans:

- Most people now live healthier lifestyles.
- In the U.S., we have better medical care, public health services, medical research progress and more life-sustaining medicines and technologies.

These developments are a blessing for the healthy who reach these milestones, but a potential hardship for the chronically ill, as well as for the “baby-boomers” sandwiched between the needs of their children and their aging parents.

The “boomers,” born between 1945 and 1965, may spend more time caring for their parents than they have caring for their children. And the next generation, the children of today’s “boomers,” may face even longer years of caregiving responsibility.

Because of the predicted longevity, more people may need others to care for them for longer periods of time. In some cases, the need for caregiving may last from 30 to 50 years.

From 1987 to 1997, the number of caregiving households in the U.S. tripled to more than 22 million. A 1997 survey conducted by the National Alliance for Caregiving and AARP reported that nearly 25 percent of all U.S. households already had at least one caregiver and over 75 percent of those caregivers were caring for a relative or friend who was at least 50 years old. These numbers will continue to grow well into the next century.

Who will be there to assist the growing legions of caregivers? Who will pay for this assistance? As representatives of major national organizations and institutions focused on the issues of health care, aging and caregiving, we are

well aware of the limits imposed by managed care, private insurers, Medicare and Medicaid, and the overwhelming demands placed on the staff of community-based organizations and agencies.

We also know that virtually all primary caregivers of older adults need support and practical assistance to avoid “caregiver burnout.” Caregivers who provide continuous and intense care for older care recipients are at greater risk of developing depression, insomnia, back pain, headaches, stomach disorders and heart disease because of the ongoing stress related to their caregiving responsibilities. Mortality risk is increased for caregivers who experience caregiver strain, according to a study published in the December 15, 1999 issue of *The Journal of the American Medical Association*.

We recognize that more community organizations will be called upon to help meet the challenge of serving these caregivers and their chronically ill, older care recipients. To address this burgeoning need, these organizations will have to recruit, train, assign and manage an army of tens of thousands of well-trained volunteers throughout the country as part of the solution.

To help meet this training requirement, for the past several years, it has been our privilege to serve on an Advisory Council with Eisai Inc., Project Sponsor, to develop this *Training Manual* to help community-based organizations prepare volunteers to more effectively assist primary caregivers of older adults with some of their basic needs.

The organizations represented on this Advisory Council have included: AARP, Hospice Association of America, National Alliance for Caregiving, National Association for Home Care, The National Council on the Aging, National Family Caregivers Association, Interfaith Caregivers Alliance, Towson University, Department of Gerontology, and Alzheimer’s Association, Greater New Jersey Chapter.

The concept for this *Training Manual* evolved from telephone conversations and meetings with representatives from our organizations and Eisai, about the growing challenges of meeting the needs of chronically ill older adults, their primary caregivers and families. We all agreed that well-prepared volunteers could play an increasingly important role in helping to meet this need.

We acknowledged that our nation has been experiencing an expanding interest in volunteerism as a movement toward improving conditions in our communities. We recognized that the volunteers come from many different sources: colleges and university programs, the interfaith community, companies and the expanding force of healthy older adults actively involved in retirement communities and senior centers.

In order to be most effective, we also agreed that these volunteers should have appropriate education and training. To our knowledge, there was no comprehensive, easy-to-use training manual available that covered the information and materials needed to train volunteers for the wide range of assignments possible for assisting older care recipients and their primary caregivers in meeting their daily needs. So, together, we agreed to develop one, under the sponsorship of Eisai Inc.

In 1998, the Advisory Council was formed, with Eisai's help, to guide this Project. We finalized a Training Manual outline to ensure that the sections would include all of the required information and topics.

We then established a system for reviewing and revising the sections, so that all Advisory Council members would have input in the development of each section.

It was agreed that the Training Manual should be field-tested in various locations across the country after a draft was developed. Based on the feedback received from the field test, the Training Manual would be modified and then produced and distributed free to "qualified community-based organizations."

We defined "qualified community-based organizations" as those that already have an administrative and program structure in place and a system for recruiting, screening, training and supporting volunteer caregivers and either already have or are ready to establish a program for training volunteers to assist primary caregivers of older adults.

In January 1999, Eisai conducted a focus group in New Jersey with trainers and volunteers. They provided feedback on various aspects of the draft Training Manual in its early development stage, including the design concept, format, layout and clarity of the text.

The results of the focus group told us that we were on target. However, even at this early stage, the focus group also provided valuable insight and recommendations for improvement that helped to make the Training Manual more useful.

While draft sections were being created, reviewed, revised and completed, we planned the field-testing phase of the Project and developed the evaluation and assessment tools, along with a detailed letter of instruction.

The field test was conducted at sites across the country. During this phase, trainers at the various sites used a field-test version of this *Training Manual* to develop and conduct training sessions for volunteers. In some cases, primary caregivers also attended these training sessions. All of the participants in the field test were asked to complete profile and evaluation forms.

Although the field test required a great deal of commitment and work from participants, it was well worth the effort. We are grateful to everyone who was involved in this phase of the Project.

The results of the field test were positive. They reinforced the value and usefulness of this *Training Manual*. And we gained additional insight and guidance regarding ways to improve the field-test version to make the final publication even better. After we obtained these results, the field-test version was revised, reviewed, finalized and published. This *Training Manual* reflects these improvements.

Taking this *Training Manual* from concept to final publication has been a long and challenging, but also rewarding, process.

It has been a pleasure to serve on the Advisory Council for such a worthwhile endeavor. We enjoyed working together to create this *Training Manual*. Without Eisai's support and commitment, a project of this magnitude would not have been possible.

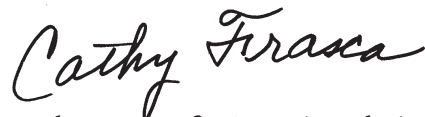
We hope you and your organization find this *Training Manual* to be one of the most thorough, concise, user-friendly and useful publications available for the purpose of helping community organizations, such as yours, prepare volunteers to assist older adults, their primary caregivers and families in order to improve the quality of their lives.

In Support of Caregiving, Volunteerism and the Aging,

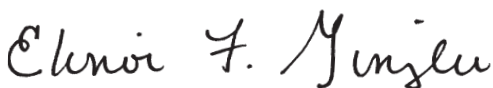
**The Eisai *hbc* Volunteer Support Caregiver Training Program
Advisory Council:**



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Alzheimer's Association, Greater New Jersey Chapter



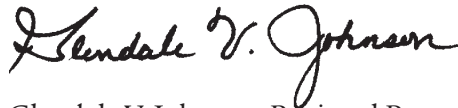
Cathy Frasca, former Vice Chair, Board of Directors
National Association for Home Care



Elinor F. Ginzler, Manager, Long-Term Care and Independent Living
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Gail Gibson Hunt, Executive Director
National Alliance for Caregiving



Glendale V. Johnson, Regional Program Operations Director,
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