

Chinook

Extension Family Life Newsletter
University of Wyoming

September-October 1993

Ben Silliman, Family Life Specialist, Editor

WHAT'S UP IN WYOMING?

Howdy. As the new Extension Family Life Specialist, I thought I'd try a newsletter to share information, insights, and programming ideas. During the next few months, your compliments and complaints will spell its destiny and/or shape its character. From the start, news items, upcoming events, my schedule and projects, data from ES-USDA and other sources, reviews of research and resources, facts, statistics, and practical ideas will be included. Your calendar, program ideas, questions (or answers!), should be here, too. Dialogue is critical to learning and mutual support in print, in our meetings and on E-MAIL. My phone is (307) 766-5689. For those of you on Internet, my address is silliman@uwyo.edu.

A chinook is a warm breeze which flows off the mountains on a chilling Winter night. I hope that this newsletter is a breath of fresh air for your work with children, youth, and families. You'll receive it in months between the Wyoming Nutrition News to reduce reading overload. Items of broad interest will be included, though "themes" may be evident as programming events or an accumulation of material on some topic besets my files. Your suggestions and submissions are welcomed.

Your efforts make such a difference to children, youth, and adults. I am grateful to support your caring and teaching.

ROUNDING UP THIS EDITION

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MOVING IN: HIGH TECH/HIGH TOUCH EASES MOVING STRESS

For many families, the challenge of relocating to Wyoming doesn't end with a job offer. With housing in short supply, finding an affordable place to live may be equal to landing the job itself. Our family met that challenge with a combination of high tech, high touch, and no small help from a Friend on High. My wife Betty, ten-year-old Jeremiah and three-year-old Matthew and I arrived in town on July 30. Since both of us were working in Louisiana until mid-July, my parents, Ben and Lois Silliman of Loveland, Colorado, came to look for a rental or purchase home. On their second trip, realtor Sheree Fowler showed them a modest three-bedroom home which had been on the market for one day. She expected it to be sold in three days. Following up on their report, I gained a property description and loan prequalification by phone. Purchase Offer and buyer information forms were faxed across the country. That same night, sight unseen, we had our house.

The moving experience underlines several findings on families and stress. The number or type of pressures families face are often not the best indicators of their stress levels. As often, coping resources--optimism, togetherness, intelligence, as well as financial assets--enable them to enjoy problem solving. Social support, including encouragement, practical assistance, and connecting links to the community is cited a critical resource for American families. Friends, such as my department colleagues, and professionals such as realtors are important stress-buffers. Yet even highly mobile, independent singles and couples find extended kin their most crucial social support. By contrast, a large percentage of homeless families have no connection to supportive families. Faxes help, but they can't replace friends and family.

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Our faith that the transition was guided by the grace of

God also helped us cope. Research indicates that religious faith serves to give meaning and purpose, ethical foundations, and a sense of unconditional support to many American families. In addition, faith is often the motivation to reduce others' stress through caring and compassion. For us, finishing and starting jobs, selling and buying houses, packing and travelling and unpacking without incident within two months' time seems like a miracle. Spiritual resources of prayer, meditation, scripture reading, and celebration lent a peace to the crazy details of the unfolding miracle.

A couple of high tech and high touch notes in closing. Since 1978, lead-based paints are no longer sold. Warnings about dangers of lead chips and dust are routine in housing purchases. A chemical test of our new house provided a high tech way to assess the danger to our children's health. It revealed no evidence of hazardous residues. By the mid-1990s interactive cable TV will enable families to "tune in" to real estate markets anywhere for pictures and descriptions of available housing. This revolution in consumer choice should reduce stress by offering a wider range of choices to long-distance, time-restricted buyers.

Some of the above ideas might be useful in your local newspaper column. More ideas are listed in the "Family Facts" column below. I look forward to serving you as Extension Family Life Specialist. It's great to be back in the Rockies. My goal is to make Wyoming the best state for children to grow up, for adults to be productive, and elders to be secure. Listening to concerns and using energies of kids and adults across the state is my #1 job. I'd like to hear your views and ideas on issues facing families at P.O. Box 3354, University of Wyoming, Laramie, WY 82070.

Wyoming Extension Family Life Newsletter

WHAT YOU'VE BOUGHT... WHAT YOU'RE IN FOR...

You deserve to know a little about me and my goals for the Extension Family Life. No, I've never been a county

Home Economist/4-H agent. Yes, I have worked "in the trenches" with Junior and Senior High youth and volunteers in church settings, migrant children in the wilds of West Texas, and families in Spanish Harlem in New York City. In fact, a junior high girl in a church group I directed in Manhattan, KS introduced me to her "nanny," to whom I am still married 14 years later. I live to learn new things and love working with a variety of people. Thus I have 4 degrees in 4 fields and have lived in 5 areas of the USA.

In the past 6 years I've taught graduate and undergraduate classes in human development and family at Louisiana Tech University in Ruston. My best friend was the "parish" Extension Home Economist. She and I met regularly to trade ideas over lunch, she helped teach my students the practical "ropes" of community education and I helped her begin and sustain "Youth-at-Risk" efforts in town. That, and very gratifying graduate teaching with family professionals led me to seek more "hands-on" involvement in Extension. Four grandparents in Colorado and love for the mountains and culture drew me to Wyoming (a better place to live than Colorado, too).

For those of you who've done the Myers-Briggs "Personality" Profile, I'm an E(xtrovert)--people-person who still likes "playing with ideas;" iN(tuitive), creative thinker who needs you to help me work out the details; T(hinking) or analytical type who still feels and values strongly; and P(erceptive), options-seeker who struggles to keep things neat, organized, and done on time. I sincerely believe that people "not like me" on this or other profiles are sent to "keep me balanced."

I value life experience and it's blend with book learning. I know we'll make the best of both.

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I value hard work, creative effort, risk-taking. I respect your commitment and initiative in the absence of a FL Specialist.

I value frequent, constructive, and open communication. I don't read minds well and don't want to "keep you guessing" about what's on my mind (Sometimes, not much).

I value friendship, shared effort and support; I like to work with friends and make friends through work. I hope you'll be one.

My agenda is simple. (I haven't been here long enough to muck it up). I plan to run a statewide needs assessment (including your needs) and be open to informal suggestions. In Year 1, though, I want to begin a "Family Dynamics" Bulletin and training series to make you (more) familiar with "systems" thinking (how families interact, rather than who are members or what issues are). As we move on together, I want to add more information about empowering (vs. "fixing" or "enlightening") families. Many community agencies are using and learning more about these basic Extension principles of "helping people help themselves." Continuing education in systems and empowerment should strengthen your capacity to understand, educate, and advocate for families in your communities. These newsletters, our calls and E-mail messages, will continue to support more specific issues programming needs.

I look forward to getting to know you each and count it a privilege to be your resource. During this Fall, I'll also be working on a major presentation about marriage preparation for the National Council on Family Relations conference in November. The marital transition is a much-neglected passage in our society. Perhaps we can plan programming here in Wyoming to prepare and support couples as they begin.

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FAMILY FACTS: HELPING OTHERS FEEL AT HOME

Extension agents have important roles in welcoming newcomers to Wyoming hometowns. These roles range from participating in community planning to child-youth-and family programming to providing accurate information and resources to public and private agencies. My recent experience led me to look up an article in the April 1987 edition of Family Relations, a family life education publication of the National Council on Family Relations (3989 Central Avenue, Northeast, Suite 550,

Minneapolis, MN 55421.

Helping New Families Feel at Home

Background:

- Purchasing a home epitomizes the American Dream, investing in the community, attaining personal stability and peace of mind
- Media, esp. advertising, portrayals are usually joy-filled, emphasize freedom from anxiety during and after the move
- Media underemphasizes family strains, tighter budgets, sense of loss in relocation
- Over 70% of first time homebuyers (over 80% of repurchasers) represent family units
- Relationship issues may be as important as financial issues in considering the ambiguous and unsettling transition from family routine and sense of place to new rituals and patterns

Issues:

-Identity: Feeling "at home" in a house, yard, neighborhood, or community requires finding or adapting the right size, shape, colors, and appointments (e.g., dividing rooms, building a fence, placing birdfeeders or gardens); setting new family rituals (e.g., dinner amid boxes and papers, installing a phone, walks in the neighborhood) enhances organization, stability

-Family-of-Origin: Moving may refresh childhood memories of loss, change, dependency, or dislocation. Strong family rules about moving out or visiting kin (loyalty issues), watching finances (control and

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responsibility issues), or setting up house (decision-making issues) may strain relationships. Partners with similar coping methods (both worry or withdraw) may fare worse than those with complementary roles (take charge/support)

-Boundaries: Clarifying roles and maintaining physical and emotional independence from extended family is important. Loss of a sense of community with others may be mediated by family members spending more time together

-Close Relationships: Shared reality may be altered and partners discover negatives which

threaten or wider common ground which deepens commitment

Implications for Prevention and Intervention:

- Help buyers balance achievement of an ideal with awareness of hassles and changes
- Normalize the stress by emphasizing that tensions as well as pleasures as typical
- Educate realtors to understand the meaning and extent of the purchase and subsequent "buyer's remorse; to be supportive
- Inform the public about moving stress in a newspaper article or real estate supplement
- Conduct community-based workshops and/or classes for new home buyers (to reflect feelings, compare ideas with partner, family-of-origin, communicate about stresses more effectively)
- Advise therapy clients of the possible connection between feelings of sadness, grief, etc. and prior/present moving experiences
- Encourage families and groups to create rituals to celebrate change (ways of saying "goodbye," making the new place unique)

Source: Cynthia Meyer. (1987). Stress: There's no place like a first home. Family Relations, 36, (2), 198-203.

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EXTENSION FAMILY LIFE CALENDAR

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|-------------|---|
| Sept. 1-2 | SE District agents meet on Health Issues, Wheatland. |
| Sept. 10 | Ben in Cheyenne to visit state agencies, HICAP project. |
| Sept. 15 | Agent-Specialist talk time, Casper Ag Resource and Learning Center, 2011 Fairgrounds Rd., 4-6 PM. Come early for Caregiver Conference trade ideas and get acquainted. |
| Sept. 18-22 | Ben in Minneapolis for ES-USDA Centers for Action grant meeting. |
| Sept. 24 | Wyo. Home Economics Ass'n. |

- Annual Meeting. Ben gives Family Issues update.
- Oct. 1-5 Ben at Wind River; Social Support Conference, Riverton.
- Oct. 12-14 Ben & Bernita Quoss at UW Human Services Training Institute, Saratoga.
- Oct. 18 Ben meets SE Dist.agents, Wheatland.
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HUMAN DEV./FAMILY NEWS ITEMS

A British company has FDA approval to market a polyurethane condom for males which is thinner and stronger than latex, odorless, and blocks viruses and sexually transmitted diseases. It can be used with oil-based lubricants such as petroleum jelly and mineral oil. Users report greater sexual sensitivity and breakage rates similar to latex. A female condom of polyurethane is already available and growing in popularity. Source: *Denver Post*, 8/13/93, 9A.

A study of death-row inmates suggests a link between early child abuse, head injury, and conviction for murder as an adult. Source: *Denver Post*, 8/13/93.

Schizophrenia, 2.0 mil.
Source: *USA Today* 8/13/93.

Teen girls have the highest rates of gonorrhea (22 times higher than women 30 or older). In 1991, 544,000 cases were diagnosed. Boys 15-19 have the second-highest infection rates, indicating unprotected sex and increased risk of AIDS. Source: *Denver Post*, 8/20/93, 8A.

Wyoming violent crime increased 13.5% in the last quarter of 1992, but crime overall decreased 4.2%. Source: *Laramie Boomerang*, 7/31/93, p.8.

For a free "Growing Up Drug Free" parent drug-prevention guide, call 1-800-624-0100.

A research report by the Center for Elderly People Living Alone (AARP Public Policy Institute) reveals that 8.2 million U.S. citizens over 65 years live in rural areas, about a third living alone. Fifty-four percent are over age 75 and 79% are women. Average income of rural elders is \$9,200, approximately \$3,000 lower than urban older adults. Benefits for rural elders are \$523 per month, compared to \$873 for suburbanites and \$1,027 for urbanites. Only 31% of rural elders used community-based services. A copy of the report, "Old and Alone in Rural America" is free from PPI, (202) 434-3860. Source: *Aging News Alert*, 8/11/93, p. 11.

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Duke University geneticists have linked a gene variant, *apoli-protein-4*, to onset of the most common form of Alzheimer's Disease. Testing on 42 high-risk families found that persons with two *APOE-4* genes were virtually 100% likely to show symptoms by age 80. *APOE-4* is widely believed to be related to processing cholesterol and onset of heart disease. Source: *Denver Post* 8/13/93 5A.

An estimated 41 million American adults suffer from some form of mental disorder; 52 million, including substance abuse. The National Institute of Mental Health (1990) estimates Anxiety (phobia, panic, obsessive-compulsive) affects 23.3 million; Depressive symptoms on 17.6 mil.; Substance abuse disorders afflict 17.5 mil.; Severe cognitive impairment, 5 mil.; Antisocial personality 2.8 mil.;

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"Aging in America:" CES NATIONAL AGENDA

In June 1993, ES-USDA published a summary of issues, trends, and recommendations for serving an aging population which will grow from 31 million in 1990 to 65 million in 2030. The 14-page document notes several trends:

Economics (health care costs, poverty for low and fixed-income), **Community Services** (sagging public resources, poor access to rural and ethnic minority populations), **Family** (eldercare for two-job couples,

isolation), **Health** (suicide risk, need for housing, lifestyle adaptations), **Continuing Education & Leadership Development** (increasing skills and wellness of older adults), **Public Policy** (vying with other age groups, legal issues), and **Housing and Living Arrangements** (helping elders to stay in home).

A history of CES research and programming in gerontology, a vision of enhancing quality of life via programming for in financial planning, encouraging social relationships, assessing community resources, and decision making, and inventory of talents and resources punctuates the agenda centerfold.

Goals and Programs concentrate on Results related to: **Social and Family Support** (needs assessments, involving families and volunteers, teaching self-care and stress reduction, using elders as community resources, esp. with youth), **Decisions for Health** (promoting prevention, needs of "at-risk" elders, expand caregivers), **Resource Management** (reducing health care costs, financial and incapacity planning, facilitating intergenerational transfers), **Communities and Coalitions** (merge public/private efforts, assess and serve diverse communities, design strategies to reach specific groups and issues, support staff with training, empower communities and individual elders).

UW CES Director James DeBree served on the Aging in America Advisory Committee. Write me for a copy.

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**FACTS AND STATS:
AGING IN AMERICA**

Life Expectancy in U.S. at Selected Ages, 1990

Age	Men	Women	Age	Men	Women
0	72.0	78.8	55	22.4	27.0
15	58.0	64.7	65	15.2	19.0
25	48.8	55.0	75	9.3	12.0
35	39.7	45.4	85	5.2	6.5
45	30.8	36.0			

Source: Metropolitan Life Insurance Co., cited in The World Almanac, 1993, p. 940.

Insight: Note that the longer someone lives, the more likely they are to outlive the birth-age life expectancy.

Figures for 65+ suggest just how hearty and enduring these folks are.

Living Arrangements of Persons 65 Years and Over, 1970-1990

Total (1970) = 19.9 mil. Total (1990) = 29.6 mil.

Percentages in each situation	1970	1990
Living Alone	(25.5)	(31.7)
Spouse Present	(49.0)	(54.1)
Living with Someone Else	(20.7)	(14.6)
Not Living in Household (4.8)	(.3)	

Source: Bureau of the Census, 1990, cited in World Almanac, 1993, p. 943.

Insight: Note that most persons are doing well on their own or with a spouse at home. Cooperative and institutional arrangements have decreased.

"First you forget names, then you forget faces, then you forget to pull your zipper up, then you forget to pull your zipper down." --Leo Rosenberg, on being asked to describe old age.

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**FAMILY FACTS: ELDERCARE
AND ALZHEIMER'S CAREGIVERS**

Family Considerations when Caring for a Dependent Older Person

1. Older people often need support when their children's lives are complicated with many responsibilities.
2. Families are often unprepared.
3. A family member may become the primary caregiver for many reasons: Primary caregiver is usually spouse, daughter, or daughter-in-law.
4. Caregivers can easily imagine themselves as martyrs and play out that role.
5. Motivations to help range from love and respect to shame, anger, guilt.
6. Involvement ranges from denial and withdrawal to over-involvement.

7. Money is often a source of conflict, esp. when it dictates power or is substituted for involvement.
8. Some relatives don't get involved because it is too difficult to see elders frail or dependent.
9. Spouses or children may be jealous of time, money, etc. given to elder.
10. Troubled marriages or parenting may be overstressed by eldercare.
11. Dependent elders can become scapegoats for family problems.
12. Old interaction patterns, loyalties, wounds may influence quality of family relations.
13. Older persons' response to health problems vary from denial to exaggeration.
14. All family should be involved in decisions (to share responsibility with primary caregiver).
15. Relationships can and often need to change through caregiving.
16. Old patterns can be reversed via patience, problem-solving skills.
17. Working together for elder and family can strengthen bonds, skills.
18. Caring can be mutually rewarding.
19. Key goal: Minimize primary caregiver stress; maximize independence of elder.

Source: Donna P. Couper & Nancy W. Sheehan. (1987). Family dynamics for caregivers: An educational model. *Family Relations*, 36, (2), 181-186.

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Work with Middle & Later Years Families

Background:

- *Changes in health, housing may be influenced by consequences of handling of earlier changes such as launching, retirement
- *Caregiving/receiving in need occurs in context of long-term relating
- *Educational programs should focus on building communication between generations; strengthening marriage after launching; adjusting to returning adult children.

Issues for Later Life Families:

Sexuality: Dispel myths of asexual older adulthood; find ways for community-dwelling persons to express intimacy; include extended family in programs; explain normal and atypical health and functioning issues.

Retirement and Family Life: Financial planning, health, and leisure (both spouses) beginning in midlife.
Widowhood: Planning for independence, grieving, financial adequacy, health maintenance, social networking; strengthening ties to adult children.
Intergenerational Relations: Defining and affirming grandparent role, style; resolving earlier conflicts.
Caregiving: Defining roles, health and independence-maintenance; negotiating social service or nursing home system; supporting caregivers at home and workplace.

Guidelines for Family Life Education:

Continuity: Rewarding relationships and activities can extend far into older adulthood.
Challenges of Change: Creative and courageous coping is the key.
Multigenerational Family Network: Several ages involved; all with unique needs.
Older People as Resources: Elders can and often do give more than receive.
Heterogeneity: Elders represent a great variety of personalities, talents, and circumstances.
Ethnic Differences: Individual and family patterns vary by tradition.
Gender: Males and females have some common, many different perceptions and patterns for growing old.

Source: Timothy H. Brubaker & Karen A. Roberto. (1993). Family life education for the later years. *Family Relations*, 42, (2), 212-221.

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Helping Families Whose Members Have Alzheimer's Disease

Several dementias, no easy diagnosis
 Fatigue, medication symptoms sometimes confused--complete inventory best
 Families are (& want to be) primary caregivers
 Family stress and coping critical to care
 Alzheimer's-related dementias involve extended decline (avg. = 8 years)

Typical levels, symptoms:

Mild: Mild recent-memory loss, decreased concentration, less spontaneity;
Moderate: Chronic recent-memory loss, increased inability to comprehend, perceptual problems, repetitive actions, delusions;
Severe: Inability to converse, can't find way around, incontinence, forgets persons, needs help with most daily living activities;

Terminal: Incoherent words, bedridden, little movement, difficulty swallowing, muscle twitching, cachexia.

Families are (and want) primary caregiver Family stress and coping critical to care

Typical experiences/Helps:

(Note: Illness & responses vary widely)

Pre-diagnosis/Diagnosis Stage

- Impaired persons unaware of deficits, may be defensive or depressed without realizing
- Families need to know dementia is not normal aging, elder not to blame, how to get a complete check-up, tie into resources
- With diagnoses, families need support for altered expectations and realities, advice on daily, time and money management, coping skills, handling unresolved past conflicts

Progressive Impairment

-As symptoms intensify (over years), practical behavior problems (restlessness, agitation, violence, etc.) and feelings of loss, anger, depression require information and support

- Families can reduce unfamiliar and hostile stimuli in environment to increase coping
- Sharing care with professionals is often tough and requires team approach, respite care, affirming feelings and realigning roles

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-Symptoms such as incontinence require more cost, effort, information on normalizing, medical checks, and emotional support

Hospitalization/Nursing Home Placement

- Giving up primary care involves numerous, extended, complex decisions, guilt
- Unfamiliar staff and routine often reduce patient coping; family may need to advocate for quality care, patient functioning
- Placement is full of ambiguities, mixed feelings (relief, guilt), eased by support, opportunities for continued care, aid with financial and legal decisions, time to refresh and readjust
- Eating difficulties present practical and ethical dilemmas for family and staff

Death and Bereavement

- Often by pneumonia, sepsis despite total care
- Often felt as final loss after series of losses
- Reactions range from intense grief (despite

awareness) to relief

-Physical and emotional recovery requires surrender of caregiver role, involvement in social mainstream, mourning, social support

Source: Daniel R. Kuhn. (1990). The normative crises of families confronting dementia. Families in Society, , 451-460.

**RESOURCE UPDATE:
ELDERCARE/CAREGIVERS**

Generations United, a coalition of over 100 national groups, works for best interests of all ages. GU prints a quarterly newsletter, holds a Spring conference, program and policy materials via the Child Welfare League of America, 440 First Street, NW, Suite 310, Washington, DC 20001-2085.

The Center on Rural Elderly, University of Missouri-Kansas City, 5245 Rockhill Road, KC, MO 64110 has compiled a Directory of Intergenerational Programming and publishes a free newsletter.

The Alzheimer's Family Relief Program (15825 Shady Grove Road, Suite 140, Rockville, MD 20850, 1-800-437-2423) offers grants up to \$500 for low-income Alzheimer's patients or caregivers with emergency care or treatment. (Continued on next page)

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"A Good Place to Grow Old" vide o and facilitator's guide on "aging in place" (staying at home, with help from supportive communities) is now available in 32, 27, and 24-minute versions for \$74.95 (\$34.95 for a segmented version) from the Society for Aging, 833 Market Street, Suite 511, San Francisco, CA 94103-1824 (1-800-537-9728).

Oregon State University CES has compiled some of the nation's best gerontology print & AV resources, at rental or moderate cost. For a resource list write Vicki L. Schmall, Extension Home Economics, Milam Hall 161, Corvallis, OR 97331-5106.

A recent University of California study found the cost of caring for someone with Alzheimer's disease was 47,591 per year for institutionalized care (90% coverage) and \$47,039 for in-home formal and informal (\$34,517 of family member care amounting to more than 286 hrs.). Source: Aging News Alert, CD Publications, 8204 Fenton St., Silver Spring, MD 20910, 7/28/93, p. 14.

Among AARP Publications: Before You Buy: A Guide to

Long-term Care Insurance (#D12893); Coping and Caring: Living with Alzheimer's Disease (#D12441); Making Wise Decisions for Long-term Care (#D12435). Write American Association of Retired Persons, 601 E Street, NW, Washington, DC 20049. Also note work & family newsletter "Working Age" through Joan Kelly, Manager Business Partnerships, AARP.

A.D. (Alzheimer's Disease and Related Disorders Association, Inc.) offers several informational materials such as; The Loss of Self: A Family Resource for the Care of Alzheimer's Disease and Related Disorders, The 36-Hour Day: A Family Guide to Caring..., and Understanding Alzheimer's Disease. Write A.D., 70 E. Lake St., Chicago, IL 60601-5997 or call 1-800-621-0379.

The Robert Wood Johnson Foundation is sponsoring \$23 million in grants during the next 4 years for start-up grants (\$25,000 each) to community coalitions established by religious congregations of all faiths to offer volunteer care to persons with chronic health conditions. Interfaith coalitions must gain matching

The Women's Bureau, U.S. Dep't. of Labor, 200 Constitution Ave., NW, Washington, DC 20210 offers "Choices" clearinghouse (1-800-827-5335) and Work and Family Resources Kit" (202-523-4486) of ideas on eldercare for employers.

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support from local sources. While Extension units can't apply, they might coordinate efforts with local churches and patrons to initiate Alzheimer's caregiver support and training. For information, write Johnson Faith in Action, Health Services Research Center, 368 Broadway, Suite 105, Box 2290, Kingston, NY 12401 (914) 331-0016.

**YOUR VOTE:
 NEWSLETTER IDEAS**

Check at left for what you want; at right for what you'd contribute now and then. Cutout and return to Ben at P.O. Box 3354, UW, Laramie, 82070.

- ___ News around the state ___
- ___ National FL news stories ___
- ___ Calendar of events ___

- ___ Statistics, trends ___
- ___ Public policy news ___
- ___ Funding opportunities ___
- ___ Info on organizations and resources for programs ___
- ___ Research reviews ___
- ___ Research-based Fact Sheets ___
- ___ Practical implications of research ___
- ___ Professional standards and training opportunities ___
- ___ Anecdotes about child and family strengths ___
- ___ Model programs ___

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"And so we discovered that education is not something which the teacher does, but that it is a natural process which develops spontaneously in the human being."
 --Maria Montessori, The Absorbent Mind

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**PARADOXES: A PARTING THOUGHT
 Aging in America**

"When you're thirty," an incoming professor at Faculty Orientation said to me, "You don't think about retirement." Americans are slowly beginning to save more (3% compared to over 10% by Japanese families). As young adult and middle aged consumers cope with skyrocketing health care costs, they are gaining at least an intuitive notion of their own circumstances 50 years from now. But who wants to think about that when you can have a Grand Am or take advantage of low rates to buy the maximum house of your dreams? If the Federal and State budgets are deficit-riddled and focused on "spending for the now," they merely reflect American personal habits.

USA Today (8/13/93, 1A) recently reported a Merrill

Lynch estimate that Americans save only about 1/3 of what they'll need to retire. Projecting average lifespans and assuming a consistent standard of living, the brokerage recommends that married couples, 25-34 years, earning \$50,000 should be saving 1.9% in addition to pension plans. Those who begin later, need to set aside more: 35-44 years (5.2%), 45-54 (11.7%), 55-64 (17.2%). Moreover, financial planners point out that changes in tax laws, health care costs, volatility in the stock market, technological trends, and funding of government create a slippery environment even for professional planners. More consumer skill and sacrifice are needed to prepare for a quality of life after retirement.

Whether it is just human nature to "live for today" (many lower and middle income Americans have no other choice) or too frightening to consider aging, poverty, and death, too many of us are neither ready to help our elders nor preparing to help ourselves. The new Aging in America agenda offers a guide to attend to both concerns.

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By addressing a broad spectrum of issues on a personal and community level, Aging in America plots a course beyond the paradox of knowledge and inaction, opportunity and prodigality.

Paradoxically, the model that young and middle-aged adults set in caring for their elders today may be the measure of compassion and creative living offered by their grown-up children tomorrow. Communities can act now by:

*Assessing current and future needs of persons over 55 years, especially single adults without kin connections, with special health, housing, or financial assistance, and ethnic minorities.

*Targeting critical needs in health care, housing, social and recreational activities, etc. for long-term funding and development.

*Coordinating public and private resources, cultivating community awareness and volunteer service.

*Allowing families (rather than professionals) to make decisions on services, and maximizing what elders and families can do for themselves.

*Providing more ways for elders to contribute their wealth of life experience to help others.

"To grow old is to pass from passion to compassion."
--Albert Camus

"Far and away the best prize that life offers is the chance to work hard at work worth doing."
--Theodore Roosevelt

Issued in furtherance of Cooperative Extension Work, acts of May 8 and June 30, 1914, in cooperation with the U.S . Department of Agriculture. Jim DeBree, Director, Cooperative Extension Service, University of Wyoming, Laramie.

Persons seeking admission, employment or access to programs of the University of Wyoming shall be considered without regard to race, color, national origin, age, sex, religion, political belief, handicap or veteran status.