
Brookdale Relatives as Parents Program

RAPP REPORTER

Fall 2009

A Newsletter of the Brookdale Foundation Group

RAPP NETWORK UPDATE

Tough economic times have forced everyone, including the RAPP Network, to buckle down and concentrate on developing partnerships and collaborating with others to ensure that they are able to continue to provide supportive services to relative caregiver families. We know that the special families you serve appreciate the wonderful services you offer them in these tough times. Keep up the great work!

JANET SAINER HONORED

Janet Sainer was a Special Consultant to the Brookdale Foundation where she focused on the issues faced by grandparents and other relatives raising children. Janet's commitment to the challenges faced by relative caregiver families was evident through her efforts to help agencies across the country recognize the importance of addressing the

service needs of these special families. She worked diligently to bring attention to the plight of these special families and provided guidance and

Training Conference in Denver, Colorado this past May. The award recognizes the work of a RAPP organization that achieved excellence in the

delivery of supportive services to relative caregivers and their families in collaboration and partnership with other organizations. The Award recognizes the creativity, enthusiasm, dedication and commitment of a Brookdale Relatives As Parents Program -the very qualities Janet Sainer demonstrated throughout her career.

Congratulations to Catholic Charities for their leadership, collaboration, and commitment to excellence in creating supportive services for relative caregivers!

This past year, the RAPP Network was invited to write articles for the very first intergenerational edition of the **Journal of Intergenerational**

In this issue:

- ❖ RAPP Volunteer Mentor Programs to Assist Relative Caregiver Families
- ❖ Finding Mentors for RAPP Youth Programs
- ❖ 17 Solutions For Addressing Childhood Obesity
- ❖ Health and Wellness of Caregiver Families
- ❖ Kinship Families Dealing with Trauma and Loss: Implications for Practice
- ❖ The Cooperative Extension System: Using Research-based Practices to Strengthen Grandfamilies Across the United States

Also inside:

- ❖ Reaching Out to Rural Kinship Families
- ❖ A Legislative Update!
- ❖ Resources for Assisting Kinship Families
- ❖ Nutrition and Physical Activity References and Resources
- ❖ Top 5 Reasons Teens Use Drugs During Transitions; and
- ❖ The Relatives As Parents Program (RAPP) Funding Alert!

encouragement to many in our RAPP Network and beyond. Several activities this year honored Janet and we are happy to report some of them.

The very first **Janet Sainer RAPP Award** was presented to **Catholic Charities, Archdiocese of Denver**, at our National Orientation and

Relationships (JIR), Special Double Issue: Volume 7, Issue 2-3, 2009, Grandparents and Other Relatives As Parents.

The journal, also in honor of Janet Sainer, includes both practice and research articles on relative caregiving. For more information or to order a copy of this special issue of JIR, visit:

<http://www.tandf.co.uk/journals/spissue/wjir-si.asp>.

Congratulations to all the RAPPs who were featured in this special issue!

The First Generations United Janet Sainer Luncheon,

sponsored by the Foundation, was held on Thursday, July 30th in Washington, DC. It honored the more than 50 years that Janet worked in the intergenerational field. Generations United's networking luncheon, now named on behalf of Janet, encourages conference participants to network, take risks and keep an eye out for any good they can do next!

Our RAPP Network is committed to ensuring that the needs of grandparents and other relatives raising children are identified and addressed across the country! If you are interested in joining our family and becoming a Brookdale RAPP, please see the funding alert inside this Reporter.

RAPP VOLUNTEER/ MENTOR PROGRAMS

Since 2008, the Administration on Aging (AoA) has awarded

FUNDING ALERT!

We are pleased to announce the Relatives As Parents Program (RAPP) Local, Regional and State Seed Grant Initiatives for the year 2010.

Local, Regional and State agencies will be chosen from throughout the United States through a Request for Proposals (RFP) process. Each agency will receive a \$10,000 grant [\$6,000 in the first year, the remaining \$4,000 if all grant requirements have been met], as well as training and technical assistance. Matching support in cash or in-kind will be required of all selected agencies. The sponsoring agency must be a 501(c) (3) entity or have equivalent non-profit/tax-exempt status.

Deadlines: Local and Regional proposals: **Thursday, December 3, 2009.** State proposals: **Thursday, January 7, 2010.**

Selected applicants will be notified in April and be invited and required to attend our National Orientation and Training Conference in St. Louis, MO, April 30 – May 2, 2010.

Copies of the Local, Regional and State RFP guidelines and application forms may be downloaded directly from the Foundation's website, www.brookdalefoundation.org.

the National Council on Aging (NCOA) nearly \$1 million a year for three years to develop the Multi-Generational Civic Engagement (MGCE) Initiative. The MGCE initiative

is about discovering, documenting and supporting existing exceptional locally developed program models and volunteer engagement strategies. The model programs engage older adults in civic engagement projects aimed at increasing services to frail elders, families of children with special needs, and grandparents raising grandchildren.

Three RAPP programs, recipients of the NCOA grants, **Kids-Kin of Families and Children Together** in Maine, **SKIP Generations of the Family Resource Centers in Rochester**, New York and the **Grandparents as Parents Program of Knoxville-Knox County Community Action Committee**, Tennessee, are engaging older adults to increase services to grandparents and other relatives raising children. Here is how they are doing it:

FAMILIES AND CHILDREN TOGETHER
Barbara Kates

Families and Children Together's Kids-Kin Program is a statewide Grandfamily support program that focuses on families outside of the formal foster care system. We serve over 400 families a year across a rural state providing information, referral, assistance in developing safety and resource plans, limited case

management, as well as support groups, a library, volunteer peer support over the phone, and material assistance. We provide our resources through an efficient and effective model that is caregiver driven, strengths based, and very flexible.

The program has four staff members that are an efficient and effective team who continued to be challenged by increased numbers of people coming for help and relative caregivers returning with additional needs. In the past nine years, the program has not received a substantial increase in funding for its core services. Through our NCOA-MGCE grant, we are focusing on how to extend the program's resources to meet more needs. We are accomplishing this through increased support to volunteers so that they can expand their work with the agency and an increased number of volunteers to perform an increased number of jobs. Volunteers work with us in a variety of ways including clerical activities, organizing in-kind donations and events to raise funds, facilitating support groups and training, and providing peer support. In 2008, Maine Kids-Kin had 46 volunteers and 37% had also received services from our program. In the first half of 2009, Maine Kids-Kin has already had 56 volunteers and 45% have also received services from our program. Below are

two examples of our volunteer projects.

Maine Kids-Kin is beginning year two of a Brookdale expansion grant to provide peer mentoring among grandfamilies. Many relative caregivers do not attend support groups. In our rural state, people may live hours from the nearest support group. We developed a project to provide emotional support to relative caregivers who do not attend our support groups. We call it the *Grandfamily to Grandfamily Project*. Volunteers complete a five hour training to raise awareness of listening skills, remain non-judgmental, accessing resources, understanding boundaries, and maintaining records. When relative caregivers call our office, we offer them the option of talking to another grandparent trained in supporting their peers. If the caller agrees, we will match him or her with a volunteer and the volunteer will begin with weekly contacts for the first month. The pair will then continue as needed for up to six months. We began matching pairs this year, but the initial survey from participants tells us how much they appreciate the volunteers and knowing they are not alone.

Some years ago, support group members started an emergency fund for grandfamilies in difficult financial situations when a small amount of money

(under \$200) could make all the difference. As I write this article on a sunny August afternoon, volunteers are nearby having a yard sale to raise money for this fund. They are led by members of a volunteer group, our Wisdom Work Team. This team is developing ways that volunteers can make a difference for grandfamilies and enhance Maine Kids-Kin programming. There is no paid staff working on this yard sale. It is all volunteer run. Last month the same group organized a float in the Fourth of July Parade and handed out flyers about our program as well as proudly showed off their grandchildren on the float!

During the next two years of the Maine Kids-Kin NCOA-MGCE grant, we will develop a stronger infrastructure for our volunteers so that we can increase their numbers without an increase in paid staff. We will also increase the kinds of services provided by volunteers. We are planning for volunteers to provide family event programming and policy development. The most important lesson we have learned so far is not to limit what we think volunteers can do, but instead welcome them, build trust with them and then let their energy and insight take us to the next level.

Barbara Kates is RAPP Coordinator for Maine Kids-Kin. For more information about Maine Kids-Kin's

volunteer activities, contact
Barbara Kates at
207-941-2347 or
bkates@mainekids-kin.org

**FAMILY RESOURCE CENTERS
OF CRESTWOOD
SKIP GENERATIONS
ROCHESTER, NY**
Linda James

Skip Generations, in Rochester, NY, provides educational/support groups for grandparents and relative caregivers who are raising grandchildren or other relatives. It is a program of Family Resource Centers of Crestwood Children's Center, an affiliate of the Hillside Family of Agencies. Parenting education is an essential focus of Family Resources Centers (FRC), and the parenting groups in Skip Generations are designed to provide grandparents and relative caregivers access to services and information that will help them be better prepared to raise the children in their care.

Skip Generations has designed services to be offered on three levels: *Level I* - Basic Curriculum Groups, In-Home Mentoring Services by volunteer mentors, and Parent As Teachers Home Visiting (for those with children ages 0-5); *Level II* - Ongoing educational support groups, including more intensive parenting curricula; and *Level III* - Mentor Training, Consultation and Support Groups to train those who have graduated from both Levels I

and II to become mentors. Childcare during groups is provided as needed. The program has impacted participants by:

- ✓ enhancing caregiver-child relationships and permanency
- ✓ decreasing caregiver stress and isolation
- ✓ increasing child/family safety; and
- ✓ establishing acceptability and sustainability of kinship caregiving.

Participants can become part of the program at any time by attending group meetings or, for those unable to attend meetings, through mentor home visits.

Educational offerings include the 12-week basic curriculum groups as well as the evidence-based Parents as Teachers home-visiting parent education and family support program which continues for families with children up to age five. The second level of services is designed to meet specific needs of the group and may include such programs as Effective Black Parenting Program, *Los Niño's Bien Educados*, and the Incredible Years parenting program. Level III training will prepare kinship caregivers who have participated in the first levels of service to become mentors providing home visiting.

One of the most innovative approaches of Skip Generations is the volunteer mentor program. Because many kinship caregivers are isolated, unaware of available services, or unable to attend group meetings, Skip collaborated with the University of Rochester Medical Center's Department of Psychiatry to design a Mentor Training Program to educate kinship caregivers as mentors to bring supportive services into the home. This new volunteer program began two years ago with the training of ten grandparents who were also Skip Generations participants. For over a year now they have been actively providing support, education and advocacy to other grandparent kinship caregivers.

Volunteers participate in a 15-week course which trains them to become leaders and role models to other kinship caregivers. Through this training, volunteers learn about various resources available within the community as well as how to teach parenting skills and techniques to help grandparents advocate for the children in their care. Training is enhanced by incorporating elements of Cornell University's Family Development Credential (FDC) curriculum, which focuses on family development, worker self-empowerment, building mutually respectful relationships with families, communicating with skill and

heart, and helping families access specialized services.

After completing Mentor Training, volunteer mentors provide home visiting services and attend weekly mentor support groups. At these sessions, mentors have the opportunity to consult on stumbling blocks they are encountering, to receive feedback and support, and to check in with the Program Coordinator, who facilitates these meetings to ensure high quality of service, as well as volunteer satisfaction and well-being. Additionally, a University of Rochester Psychology Postdoctoral Fellow provides psychological consultation during these sessions.

On the home visits, mentors provide health information, are able to recognize specific signs of mental and physical health, and provide guidance to assist with these issues. One goal of the mentoring program is that, through the connection and linkages made with the mentors, the mentees will feel engaged enough to join the core curriculum group. To ensure safety on home visits and access to transportation for all mentors, they work in teams of two to provide twice-monthly visits to each mentee. Each Mentor Team is assigned two families to visit. Although the effectiveness of the new program has not been documented by research, an

initial survey found that mentees strongly agreed they had received empathy and support, learned how to better advocate for themselves and the children in their care, and received information about resources in the community. They also reported learning how to relieve stress and to use more effective parenting skills.

Linda James is RAPP Coordinator of SKIP Generations. For more information on Skip Generations volunteer activities, contact Linda James at Ljames@hillside.com.

**Knoxville-Knox County
Community Action
Committee (CAC), TN**
Edna Eickman

The Grandparents as Parents Program of the Knoxville-Knox County Community Action Committee (CAC), created in August 2000 with a grant from the Brookdale Foundation, was the first program in Tennessee to offer services to specifically meet the needs of grandparent and relative caregiver families. It became clear during discussions at *Grandparent to Grandparent* support meetings that grandparents found the processes of petitioning Juvenile Court for custody of at risk related children, or attending school meetings for children in Special Education, particularly confusing, intimidating and emotionally charged.

In 2007, the *Volunteer Advocacy Corps*, was created as an innovative way to assist grandparents and relative caregivers through these difficult events. As a component of the core Grandparents as Parents Program, the Volunteer Advocacy Corps has enabled us to better serve families and expand roles for mature volunteers by utilizing their skills, interests and experience. To implement the plan, we consulted with the Knox County Juvenile Court and the Knox County Schools to obtain their endorsement and their commitment to train our carefully screened Volunteer Advocates.

We initially recruited eight Volunteer Advocates, five were grandparents raising grandchildren and three had been volunteer mentors for grandparent families. Following their orientation and screening, the volunteers participated in a structured training program, developed to give them a strong feeling of civic engagement. We traveled as a group by CAC van for training at Juvenile Court and had a tour of the facility as well as at Court Appointed Special Advocates (CASA). We also toured school facilities and received training on how to assist grandparents participate in Individual Education Plan (IEP) meetings for their grandchildren in special education. Following each

training module, we returned to CAC for lunch and an evaluation of each training session.

All Volunteer Advocates have proven enthusiastic, dependable and flexible enough to accommodate unpredictable and often urgent advocacy meetings. A Grandparent As Parent Program staff member and Volunteer Advocate meet with adult family members to discuss their concerns, the options available to them, and guide them through the Juvenile court or IEP process. Volunteer Advocates will also accompany relative caregivers to Juvenile Court or their child's IEP school meetings. Volunteer Advocates have met with more than 50 grandparents and relative caregivers since the program was implemented, while 20 additional families have been assisted with Juvenile Court and IEP information by program staff or advocates.

Our volunteers continue to value the services they provide and will have an important role in training the new class of volunteers we are currently recruiting.

Edna Eickman is RAPP Coordinator of Knoxville-Knox County's RAPP. For more information on Knoxville-Knox County Community Action Committee's volunteer program, contact Edna Eickman at edna.eickman@knoxcac.org

FINDING MENTORS FOR YOUTH IN RAPP PROGRAMS

Dr. Susan G. Weinberger
Mentor Consulting Group

September, the month when our thoughts turn to the end of summer and the start of a new school year for hundreds of thousands of youth that are being raised today by their Grandparents, Great Grandparents and other relatives.

This is also the month that most site-based mentoring programs throughout the United States expand their efforts. Directors have typically recruited their compliment of new mentors during the summer and are now asking teachers in schools and agency staff of Boys & Girls Clubs, the YMCA and after school programs to recommend youth to be matched with a mentor. Now is the time for RAPP to jump on board with a list of children you know might benefit from a support system in their lives.

Relatives as Parents Program staff should recommend youth that would realize their potential if they were matched with a mentor this year. The mentors will work weekly with youth as positive role models and advocates. They may help with homework, social skills or just having fun. The pairs will work together, to, for example, improve a youth's attendance in school and relationships with

their peers. Mentors will instill character, confidence and competence in the youth. Based on the research, the youth, known as "mentees," will improve their attitudes, academic performance, school attendance, self-esteem and avoid risky behavior.

How do you find a mentor for the youth you serve? Start your inquiry with the programs listed below:

- 1) Local school district
- 2) Boys & Girls Club
- 3) United Way Agency
- 4) Volunteer Center
- 5) Big Brother Big Sister Agency
- 6) Churches
- 7) Visit:

www.mentoring.org, the website of MENTOR, National Mentoring Partnership. Insert your zip code under the "find a mentor" section and learn what is available in your town.

When contacting one or all of these agencies about the availability of mentors, ask each potential organization if it incorporates the "*Elements of Effective Practice*," the quality assurance standards of mentoring. These standards have been established by a group of experts to ensure maximum protection for all involved in the program. The MENTOR/National Mentoring Partnership website outlines the principles. Make sure that programs carefully screen (including criminal background

checks), train, and match mentors and youth, and provide on-going monitoring and supervision of the matches.

It is my dream that every child in America that can benefit from a mentor will have one. The more mentors children have in their lives, the more likely that they will grow up to be well-rounded and productive citizens.

Remember that Dr. Mentor is always a phone call or e-mail away to help you begin the process. Just contact me and I will assist in any way that I can.

Dr. Susan G. Weinberger is a leading authority on mentoring. For more information about mentoring programs for grandparents, great grandparents and other relative caregivers, contact Dr. Mentor.

Susan can be reached as follows: Dr. Susan G. Weinberger President, Mentor Consulting Group 3 Inwood Road Norwalk, CT 06850-1017; DrMentor@aol.com; www.mentorconsultinggroup.com; or (203) 846-9608.

20 years. Even more disturbing is the likelihood that the majority of overweight youths

will become obese adults. Obesity is associated with significant health problems in both childhood and adulthood, making prevention of childhood obesity a public health priority.

Most cases of childhood obesity are caused by an energy imbalance: eating too much and engaging in too little physical activity. The good news is that there are many causes of this energy imbalance which can be

addressed in a variety of ways. The most appropriate way to address childhood obesity is to emphasize healthy food choices, rather than restrictive eating patterns, to foster moderation versus overconsumption, and to encourage increased physical activity and less time spent on

**NUTRITION AND PHYSICAL ACTIVITY
REFERENCES AND RESOURCES**

Action for Healthy Kids. www.actionforhealthykids.org/

A public-private partnership of over 60 national organizations and government agencies addresses the epidemic of overweight youth by focusing on changes in schools to improve nutrition and increase physical activity.

American Dietetic Association. Includes written materials and an online network where you can locate a registered dietitian in your area; www.eatright.org

Shield J, Mullen M. ADA Guide to Healthy Eating for Kids: How Your Children Can Eat Smart from 5-12; 2002.

Healthy Habits for Healthy Kids: A Nutrition and Activity Guide for Parents; 2008.

Kosharek SM. If Your Child is Overweight: A Guide for Parents, 3rd ed.; 2006.

Nationwide Nutrition Network: Find dietitians who specialize in childhood obesity in your area of the country.

Barlow SE, et al. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. *Pediatrics*. 2007; 120 (suppl 4): S164-S192.

Baumer EM. Using the Zimbabwe hand teaching method with an urban Austrian population. *Diabetes Spectrum*. 1999; 12(3): 185-8.

Building Healthy Families: Step by Step. A 6 part video series with supporting materials to help families create healthy home food environments. In English and Spanish. USDA funded; Baylor College of Medicine; Children's Nutrition Research Center: <http://www.bcm.edu/cnrc/buildinghealthyfamilies/>

Decreasing fat, sugar and increasing fiber in recipes; cooking healthier with families using some of their favorite foods; University of Nebraska's Cooperative Extension in Lancaster County. Food Reflections Newsletters on a variety of topics: Family Meals Nourish Body and Soul; Add a Little SPICE (& HERBS) to Your Life! <http://www.lancaster.unl.edu/food>

**17 SOLUTIONS
FOR ADDRESSING
CHILDHOOD OBESITY**
Jana Kicklighter, PhD, RD

Everyone has heard the alarming statistics about the increases in childhood and adolescent obesity over the past

sedentary activities. Here are 17 possible solutions for you to consider when working with grandfamilies to either prevent or address childhood obesity.

SOLUTION #1

Eat meals three times per day. Regular meals can help children eat fewer snacks of high calorie, high fat and high sugar foods. Breakfast consumption is particularly important because it improves diet quality, cognitive abilities and academic performance in school.

SOLUTION #2

Have a family meal at least once a day. Make mealtimes pleasant and use them as a time for sharing and caring. Turn off the TV and don't answer the phone during mealtimes. Don't use food as a reward or punishment. Avoid the clean plate club. Don't nag or push children to eat. Also, don't restrict the amount of food a child eats during meals, but let the child control how much he consumes. This is how children learn self-control. Help the child learn when he is physically hungry and when he feels satisfied.

**NUTRITION AND PHYSICAL ACTIVITY
REFERENCES AND RESOURCES
(CONTINUED)**

Eat Smart Play Hard. USDA, FNS. Encourages and teaches kids and adults to eat healthy and be physically active every day.
www.fns.usda.gov/eatsmartplayhard

Kicklighter J, Whitley D, Kelley S, Shipskie S, Taube J, Berry R. Grandparents raising grandchildren: A response to a nutrition and physical activity intervention. *Journal of the American Dietetic Association*. 2007; 107: 1210-1213.

Curricula for parents and youth; handbooks and tip sheets for parents: Families Finding the Balance: Parent Handbook; focuses on healthy eating, increased physical activity and decreased screen time. Includes Go, Slow and Whoa Food Guide
Publications from Jana Kicklighter's work with Project Healthy Grandparents (<http://www2.gsu.edu/~wwwal/>)

FDA's Spot the Block campaign; urges children and adolescents to look for the Nutrition Facts Label on food packages;
www.cfsan.fda.gov/~dms/spotov.html

Heart Healthy Cooking – African American Style. Washington, DC: US Department of Health and Human Services; 2002. NIH Publication No. 02-3792.
<http://www.nhlbi.nih.gov/health/public/heart/other/chdblack/cooking.htm>

MyPyramid for Kids; USDA. Visual of food groups and how many servings from each group are needed each day for different age groups;
<http://www.cnpp.usda.gov/MyPyramidforKids.htm>

National Foot ball League. PLAY 60; National youth health and fitness campaign encouraging youth fans to be active for at least 60 minutes a day;
<http://www.nflrush.com/health/programs>

Policy and Environmental Changes; changes in communities, work sites and schools; www.cdc.gov/nccdphp/dnpa/obesity/

Portion Distortion Quiz. NHLBI: NIH. A quiz on how portion sizes have changed over the past 20 years; <http://hp2010.nhlbihin.net/portion/>

fat and sugar; and include fruits, vegetables and whole grains. Examples are a breakfast parfait, with low fat yogurt topped with berries and low fat whole grain granola. Or make tacos, with whole wheat tortillas, pinto beans and taco sauce, reduced fat cheese, and shredded lettuce and chopped tomatoes. Make meals quick and easy and get everyone involved in the preparation of the meal. This is a great way to teach cooking skills and table manners to children.

SOLUTION #4

Follow the golden rule of Ellen Satter, author of *Secrets of Feeding a Healthy*

SOLUTION #3

Plan meals a week at a time and use these 3 star guidelines for both meals and snacks: Include more than 1 food group; limit

Family, regarding the appropriate division of responsibility related to food and eating (Satter, 1999). She states that adults are responsible

for the what, when and where of feeding and children are responsible for whether, what and how much to eat from the foods provided. Also, don't cater to children. Meals should be for adults and children should be expected to join in. Children learn to like a variety of foods by being repeatedly exposed to them. Remember that adults should be good role models for healthy food choices.

SOLUTION #5

Teach children to eat slowly. Encourage them to take small bites, to chew thoroughly, and to put down their fork between bites. It takes 20 minutes for the brain to get the message that your body is getting food and is feeling full.

SOLUTION #6

Use **MyPyramid for Kids** to help determine which foods and how much to serve to children (<http://www.cnpp.usda.gov/MyPyramidforKids.htm>). Include foods from each food group every day. Have children eat more foods from the grains, vegetables, fruits, and low-fat or fat-free milk groups.

SOLUTION #7

Increase intake of whole grain foods. They contain a lot of fiber which helps you feel full. Examples include whole grain bread versus white bread,

oatmeal, brown rice and low-fat popcorn. On packaged foods, look for those with at least 3 grams of fiber per serving.

SOLUTION #8

Increase vegetable intake and choose vegetables that are dark green, yellow and orange. Keep

juice to 4-6 ounces for 1-6 year old children and 8-12 ounces for 7-18 year olds. Choose 100% fruit juice versus fruit drinks or fruit punch.

SOLUTION #10

Choose lean protein, such as low fat turkey, chicken, and fish. Use more dry beans and peas by serving them on salads or putting them into soups.

SOLUTION #11

Choose healthy oils, such as those in fish and nuts, and use liquid oils in cooking, like olive, canola, corn and soybean oil.

SOLUTION #12

Don't sugar coat it. Added sugars add calories but very few nutrients. Look at the ingredient list on

food packages and choose foods and beverages that don't have sugar or sweeteners as one of the first ingredients. Also, look for ingredients ending in "ose" such as sucrose, fructose and dextrose to determine how many different sugars are in the food. Avoid products with several different sugars listed.

SOLUTION #13

Use appropriate portion sizes. Remember that 100 extra calories per day can lead to a weight gain of 10 pounds per

**NUTRITION AND PHYSICAL ACTIVITY
REFERENCES AND RESOURCES
(CONTINUED)**

Satter E. *Secrets of Feeding a Healthy Family*. Madison, WI: Kelcy Press; 1999.

Test tube visual comparisons of sugar, fat and fiber in various foods; food models which illustrate appropriate portion sizes; <http://www.enasco.com/nutrition/>

Vos MB. *The No-Diet Obesity Solution for Kids*. MD: AGA Institute Press; 2009.

We Can! Ways to Enhance Children's Activity and Nutrition. National Institutes of Health; National Heart, Lung and Blood Institute; 2005. <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/>

Kicklighter J, Whitley D, Kelley S, Lynch J, Melton T. A home-based nutrition and physical activity intervention for grandparents raising grandchildren: A pilot study. *Journal of Nutrition for the Elderly*. 2009; 28: 188-199.

raw vegetables cut up in the refrigerator for snacks, such as baby carrots and celery sticks. Serve with a low-fat dip or salad dressing. Let children help prepare snacks and they will be more likely to eat them.

SOLUTION #9

Serve a variety of fruits, including fresh, frozen, canned (in light syrup or in their own juice) or dried. Based on recommendations from the American Academy of Pediatrics (AAP), limit fruit

year. Learn to visualize portion sizes by using common household items, i.e. 1 c dry cereal = size of 1 baseball; ½ cup rice = 1 tennis ball; medium size piece of fruit = 1 tennis ball; 3 oz meat, poultry or fish = deck of cards. Or, learn the **Hand Jive!** a technique developed in Zimbabwe, Africa where: 2 hands cupped together = serving of vegetables; fist = 1 medium fruit or 1 cup rice; size of palm of hand and thickness of hand = 1, 3-ounce portion of meat (Baumer, 1999).

SOLUTION #14

Limit eating out, especially at fast food establishments, to once a week. Also, when eating out, make healthier choices and portion control priorities. For example, build a healthier sandwich by choosing whole wheat bread and lean turkey and adding lettuce and tomato. Use mustard in the place of mayonnaise. Practice portion control by sharing an entrée or taking home a “doggy” bag.

SOLUTION #15

Decrease screen time (television, computers, movies and video games) to less than 2 hours a day for children 2 years and older and none for children less than 2, based on American Academy of Pediatrics guidelines. Remove the TV and computers from child’s bedroom. The odds of being overweight are higher for youth reporting higher amounts of TV viewing. Also, establish rules, such as no eating while

watching TV or working on the computer. Turn on the stereo instead of the TV to encourage children to dance.

SOLUTION #16

Increase family physical activity which provides lots of benefits for both adults and children. American Academy of Pediatrics recommends 60 minutes most days of the week. Build physical activity into family routines, such as taking a walk after dinner or a weekend trip to the park. Make it fun – visit a water park or go skating. Encourage children to play outside. Build activity into children’s daily routines, such as walking the dog, taking the stairs versus the elevator, and doing chores, such as taking out the trash.

SOLUTION #17

Have the family use a family contract and identify a specific behavior they want to change. Have them write down a specific, realistic, and measurable goal and track progress using food and activity logs. Reward desirable behaviors with nonfood prizes. Have the family identify barriers they might face in trying to change the behavior and brainstorm ways to overcome the barriers. For most people, the common barriers include lack of skills, lack of time, and lack of money. Examples of specific behaviors include: Eat fruit as an afternoon snack. Limit fast food to once/month. Turn off

the TV during dinner. Switch from soda to water or low-fat milk. Eat 5 or more servings of fruits and vegetables a day. Examples of non-food rewards include: a trip to the pool; family movie night; or bowling.

In addition to these solutions, grandparents and other relatives raising children can be encouraged to become advocates for community and social change which supports the behaviors related to healthy eating and physical activity. Examples of advocacy efforts include: getting sidewalks in neighborhoods; planting community gardens; developing a walking school bus program; banning soft drinks in schools; teaching nutrition education in schools; lobbying for healthier options in restaurants and for more regulation of food advertisements targeted to children. Remember that even small changes and simple steps, implemented on a consistent basis, can result in progress toward solving the obesity problem.

Jana Kicklighter is Associate Professor, Division of Nutrition, Georgia State University, Atlanta, Georgia. She can be reached at:

jkicklighter@gsu.edu

**HEALTH & WELLNESS
PARTNERSHIP**
Donna Fedus
The Consultation Center

Grandparents and other relatives raising children tend to “back burner” their own needs in favor of focusing on the children in their care. As they age, relative caregivers are at increased risk of developing chronic diseases. Eighty-eight percent of individuals over age 65 have at least one chronic health condition (CDC, 2008). In addition, there is an undeniable connection between emotional and physical health. One recent study found that mental stress, namely anger, can lead to heart problems. People who have problems coping with their anger or aggravation were found to be at ten times heightened risk for future heart arrhythmias than those without such anger problems (Lampert R, Shusterman V, Burg M, et al., 2009).

Preventing chronic diseases from occurring in the first place is optimal. However, early detection and disease management at the least medically complex and least costly juncture are especially important for relative caregivers who develop chronic diseases. These caregivers provide the safety net for 6 million children nationwide (Grandfacts, 2007). Grandparents who pay attention to their health care needs can boost their own health, enhance their ability to provide long-

term care for the children, and offer a positive role model for future generations.

Promoting health among relative caregivers is one key to The Consultation Center’s RAPP, which operates at the intersection of kinship and aging issues. Discussion at support groups often turns to health issues. Grandparents surveyed reported a high level of interest in participating in health and wellness activities. They also described encountering numerous barriers that interfered with taking action, including limited time and energy to research and participate in such activities. Their time is primarily structured around the children’s needs, learning about changing educational, legal and pediatric medical systems, dealing with complex family issues, and often holding down their own jobs.

The problem we sought to impact was how to promote health among Greater New Haven area kinship caregivers. Our solution was to partner with another organization who shared our mission of health promotion for seniors. We partnered with *Care Card*, a local senior membership program at the *Hospital of Saint Raphael in New Haven*. The Agency on Aging supported the effort by providing assistance in program development and outreach. Partnerships between RAPPs and hospital based

senior membership programs can be replicated in many other parts of the country.

**WHAT’S A SENIOR
MEMBERSHIP PROGRAM?**

Most senior membership programs offer a slate of benefits including free or discounted health education programs, preventive health screenings, exercise and nutrition classes, assistance processing medical claims, in-patient amenities, and publications tailored for seniors’ health. While specific benefits may vary, these programs have at their core an interest in promoting the health and well being of seniors in their community.

HIGH WIN-WIN POTENTIAL

It’s easy to see how grandfamilies win. Caregivers gain access to high quality health information, access to a variety of health care providers beyond the typical 7-10 minute physician office visit, options for second opinions, increased awareness of reducing risk and enhancing protective factors, and the opportunity to benefit from group discussions. There’s also a secondary benefit for both grandfamilies and health providers. The partnership has allowed providers, including nurses, physical therapists, nutritionists, and audiologists, to gain a first-hand understanding of the complex needs of grandfamilies. This enhances their ability to provide

meaningful services for grandfamilies in the future.

Organizationally, RAPP and the senior membership program share a common interest, serving seniors in the community. Each organization brings its own expertise and infrastructure, and contributes to a cost effective sharing of information, leads on new clients, and expansion of meaningful services.

REDUCING BARRIERS

Our RAPP positions relative caregivers to serve as healthy role models for their entire families. The program reduces barriers to participation in health programs. Caregivers access health and wellness programs during their usual support group meeting times in familiar settings without the need to schedule or pay for appointments. They are not rushed, and can focus their attention on the program rather than transportation and negotiating unfamiliar hospital environments.

PROGRAM IDEAS

Caregiver interest guided program choices. This was accomplished by a comprehensive survey at the start of the project. In one program, an exercise physiologist provided tips for exercising around the house. His no cost ideas about how to build strength and flexibility during downtime at home without fancy gym

memberships and special exercise clothes or equipment was quite well-received. At another session, a nutritionist discussed healthy eating for the entire family. The nutritionist brought homemade low fat dip and salad dressing to try, shared recipes, and brought actual groceries to pass around for discussions of label reading, portion size, and shopping on a budget. Groceries were distributed for families to take home and try after the lecture. The nutritionist tailored her comments to remaking traditional African American dishes in healthier ways, and let the audience questions guide the bulk of the discussion. Other programs have included regular blood pressure screenings, a hearing lecture and screening for adults and children, and a falls prevention lecture and demonstration of the best way to get up after a fall.

Obviously, hospitals have access to a wide variety of professionals who are qualified to provide a wide range of programs and services. It would have been easy to provide monthly health education and screening programs. However, one lesson learned was that while grandparents were interested in health and wellness topics, they also wanted to preserve adequate meeting time to discuss the “usual” concerns stemming from raising their grandchildren. To achieve balance, we narrowed the

number of health programs from 6 to 4 per year.

HOW TO FIND YOUR LOCAL SENIOR MEMBERSHIP PROGRAM

Searchable terms on the internet include: “senior membership program,” “hospital based senior membership program,” “health promotion program for seniors,” and the hospital name combined with “senior membership program.”

A quick search around the country turned up the following (not exhaustive) list of senior membership programs: Care Card in New Haven, Premier Years in Philadelphia, HealthWise in Virginia, Advantage in South Carolina, PrimeWise in Kentucky, CareLink in Michigan, 50 and Better in Tennessee, and 55 Plus in Texas.

If your community does not have a senior membership program, you can still collaborate with health care providers to achieve the same benefit. Explore your local newspaper to see which providers offer education programs of interest. Contact doctor offices, home health care agencies, or geriatric departments of local hospitals. Check with your Agency on Aging for Title III-D grantees. Try schools of medicine, nursing, physical therapy, and public health.

REFERENCES

Centers for Disease Control (CDC) (2008), Health Data Interactive.

Lampert R, Shusterman V, Burg M, et al. (2009). Anger-Induced T-Wave Alternans Predicts Future Ventricular Arrhythmias in Patients with Implantable Cardioverter-Defibrillators. *J Am College of Cardiology*. 2009; 53:774-778.

Donna Fedus, M.A., is a gerontologist and Coordinator of Elder Programs at The Consultation Center, a RAPP program in New Haven, CT. For more information on collaborating with a senior membership program, contact Donna Fedus at donna.fedus@yale.edu.

KINSHIP FAMILIES DEALING WITH TRAUMA AND LOSS: IMPLICATIONS FOR PRACTICE Dr. Deborah Langosch, LCSW

Many of us are working with kinship families who are coping with multiple losses, both anticipated and traumatic, which greatly affect their functioning. Although these families have remarkable reserves of strength in the face of profound difficulties, their coping skills are inevitably strained by exposure to trauma and death. To help our families cope effectively and build a future, services and strategies must be accessible to support them. Programs that directly address bereavement issues for families coping with loss are

crucial. One example is the Jewish Board of Family and Children's Services *Loss and Bereavement Program* in New York City where caregivers and children each participate in concurrent support groups to address their grief reactions and learn effective coping strategies. Both the caregivers and the grandchildren have an opportunity to express and manage feelings in a safe and supportive environment. It is essential that these services are culturally sensitive, accessible and available to all caregivers, regardless of age and informal/formal status.

The quality of a child's relationship with their caregiver following a traumatic event or death is a strong determinant for the child's overall adjustment. When relative caregiving provides stability, consistency and open communication, the child is at much less risk for developing future psychopathology. When professionals can offer psycho-education to caregivers to enhance their level of understanding about their grandchild's grief reactions within a developmental perspective, often the grandchild functions better. Many relative caregiving families struggle with issues privately and painfully (Winston, 1999). Those dealing with AIDS deaths or suicide may fear disclosure due to the attached stigma. The caregivers who self-medicate with alcohol

or drugs due to depression and anxiety often keep this hidden. It is critical that we look at this phenomenon as a response to the overwhelming stressors that caregivers face and as a disease that needs intervention and treatment in order to reduce its stigma. There may be family secrets that caregivers do not want to expose. They also may not disclose medical problems out of worry that their grandchildren will be taken from them. However, these silent responses often mean that they become increasingly isolated and cut off from potential supports.

Providers have a responsibility to build awareness of these issues in order to address the underlying causes and provide needed interventions and supports. If front line workers can be trained to routinely ask about loss and trauma, substance abuse, long-term planning, physical health and stigmatized issues in a non-threatening manner, then these concerns can be more readily identified and addressed. Special assistance should be provided with long term planning, stand-by guardianship, wills and entitlements such as Social Security Survivor Benefits.

Caregivers often need education about self-care. It is clear that they are fiercely determined to advocate on behalf of their grandchildren, but often minimize their own needs

which contributes to their exhaustion, health problems and feeling overwhelmed. Many support group and individual counseling sessions need to focus on helping caregivers identify their own needs and competencies in order to strengthen their adaptive coping capacities. This can also be done by utilizing a strength model, rather than pathologizing the problems.

Kinship caregivers are taking up the societal slack of raising and nurturing their relative children when parents are unable to do so and saving the United States government six billion dollars annually (Generations United, 2004). The caregivers give so much and receive so little in terms of needed supports and services. Policy and practice need to address the wide gaps in service that currently exist in order to comprehensively respond to these families' needs, and sustain them through trauma, loss and hardship.

Deborah Langosch, PhD, LCSW is a clinical social worker and project director of the Kinship Care Program, a member of the RAPP network, as well as a clinical coordinator for the Loss and Bereavement Program at the Jewish Board of Family and Children's Services in NYC. She has a private practice in Brooklyn, NY. For more information about issues of loss and trauma, she can be reached at:
dlangosch@jbfcs.org.

A Legislative Update

Terence Kane
Generations United

Fostering Connections to Success and Increasing Adoptions Act of 2009 Signed into Law

On October 7, 2008, President Bush signed into law the *Fostering Connections to Success and Increasing Adoptions Act of 2008*, following the unanimous passage of the legislation in the United States Senate and the House of Representatives. The new law is a bi-partisan compromise between the House and Senate that includes many of the provisions of the Kinship Caregiver Support Act. The new law is a significant recognition of the contribution grandparents and other relatives make in raising our nation's children.

The Fostering Connections to Success and Increasing Adoptions Act will improve outcomes for children and youth being raised by grandparents and other relatives through a variety of provisions:

- **Subsidized Guardianship Payments for Relatives.** Helps children in foster care leave care to live permanently with grandparents and other relative guardians when they cannot be returned home or adopted and offers federal support to

states to assist with subsidized guardianship payments to families for these children. Clarifies that children who leave foster care after age 16 for kinship guardianship are eligible for independent living services and makes them eligible for education and training vouchers.

- **Notice to Relatives When Children Enter Care.** Increases opportunities for relatives to step in when children are removed from their parents and placed in foster care by ensuring they get notice of this removal.
- **Kinship Navigator Programs.** Guarantees funds for Kinship Navigator programs, through new Family Connection grants, to help connect children living with relatives, both in and out of foster care, with the supports and assistance they need
- **Licensing Standards for Relatives.** Clarifies that states may waive non-safety related licensing standards for relatives on a case-by-case basis and requires the Department of Health and Human Services (HHS) to report to Congress on the use

of licensing waivers and recommendations for increasing the percentage of relative foster family homes that are licensed.

- Foster Care for Older Youth.**
 Helps youth who turn 18 in foster care without permanent families to remain in care, at state option, to age 19, 20, or 21 with continued federal support to increase their opportunities for success as they transition to adulthood.

- Keeping Siblings Together.**
 Preserves the sibling bond for children by requiring states to make reasonable efforts to place siblings together when they must be removed from their parents' home, provided it is in the children's best interests. In the case of siblings not placed together, states must make reasonable efforts

to provide for frequent visitation or other ongoing interaction,

Indian Tribes. For the first time, many American Indian and Alaska Native children are offered federal assistance and protections through the federal foster care and adoption assistance programs that hundreds of thousands of other children are eligible for already.

Additionally, the new law also guarantees funds for Kinship Navigator programs, through new Family Connection grants, to help connect children living with relatives, both in and out of foster care, with the supports and assistance they need. Family Connection Grants are competitive grants that will allow applicants to create or enhance programs to connect children in or at risk of entering foster care to family members. State, local, and tribal child welfare agencies and nonprofit agencies that have experience serving children in foster or kinship care can apply for the grants. The grants must be used to establish or expand Kinship Navigator,

THE PARTNERSHIP FOR A DRUG-FREE AMERICA

A recent online survey of more than 2,000 moms conducted by Vocalpoint in collaboration with the **Partnership for a Drug-Free America** revealed that their number-one concern about back-to-school time is that their child “might be exposed to kids who drink or use drugs” (29 percent), followed closely by worries that their teens “will feel pressure to do well academically or pressure from tests” (22 percent). Studies show that adolescents who haven’t tried drugs or alcohol are more likely to start during times of transition, and a 2007 Partnership study of 6,500 teens indicated that the number one reason teens use drugs is to cope with school stress. But don’t worry – while change is a part of life, risky behavior, like drug and alcohol use, doesn’t have to be. That is why the Partnership for a Drug-Free America has launched *Transitions and Teens: A Guide for Parents* to help parents and caregivers make tough times smoother and less stressful for kids. The Partnership aims to help parents recognize these important times in their child’s life, while encouraging you to have better communication with your teens. The parent-friendly guide is a free resource available for download at TimeToTalk.org and can help make this often-complicated issue less daunting for families.

Transition and Teens has everything you need to know to help keep your child healthy, drug and alcohol-free, and even happy – especially during difficult teen transition periods. The guide even features a helpful checklist for parents to help keep open, honest lines communication with your teen. Visit TimeToTalk.org today.

unless such interaction would be harmful to any of the siblings.

- Direct Access to Federal Support for**

Family Group Decision Making, Intensive Family Finding, or Residential Family Treatment Programs, including comprehensive family-based substance abuse treatment programs.

Generations United conducted a webinar specifically for RAPP support groups on May 12th, 2009. The webinar is available online at <http://csrees-breeze.csrees.usda.gov/p82065250/>. The deadline for an application was July 6th, 2009. The administration is expected to announce the grantees sometime this fall. There may be additional opportunities to apply in future years.

Senators Hillary Clinton (D-NY) and Olympia Snowe (R-ME) and Representatives Danny K. Davis (D-IL) and Timothy Johnson (R-IL) were early and steadfast champions of legislation to support grandfamilies with the first introduction of the *Kinship Caregiver Support Act* over four years ago, many provisions of which were included in this final bill. Their consistent advocacy combined with the strong leadership of Senate Finance Committee Chairman, Max Baucus (D-MT) and Ranking Member Charles Grassley (R-IA), and Income Security and Family Support Subcommittee leaders Jim McDermott (D-WA) and Jerry

Weller (R-IL) made this landmark legislation a reality. Fully implementing the law still requires significant work, but the passage of this legislation is still nonetheless a historic achievement for grandfamilies. Grandparents and other relative caregivers were indispensable in making calls, writing letters, and visiting with your

coverage to millions of uninsured children. President Obama signed into law an expansion of the Children's Health Insurance Program on February 4th, 2009. The Children's Health Insurance Program (CHIP) is a federally subsidized health insurance program for children whose family income levels are too low to afford private health

insurance but too high for them to qualify for coverage under Medicaid. CHIP's reauthorization maintains coverage for more than seven million children and contains funding to expand coverage to four million more – a critical improvement in this current

economic crisis. In addition to covering more children, CHIP ensures dental benefits and parity of mental health services, and includes grants for outreach and enrollment. It also eliminates the five-year waiting period for legal immigrant children and pregnant women to enroll in Medicaid and CHIP to access needed services. Congress previously passed bipartisan bills that would have strengthened and expanded CHIP to more children, but President Bush twice vetoed this important legislation. Before CHIP expired this March, the 111th Congress acted quickly, with the Senate voting 66 to 32 for CHIP's

THE PARTNERSHIP FOR A DRUG-FREE AMERICA

Top 5 Reasons Teens Use Drugs During Transitions

- To combat loneliness, low self-esteem, anxiety, or depression
- To mentally "check out" of family issues or school trouble
- To ease discomfort in an unfamiliar situation
- To look cool or change their image/reputation
- To fit in with a desired group of friends

legislators to pass this bill through Congress. In particular, caregiver and children stories brought this issue to life for Members of Congress and inspired them to act.

For more information on the new law and a full list of updated resources, visit <http://www.gu.org/Foste10161796.asp>

State Children's Health Insurance Program Expansion Signed into Law

Advocates for children's health care are celebrating the passage of legislation expanding

reauthorization and the House later approving the final bill with 290 to 135 votes. Upon signing the bill, President Obama observed, "In a decent

society, there are certain obligations that are not subject to tradeoffs or negotiations – health care for our children is one of them."

In addition to signing CHIP into law, President Obama requested the withdrawal of a letter sent to state health officials by the Department of Health and Human Services on August 17th, 2007. The letter, or the "August 17th directive," intended to limit the ability of states to expand coverage to children whose family incomes were 250 percent of the federal poverty level. By denying states the flexibility to tailor CHIP programs to meet the unique needs of the populations they serve, the directive effectively denied millions of children health insurance coverage.

Though the reauthorization of CHIP is a significant step forward in efforts to provide health care for children, five to six million children will remain uninsured, and millions of children with health insurance do not have enough coverage.

Advocates for health care reform continue to work on behalf of these children, their families, and the 45 million people in this country that do not currently have health insurance.

Lifespan Respite Care Funded

The Lifespan Respite Care Act, which was signed into law in 2006, had been authorized without any appropriated funds until receiving \$2.5 million for fiscal year 2009. Lifespan Respite authorizes competitive grants to states to make quality respite available and accessible to family caregivers, regardless of age, disability, or family situation. Lifespan will allow grantees to identify, coordinate, and build on federal, state, and community-based respite resources and funding streams and would help support, expand, and streamline planned and emergency respite, provider recruitment and training, caregiver training, and evaluation.

Competitive grant applications were due on July 29th, 2009. The Administration on Aging is expected to administer the program and must commit funds by September 30th, 2009.

For more information about the Lifespan Respite Care Act and information about programs near you visit: <http://www.chtop.org/NRC.htm> or contact jbkagan@verizon.net.

President Obama Signs Recovery and Reinvestment Act

On February 17th, President Obama signed the *American Recovery and Reinvestment Act*, an almost \$800 billion stimulus and investment bill designed to

kick-start the weakening American economy. The law is the result of an intensely debated compromise between House and Senate negotiators. It does several things to address the needs of both children and seniors. Included in the legislation is:

- \$13 billion for School Modernization to help rebuild and repair our nation's schools
- \$2 billion for the Child Care and Development Block Grant to provide child care services for children in low-income working families
- \$2.1 billion for Head Start & Early Head Start
- \$1 billion for the Community Services Block Grant to assist local communities serve those damaged by the recession
- \$1 billion for the Community Development Block Grant to aid community infrastructure projects
- \$200 million for AmeriCorps Programs
- \$87 billion dedicated to increased federal support for Medicaid so states can continue to provide health care and foster care services to those in need
- \$100 million for Older Americans Act Senior Nutrition Programs
- \$53.6 billion for State Fiscal Stabilization to

help states balance their budgets

Visit www.recovery.org to track what specific funds your local community and state are collecting from the American Recovery and Reinvestment Act.

Terence Kane is a Public Policy Analyst at Generations United (GU). Terence works with the public policy team at GU on a variety of policy issues. If you would like more information on any of these topics, you can contact Terence Kane at tkane@gu.org or 202-289-3979.

REACHING OUT TO RURAL KINSHIP FAMILIES

Jennifer Crittenden &
Melissa Adle
University of Maine
Center on Aging

Serving kinship families can be particularly challenging in rural areas where the need is high and resources are scarce. Often rural practice requires us to focus on developing novel approaches to our work. Based on research carried out with professionals and caregivers over the last 12 months, the following strategies are provided to jump start your creative thinking around working with rural families.

BUILD A REPUTATION IN YOUR COMMUNITY

Reputation is key in rural communities and can make or

break your connection to families. If one person has a poor experience with your agency, you can be sure that the word will spread. Customer service and a strong commitment to public image are key in rural areas. Seek out trusted community leaders and educate them about your services and programs. If possible, make connections to families through those who are well respected in your community. For so many rural communities, informal networks and word of mouth is an important means of communication-- tap into it!

Here are some other strategies for fostering and maintaining a good reputation in your community:

- Develop a presence in the community (marketing!)
- Train culturally-sensitive staff
- Provide customer service and sensitivity training throughout your organization-- from the receptionist up to the executive director
- Collaborate with trusted community organizations and professionals
- Hold community forums or focus groups to keep your finger on the pulse of the community. Listen for what is going well and hone in on areas of improvement-- then really make a commitment to addressing those issues!

- Follow-up and follow through on requests. If you can't fulfill a request for assistance, be honest about why it is not possible. If you cannot meet their needs completely, use a "warm hand off," which means connecting a caregiver directly to a live person instead of just giving a phone number and name to call, whenever possible.

NAVIGATE COMPLEX RELATIONSHIPS

Rural communities sometimes feel like a network of extended family members. Privacy is often an illusion at best. In a rural area, you may find friends, family, neighbors, and acquaintances at your door in need of assistance. Referring them to another agency may not be possible if you live in an area where your agency or program is the only option for miles. While you can't always avoid having dual relationships with the children and families you serve, you can work hard to manage those relationships in a way that will be helpful to both you and the families. The key is to have open discussions about the boundaries of your relationships with kinship family members. Here are some ideas for managing complex relationships with kinship families:

- Develop an agreement about confidentiality, including what you will and will not

discuss when you run into them in a social setting. It is best to approach this discussion as early on as possible in your relationship so there are no surprises and everyone starts on the same page

- Find someone in your office who can be your “sounding board” to talk through any complex issues that arise out of any dual relationships

A LITTLE CREATIVITY GOES A LONG WAY

All programs have to be creative, whether you are located in a city or in a rural frontier community. It is imperative given the lack of resources and increased costs of serving rural areas that you will work harder to fill the gaps. One of the major issues in rural America is the lack of consistent and reliable public transportation. Transportation is a problem that will not easily be resolved, so here are some creative ideas for getting around the lack of transportation:

- Hold home-based meetings and groups when possible
- Use a conference call line to hold a telephone-based support group during winter months or times of the year when transportation is particularly challenging for group members
- Provide the opportunity for one-on-one mentorship among caregivers by phone or e-mail

- Develop a carpool network among families; and
- Collaborate with a transportation agency or local Community Action Program for reduced rate transportation

The *Developing Rural Relatives as Parents Programming: Promising Practices* manual, developed by the UMaine Center on Aging in partnership with the Brookdale Foundation will be available this fall.

To learn more about the University of Maine’s Center on Aging manual, please contact Melissa Adle, Research Assistant, at: melissa.adle@umit.maine.edu or by phone at: 207-262-7931.

THE COOPERATIVE EXTENSION SYSTEM: USING RESEARCH-BASED PRACTICES TO STRENGTHEN GRANDFAMILIES ACROSS THE UNITED STATES

Brent Elrod & Caroline Crocoll

The United States Department of Agriculture’s Cooperative State Research, Education and Extension Service (USDA/CSREES) has a long and rich tradition of helping American families. From agriculture and small family farms to rural community life, USDA/CSREES has assisted families in meeting their ever changing needs and challenges. The Cooperative Extension System (CES) in particular, with its nearly one-hundred year history, has supported families

in meeting critical life issues. This system is a nationwide educational collaboration of federal (www.csrees.usda.gov), state and local governments, and state land-grant universities.

The mission of CES is to disseminate research-based information on topics as varied as family and child development, health, nutrition, agriculture, small business and personal finance. Each state Extension office serves its residents through a network of local or regional offices (<http://www.csrees.usda.gov/Extension/index.html>) staffed by educators in their field of expertise. To extend the reach of CES resources, Congress mandated the development of eXtension (pronounced e-extension) at www.extension.org. Launched in 2007, eXtension provides a web-based interactive learning environment that links site users to university expertise through research-based CES resources and local offices. A dedicated section of eXtension on family caregiving (www.extension.org/family+caregiving) is divided into nine content areas: caregiving and disasters, employed caregivers, financial management, health, housing, nutrition, relationships and psychosocial well-being, rural family caregiving, and grandparents raising grandchildren. Available materials include research-based, peer-reviewed articles, fact sheets, learning activities,

and answers to commonly asked questions. The site complements the work of CES educators in more than 3,000 counties throughout the United States and is customized with links to local extension sites. Extension's direct involvement in strengthening relative caregiving families varies from state to state and from community to community. In some states and locales CES staff provides leadership. In others, CES contributes a supportive or resource development function. Efforts to serve grandfamilies at the state and local level are often collaborative. The Brookdale Foundation Group's Relatives as Parents Program (RAPP) (<http://www.brookdalefoundation.org/relativesasparents.htm>) has designated the CES as a lead organizer or partner in the development of statewide RAPP networks or local RAPP programs around the nation. These collaborative partnerships ensure that relative caregivers obtain information about available services through a variety of Extension delivery methods including:

- ✓ Fact and Tip Sheets
- ✓ Newsletters and Marketing Tools
- ✓ Resource Guides and Manuals
- ✓ Educational Materials and Curricula

- ✓ Websites and Electronic Chats
- ✓ Educational Forums and Seminars
- ✓ Community and Facilitator Trainings
- ✓ Local, Regional and State Conferences; and
- ✓ Needs Assessment, Evaluation and Research

The following examples, taken from a more comprehensive list, (<http://www.csrees.usda.gov/ProgViewRelated.cfm?prnum=9783&lkid=5>), illustrate how the CES partners are serving grandparents raising grandchildren at the local, state, and regional levels:

In **Tucson, Arizona**, the University of Arizona Cooperative Extension (<http://cals.arizona.edu/grandparents>), staffs a 4-H Club at the KARE Family Center for youth ages 7-12, and provides structured games and exercise for preteens and teens enrolled in a pre-employment preparation group. KARE is a multi-resource collaborative of five agencies serving grandparents and other relatives raising children and adoptive families. KARE, Extension, and other partners are helping plan Arizona's first statewide kinship caregivers' conference.

In **Wisconsin**, educators with the University of Wisconsin Extension participate in a

statewide network of kinship caregivers and service providers that work together on issues and concerns facing grandparents raising grandchildren. In addition, Wisconsin Extension has produced a range of educational programs and materials, including a series of fact sheets entitled *Through the Eyes of a Child: Grandparents Raising Grandchildren* (<http://www.uwex.edu/relationships>). The series is tailored for all grandparents raising children ages birth to age 8, not just those residing in Wisconsin. Topics include understanding children's behaviors, the importance of close relationships and open communication, and maintaining contact with birth parents.

At the state level in **Alabama**, the CES is operated by Alabama A&M and Auburn Universities. The CES serves as the lead agency for the Alabama Relatives as Parents Program (<http://www.aces.edu/urban/FamilyWebsite/RAPP.html>), which provides technical assistance for establishing and facilitating support groups, conducts informational sessions, and identifies community resources for grandparents and other relatives parenting children. CES staff in **Alabama, Tennessee, and Georgia** joined forces in 2006 to organize a multi-state conference to draw attention to their respective statewide efforts

and the disproportionate numbers of grandparents raising grandchildren living in the South when compared to other regions in the country. As word spread about the regional undertaking, other colleges and universities in the CES expressed interest in joining together to share information and resources. Eighteen colleges and universities, representing the three original participating states, plus **Arkansas, Florida, Kentucky, Louisiana, Oklahoma, North Carolina, South Carolina, Texas, Virginia, and West Virginia** signed on to co-sponsor a caregivers' conference in October 2008 (<http://www.clemson.edu/fyd/caregivers.htm>). This regional undertaking raised awareness, strengthened partnerships, and increased knowledge about available resources. The regional model further demonstrates Extension's leadership and collaborative roles in developing and providing evidenced-based educational materials that enhance the ability of grandparents and other relatives to provide optimal safety and care to the children they are raising.

These examples also help illustrate CES' unprecedented reach and impact in enhancing supports to relative-led families. With an office in or near most of the nation's 3,000 counties, Extension Educators are key collaborators at the local, state,

and regional levels. At the national level, the U.S. Department of Agriculture's Cooperative State, Research, Education & Extension Service actively engages with a wide variety of federal and non-governmental partners to maximize resources, decrease duplication of efforts, and encourage replication of effective practices and models similar to those referenced above.

For more information, contact the Families, 4-H & Nutrition Unit-USDA/CSREES 202-720-2908.

Brent Elrod is Program Specialist – Family Science, United States Department of Agriculture CSREES belrod@csrees.usda.gov and Caroline Crocoll is the National Program Leader – Family Science, USDA CSREES ccrocoll@csrees.usda.gov

**NEWS YOU CAN USE.....
RESOURCES FOR ASSISTING
KINSHIP FAMILIES**

Barbara Schwartz
Illinois Department on Aging

There is no doubt. Relatives raising children encounter obstacles on a daily basis. Most address them on their own, without guidance or support. Many are determined, stubborn and persistent in their efforts to find resources. Others are tired, frustrated and discouraged. They are all searching for answers and advocates. If they

are fortunate, they will stumble upon a RAPP and we will, with limited resources and unlimited optimism try to help. Too often we can only do "so much" and not nearly enough. But for these wonderful individuals, an invitation to a support group, a call to a caseworker, a referral to legal assistance, or a returned phone call can brighten a day or bring hope for the future.

There is no doubt. Those of us who have the privilege and honor to assist relatives who are raising children have learned to persevere. As resources become scarce we learn how to maximize what we have; forge partnerships and collaborations to strengthen our efforts and juggle two, three or more program responsibilities at once.

Our plates are full, yet we are hungry for more resources. We have an insatiable appetite and thirst for resources that can help kinship families. Since our budgets are limited we look for as many "bargains" as we can find. There is no doubt. The Brookdale Foundation's RAPP is a tremendous help and valuable resource. They keep our shelves stocked with resources, information and networking opportunities. All important ingredients for a successful outcome.

Since many of us have so little time to investigate resources, it is imperative that we continue to share our discoveries. Most of us are very familiar with

Generations United (www.gu.org), AARP (www.aarp.org), Child Welfare League of America (www.cwla.org), Children's Defense Fund (www.childrensdefense.org) and visit their sites frequently.

Here are some sites that you may not be aware of. Many provide wonderful materials that can be downloaded. Happy browsing!

National Resource Center for Family Centered Practice and Permanency Planning Hunter College School of Social Work (great newsletter) www.hunter.cuny.edu/socwork/nrefcpp

National Education of Families for Children's Mental Health (locate state affiliates) www.ffcmh.org

National Alliance for Drug Endangered Children (state affiliates, resource center) www.nationaldec.org

Child Welfare Information Gateway www.childwelfare.gov

Children's Bureau Express www.cbexpress.acf.hhs.gov

The National Child Traumatic Stress Network www.nctsnet.org

National Abandoned Infants Assistance Resource Center

www.aia.berkeley.edu/information_resources/shared_family_care/programs_policy.php

National Runaway Switchboard
1-800-RUNAWAY
www.1800runaway.org

National Clearinghouse on Families and Youth
www.ncfy.acf.hhs.gov

Angel Food Ministries (nation wide food program all can participate in)
www.angelfoodministries.com

Children of Prisoners Library
www.fcnetwork.org/cpl/cplindex.html

National Resource Center on Children and Families of the Incarcerated
At Family and Corrections Network
www.fcnet.org

Insecure Attachment and Attachment Disorders
www.helpguide.org/mental/parenting_bonding_reactive_attachment_disorder.htm

National Dissemination Center for Children with Disabilities
www.nichcy.org

Self-Injury Foundation
www.selfinjuryfoundation.org

Talking With Kids
www.talkingwithkids.org

American Bar Association
www.abanet.org

McKinney-Vento Act (students who are homeless)
www.ed.gov/programs/homeless/guidance.pdf

National Center for Homeless Education
www.naehcy.org
www.homelessed.net/legislat/reauthorizationsummary.htm

Geriatric Mental Health Foundation
www.gmhfonline.org

ELDERCARE locator
www.eldercare.gov

U.S. Census Bureau
www.census.gov

The Urban Institute (research articles)
www.urban.org

Discovery Kids Channel
www.kids.discovery.com

Public Television for kids
www.pbskids.org

National Geographic for children
www.kids.nationalgeographic.com

Disney
www.disney.go.com/index

Time magazine for kids
www.timeforkids.com

Scholastic Books
www.scholastic.com

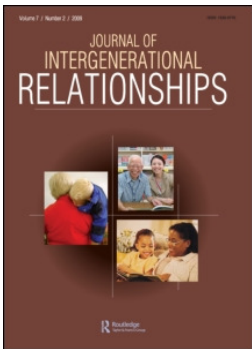
Parent Resource Center
(free materials)
www.drugfree.org

Federal Citizen Information
Center (catalog of publications
– many are free)
www.pueblo.gsa.gov

Barbara Schwartz is Program
Coordinator of the
Grandparents Raising
Grandchildren State RAPP.
She can be reached at:
barb.schwartz@illinois.gov.

RESOURCES

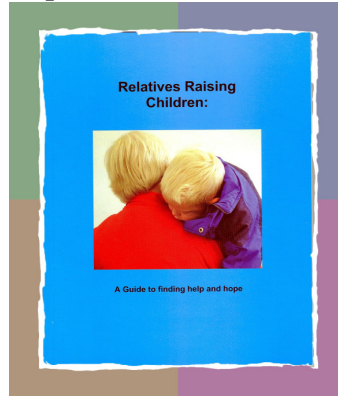
**Journal of Intergenerational
Relationships, Special Double
Issue: Volume 7, Issue 2-3,
2009, Grandparents and Other
Relatives As Parents.**



This special issue of the *Journal of Intergenerational Relationships*, provides a wide panorama of the most relevant issues in the field of custodial grandparenting. For more information or to order, visit the Taylor & Francis website, www.tandf.co.uk/journals/spissue/wjir-si.asp.

From the Brookdale Foundation:

***Relatives Raising Children: A
Guide to Finding Help and
Hope.*** Marianne Takas.



This book is based upon what long-term relative caregivers (and the family service professionals who work with them) have learned about raising relative children. It is designed to provide useful information, strategies and ideas to help link relative caregivers to others who can help.

**Order forms are available on
our website:
www.brookdalefoundation.org.**



***Promising Practices in
Encouraging and Supporting
Grandparents*** is a collaboration
of the National Association of
Area Agencies
on Aging (n4a) and the

Brookdale Foundation. It is intended to make the aging network across the nation aware of important and successful Relatives as Parents Programs (RAPPs) operated by Area Agencies on Aging. We hope this guidebook will encourage the replication of RAPP supportive services to relative caregivers by the many Area Agencies on Aging that serve older adults. Available, free, for downloading on the Foundation website:
www.brookdalefoundation.org.

**THE U.S. DEPARTMENT OF
HEALTH AND HUMAN
SERVICES (HHS) AND THE AD
COUNCIL** launched a new series of public service advertisements (PSAs) designed to address childhood overweight and obesity. Created pro bono by Warner Bros. Pictures, the new TV, radio, print, outdoor and Internet PSAs feature characters and scenes from the film *Where the Wild Things Are*, directed by Spike Jonze and adapted from Maurice Sendak's classic children's story. All of the PSAs conclude with a call-to-action -- "The Wild is Out There, Did You Play Today?" and urges families to visit www.smallstep.gov for great play ideas. The website provides fun, interactive and helpful information on physical activity and healthy eating.

**PARENTING THE SECOND TIME
AROUND 3RD EDITION**

A Cornell University Cooperative Extension Workshop Series for Grandparents, Relatives and Others Who are Parenting AGAIN! Updated Edition. Topics include: *Legal Concerns of Relatives Raising Children; Discipline is Not a Dirty Word, But It May Look Different Today; Standing up for Grandparents/ Grandchildren's Rights; Grandparents and Teens Living Together; and Living with Teens Can Be Challenging!* For ordering information contact Denyse Variano, dav4@cornell.edu, or visit: www.cce.cornell.edu.

eXtension - an electronic resource from the USDA Cooperative Extension Services that provides research-based information on a variety of topics including parenting, financial management, family caregiving and relatives as parents! To access the site visit: www.extension.org.

State Fact Sheets For Grandparents and Other Relatives Raising Children – a unique partnership between the AARP Foundation, the Brookdale Foundation Group, Casey Family Programs, Child Welfare League of America, Children's Defense Fund and Generations United that provides census data, a comprehensive list of local programs, resources and services, information on

important state laws and key public benefit programs as well as national organizations that can be of help. To access the Fact sheets visit: www.grandfactsheets.org.

The Grandfamilies State Law and Policy Resource Center – a collaboration of the American Bar Association (ABA), Generations United and Casey Family Programs. The site serves as a national legal resource created to educate individuals about state laws and legislation in support of grandfamilies and to assist interested state legislators, advocates, caregivers, attorneys, and other policymakers in exploring policy options to support relatives and the children in their care both within and outside the child welfare system. ABA and Generations United staff are available to provide technical assistance and training to state policymakers and advocates or other interested parties. For more information, visit their website: www.grandfamilies.org

Save the Date!

Aging in America 2010: American Society on Aging/National Council On Aging Conference: March 15-19, 2010, Chicago, Illinois. For more information, visit their website, www.ncoa.org.

National Association of Area Agencies on Aging 35th Annual n4a Conference & Tradeshow: July 17-21, 2010, Hyatt Regency St. Louis Riverfront - St. Louis, MO.

For more information visit their website, www.n4a.org.

CWLA National Conference: Children 2010 Leading a New Era, January 25-27, 2010, Washington, DC

This conference will feature more than 50 informative and inspirational sessions, which can help you transform your work! Use CWLA's conference flash drives to capture all the highlights...even the workshops you miss. Earn Continuing Education Units (CEUs) while you network and learn. Attend sessions in key areas like: Foster care and Adoption, Advocacy, Cultural Competency/Disproportionality, Fund Development and Marketing, Health and Kinship Care, Juvenile Justice, Prevention/Early Intervention, Early Childhood Education, and Workforce Development. All-new mini summits will explore: Juvenile Justice, Residential Care, Leadership Development, and Mental Health. To learn more and register online visit their website:

<http://guest.cvent.com/EVENTS/Info/Summary.aspx?e=83f5d3b4-a17f-4ff3-9528-2aff2290845e>

The Brookdale Foundation Group

950 Third Avenue, 19th Floor
New York, NY 10022