

The Association of California Commissions for Women  
June 25, 2011  
Meeting Notes

LACCW Representative: President Becerra-Jones

The following are brief meeting notes. Meeting minutes from Secretary Doty will be forthcoming.

Financial Report

- Tax exempt status (see attached report from ACCW Treasurer Lesser)
- Associate membership in NACW, information was reported at March 24<sup>th</sup> meeting
- Fund Raiser, Phyllis Gordon recommended at the March meeting hosting a movie event at a statewide movie theatre chain. She will continue to pursue this idea.
- Draft Budget (see attached worksheet)

Committee Reports

- Membership, chair not present, no report submitted
- Communications/Website, a domain for the ACCW has been purchased for \$10.17. The website has a draft working site and can be accessed at <http://accw.prevailpr.com>  
Colors selected for the website are blue and hot pink
- Legislation, chair not present, no report submitted

Election of Officers – two-year terms

- Araceli Campos of Los Angeles, elected Vice President
- Suzanne Doty of Santa Clara County, elected Secretary
- Diana Goodwin of Ventura County, elected at-large representative of Ventura County

NACW conference

Presentation by Donna Benton, PhD, Director, Los Angeles Caregiver Resource Center

- Profile of a Caregiver - see attached fact sheet
- Advocacy Tips for Caregivers - see attached fact sheet
- Web Site: [www.losangelescrc.org](http://www.losangelescrc.org)
- It was suggested that a job description be developed for caregivers. Aisha Morgan, Sonoma County volunteered to do a draft.

Presentation on California Women's Agenda on 5WCW, next UN Women's Conference California, the United States and Global Women's Agendas and a 5<sup>th</sup> World Conference on Women

- The last World Wide Women's Conference in Beijing was in 1995
- Invitation to participate in a committee forming in San Francisco to host the 5<sup>th</sup> World Conference in 2015 – see attached letter

## ACCW 2010-11 Budget Worksheet

	<u>BUDGET 2010-11</u>	Financials 10-11	<u>Draft Budget</u>	
	Approved 11/14/10	Thru 6/23/2011	2011-12	Delta
Account Balance 7/1/2010	<b>\$18,083.91</b>	<b>\$18,083.91</b>	\$13,738.87	\$ (4,345.04)
<b>Receipts</b>				
Membership Dues	\$1,200.00	\$1,350.00	\$1,200.00	
Retreat/Meeting Payments		\$82.07		
Interest from bank-annual	\$12.00	\$7.11	\$5.00	
Fund Raiser			?	
<b>Total Receipts</b>	<b>\$1,212.00</b>	<b>\$1,439.18</b>	\$1,205.00	
<b>Expenditures</b>				
<b>Administrative Expenses</b>				
Web Creation/maintenance	\$900.00	\$300.00	\$750.00	
Printing-Meetings	\$0.00			
Conference Calls \$30/month	\$0.00			
Misc Bank charges	\$0.00			
<b>Subtotal</b>	<b>\$900.00</b>	\$300.00	\$750.00	
<b>Quaterly Meetings</b>				
Fall (see retreat below)				
Winter			\$100.00	
March 2011 meeting	\$0.00			
June 2011 Meeting	\$200.00		\$200.00	
Miscellaneous	\$100.00		\$100.00	
<b>Subtotal</b>	<b>\$300.00</b>	\$0.00	\$400.00	
<b>Retreat Expenses</b>				
Facilities/speakers		\$2,189.22		
Commissioner room subsidy		\$3,150.00		
<b>Subtotal</b>	<b>\$5,000.00</b>	<b>\$5,339.22</b>	?	
<b>Travel</b>				
November Retreat				
June meeting				
<b>Subtotal</b>	<b>\$300.00</b>	\$0.00	\$300.00	
<b>Other Expenses</b>				
<b>Reinstatement of 501©(3)</b>	\$500.00		\$500.00	
FTB		\$75.00		
Secretary of State		\$70.00		
IRS				
<b>Subtotal</b>	<b>\$500.00</b>	<b>\$145.00</b>	\$500.00	
<b>NACW Friends Dues</b>	<b>\$50.00</b>	<b>\$50.00</b>	\$50.00	
<b>Total Expenditures</b>	<b>\$7,050.00</b>	<b>\$5,834.22</b>	\$1,900.00	
<b>Receipts-Expenditures</b>	\$ (5,838.00)	\$ (4,484.22)	\$ (695.00)	
<b>Annual Account Balance</b>	<b>\$12,245.91</b>	<b>\$13,688.87</b>	\$13,043.87	
Adopted 11/14/11				
Provided 6/23/2011				

June 25, 2011

ACCW Fiscal year end June 30, 2011

### Treasurer's Report

1. Attached please find the treasurer's report for the year 2010-11
2. Attached please find a DRAFT BUDGET for the upcoming year 2011-12  
Note: The budget needs consensus on whether to hold a retreat this year AND how we will be adding funds to our account through fund raising.

MY COMMENT: Over the past several years ACCW has been steadily reducing available funds with no income other than dues.

2007-\$22,000 2008-\$18,300 2009-\$17,900 2010-\$18,000 2011-\$13,700

At this rate we will be out of business financially in the next three years. So I suggest that we determine what we will be doing to raise additional funds and that we table a retreat or ask for full reimbursement from those in attendance until we have these funds.

3. Additionally, the saga on our application for our non-profit status continues. As you know, the IRS asked us to complete a lengthy questionnaire and agree to amend our Articles of Incorporation to assure that our purpose is EXCLUSIVELY educational in nature. After addressing this directive, we were asked to determine our status with the Franchise Tax Board and then make the changes with the Secretary of State. All of California State departments have been on a slow down, so as a consequence, after five months, we were directed by the FTB to follow up with the Secretary of State. In addition, we lost our opportunity for an extension with the IRS and have had to forfeit our \$400 application fee. With the stalwart help of Mary Wiberg who acted as our emissary with both the FTB and the Secretary of State, we are hopeful that the change to our Articles of Incorporation will be accepted, that we will be advised if and how much we might need to pay to the FTB to cure our lack of filing over the past several year, and then reapply to the IRS for our federal tax exemption. PHEW!

I am willing to continue to pursue this effort, as I understand the critical nature of the outcome in regards to dues collection. Many of our governmental entities are unable to provide dues to other than a 501c3 entity. Please advise me of your intentions and I will continue to work for the success of your directive(s) in the upcoming year.

Sincerely,

Charlotte Lesser

ACCW Treasurer 2010-11

TO: THE ASSOCIATION OF CALIFORNIA COMMISSIONS ON WOMEN  
FR: THE WOMEN'S INTERCULTURAL NETWORK (WIN), COORDINATOR OF CALIFORNIA WOMEN'S AGENDA (CAWA)  
RE: CALIFORNIA, THE US AND GLOBAL WOMEN'S AGENDAS AND A 5TH WORLD CONFERENCE ON WOMEN

TO: THE ASSOCIATION OF CALIFORNIA COMMISSIONS ON WOMEN  
FR: THE WOMEN'S INTERCULTURAL NETWORK (WIN), COORDINATOR OF CALIFORNIA WOMEN'S AGENDA (CAWA)  
RE: CALIFORNIA, THE US AND GLOBAL WOMEN'S AGENDAS AND A 5TH WORLD CONFERENCE ON WOMEN

Good wishes for a fruitful meeting in Cambria this weekend.

WIN invites the Association of California Commissions on Women to collaborate with CAWA in putting together a collective agenda for the women and girls of California. CAWA has been serving as the anchor for the California Women's Agenda since the Beijing Conference in 1995. Our agendas have gone to the UN CSW/global agenda via US Women Connect - which has been the anchor for the US agenda.

As you will see from the document "Mapping the Women's Global Agenda" that Diana Goodrow is bringing to you, local Commissions on Women were formed to carry the Platforms from the UN Conference in Mexico City to the grassroots for implementation. Diana is representing CAWA in presenting our information and invitation to you.

We welcome agendas from your affiliates and are proposing a collaboration of CSWs and NGOs in California for a louder, larger, smarter voice for our women and girls. US Women Connect is collecting agendas from a 30 state network and will collate the results with the White House Council on Women and Girls's recent report "Women in America: Indicators of Social and Economic Well-Being" for the 2012 UN CSW.I recommend reading the attached article by Amy Mazur on "Women's Policy Mechanisms" and the power of collaboration by governmental and non-governmental organizations.

As an NGO (Non-Governmental Organization) to the UN, WIN takes delegates to the UN Commission Meetings. We invite your participation at that level also and we especially invite representatives to a Committee forming in San Francisco to host the 5th World Conference on Women in the Bay Area in 2015.

Many thanks to Marcia McLean, CAWA's Marin County Coordinator for initiating this connection and for Diana Goodrow, CAWA's Ventura County Coordinator for presenting our invitation and information to you. WIN looks forward to working with the ACCW for the benefit of the women and girls of California.

**We invite all CA CSWs to join CAWA's million women action network.** (see attached member form or go on line at:

<http://www.win-cawa.org/MainFiles/joincawa.html> )

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# LOS ANGELES CAREGIVER RESOURCE CENTER

## Fact Sheet **California Caregivers: A Profile**

### **Who Are California's Informal Caregivers?**

Caring for a loved one with a disabling health condition forever changes the lives of families and caregivers. While helping a friend or relative can be positive in many ways, the effects on caregivers often can be devastating: financial pressures, legal quandaries, health problems, emotional turmoil and depression. But in California, there is help. Eleven nonprofit Caregiver Resource Centers (CRCs) throughout the state each year provide support services to more than 15,000 families and caregivers of adults affected by chronic health conditions.

This fact sheet provides a profile of California caregivers, combining statistics from published studies and data gathered from families who have contacted one of the 11 Caregiver Resource Centers (CRCs) throughout the state.

The term *caregiver* refers to anyone who provides assistance to someone else who is, in some degree, incapacitated and needs help: a husband who has suffered a stroke; a wife with Parkinson's disease; a mother-in-law with cancer; a father with Alzheimer's disease; a son with traumatic brain injury; a partner with AIDS.

*Informal caregiver* and *family caregiver* are terms that refer to unpaid individuals such as family members, friends and neighbors who provide care. These individuals can be primary or secondary caregivers, full time or part time, and can live with the person being cared for or live separately. (Formal caregivers are care providers associated with a service system or hired independent providers.)

It is the dedicated families—not institutions—who provide most of the long-term care in California, often at great financial, physical, and emotional sacrifice. Care can range from handling a loved one's transportation, finances and medications to managing feeding tubes, injections, physical therapy and personal hygiene. In fact, according to a recent estimate, California caregivers annually provide unpaid care services with a market value equal to \$45 billion (AARP Public Policy Institute, 2007).

# Magnitude

Depending on definitions and criteria used, estimates of the number of informal California caregivers vary widely. For example:

- **1.8 million** households are caring for someone aged 50 or older, i.e., 16% of California’s 11,502,870 households (Scharlach, et al., 2003).
- **4 million** family members are caring for someone over the age of 18 (AARP Public Policy Institute, 2007).

# Gender and Age

According to the California Statewide Survey of Caregivers (Scharlach, et al., 2003):

- **75%** of California caregivers are women
- **60%** of California caregivers are married
- **51 years** is the average age of California caregivers

<i>Age</i>	<i>Percentage</i>
under 35	14%
35-49	32%
50-64	34%
65 or older	19%

Of caregivers served by the California Caregiver Resource Centers (CRC Characteristics 2005):

- **77%** are women, of whom 37% are daughters; 25% are wives of the person needing care.
- **70%** of caregivers served by the CRC system are married• **59 years** is the average age of CRC caregivers; fully 12% are over age 80.

According to the CRC characteristics data, their age distribution is:

<i>Age</i>	<i>Percentage</i>
under 35	5%
35-49	18%
50-64	39%
65 or older	39%

# Ethnicity

Scharlach’s study (2003) shows diverse backgrounds for caregivers:

- **61%** White/Caucasian
- **25%** Hispanic/Latino
- **6%** Black/African American
- **5%** Asian
- **3%** Other ethnicities

Most (86%) were born in the U.S. Among immigrants, Mexico is the most frequent country of origin (6% of caregivers).

The CRC system’s caregivers (2005) have a slightly different mix:

- **74%** White/Caucasian
- **11%** Hispanic/Latino
- **9%** Black/African Americans
- **4%** Asian caregivers
- **2%** Other ethnicities

California’s over-18 population, according to the U.S. Census Bureau (2000), is:

- **61%** White/Caucasian
- **14%** Hispanic/Latino\*
- **14%** Asian
- **7%** Black/African American
- **4%** Other ethnicities

California’s over-60 population (U.S. Census Bureau, 2000) is:

- **69%** White/Caucasian
- **14%** Latino\*
- **10%** Asian
- **5%** Black/African American
- **2%** Other ethnicities

*\*For the purposes of this analysis, Hispanic/Latino refers to those who identify as Hispanic/Latino, regardless of race.*

## Who Is the Care Recipient?

Although the Scharlach, et al. study (2003) and the CRC data (2005) use slightly different groupings to identify who is receiving the caregiver’s help, both show that caregivers most often are aiding a parent or spouse/significant other:

<i>Relationship</i>	<i>Scharlach (2003)</i>	<i>CRCs (2005)</i>
Parent	49%	43%
Spouse/Significant Other	12%	42%
Friend	12%	1%
Parent In-Law	8%	4%
Sibling	3%	2%
Other*	16%	8%

*\* Includes grandparents, sons, daughters, other extended family members, neighbors and unknown*

# Employment

About half of California’s caregivers are employed outside the home. Among employed caregivers, 71 percent are full-time and 29 percent are part-time employees (Scharlach et al., 2003). Of nonemployed caregivers, about half (49%) said they were retired and 8% were taking a leave of absence. Asked how caregiving activities affected their job status, they said they had:

- Reduced work hours (13%)
- Changed jobs (4%)
- Other job impacts (6%)

Caregiving causes many employees to miss work. In the two weeks before the study interviews 21 percent of employed caregivers had missed work, from arriving late or leaving early to taking three or more days off. One half of these employees missed at least 16 hours of work during this two week period.

Among the CRC System’s caregivers under the age of 65, a similar picture emerges: about half are employed, with about 70% of them full-time employees and 30% part-time (2005). When all caregivers were asked whether their employment status had changed due to caregiving activities, they said they had:

- Reduced work hours (8%)
- Quit their job (11%)
- Other job impacts (16%)

Approximately 12% of those who utilized California’s Paid Family Leave benefit in 2004-05 were family caregivers (Paid Family Leave 2005).

# Education Level

Compared to the overall population of California caregivers, as described by Scharlach et al. (2003), the CRC System serves a group that is similar in terms of education level:

<i>Education Level</i>	<i>Scharlach (2003)</i>	<i>CRCs (2005)</i>
High School Graduate or less	32%	31%
Some College	33%	34%
College Degree or Higher	35%	33%

# Income Level

**At least one-fourth of California’s caregivers have very low annual household incomes—\$20,000 less** (Scharlach et al., 2003, reporting 2001 income). A large proportion of California’s caregivers live in lower-middle-income households, with between \$20,000 and \$40,000 income annually (26% of the Scharlach study group and 43% of the CRC group). The CRC system tends to serve a less affluent population, with only 31% of respondents reporting income above \$40,000 a year (compared to 49% of Scharlach’s group).

<i>2001 Household Income (Scharlach, 2003)</i>	<i>Percentage</i>	<i>Grouped %</i>
Under \$10,000	9%	25%
\$10,000 - \$20,000	16%	
\$20,001 - \$30,000	13%	
< \$30,000 (unspecified)*	2%	26%
\$30,001 - \$39,999	11%	
\$40,000 - \$50,000	12%	49%
\$50,001 - \$80,000	17%	
Over \$80,000	17%	
> \$30,000 (unspecified)*	3%	

\* Respondents were asked whether their annual income was above or below \$30,000, then asked to specify their income more precisely. While most answered the more specific question, a small percentage responded only to the first question.

<i>2004 Household Income (CRCs, 2005)</i>	<i>Percentage</i>	<i>Grouped %</i>
Under \$9,000	5%	26%
\$9,000 - \$11,999	4%	
\$12,000 - \$19,999	17%	
\$20,000 - \$39,999	43%	43%
\$40,000 - \$59,999	17%	31%
\$60,000 - \$79,999	8%	
\$80,000 - \$99,999	3%	
\$100,000 or above	3%	

# The Experience of Caregiving

## Time

Because the care demands are generally greater, caregivers who seek help from the CRCs spend much more time each week providing care than does the general population of California's caregivers (Scharlach et al., 2003):

- CRC caregivers typically spend **84 hours a week** (median), with an average of 85.4 hours (CRC system 2004). While many caregivers get no help from unpaid helpers, some do receive such assistance: the average is 8 hours of help weekly from unpaid family members, friends or volunteers.
- California caregivers as a whole (Scharlach et al., 2003) typically spend **14 hours a week** (median) and get about 10 hours of help weekly from other unpaid family members, friends or volunteers (median, with average not available). Caregivers of persons who have severe memory problems or dementia spend significantly more time (an average of 53.7 hours per week) than do caregivers of people without these disorders (an average of 34.1 hours per week).

More CRC clients are long-time caregivers, compared to the general California caregiver population (Scharlach et al., 2003). While most of the duration-of-care categories used in the two information sets differ, a few direct comparisons are possible.

	<i>Scharlach (2003)</i>	<i>CRCs (2004)</i>
Five years or less	75%	62%
Six years or more	25%	38%
Ten years or more	Not available	9%

Just over one-third (34%) of the CRC caregivers (2004) started providing care within the previous two years. In California’s overall caregiver group (Scharlach et al., 2003) just over one-fifth (21%) had begun providing care within the past year, while more than half (54%) had given care from one to five years.

## Health Problems of the Person Needing Care

Information about the care recipient’s health problems was gathered in different ways from the general California caregiving population (Scharlach et al., 2003) and from caregivers served by the CRC System (2004). The Scharlach study asked respondents to identify the health problems of the care recipient, without setting apart the main problem (primary diagnosis) from secondary problems. In order to provide a more analytical typology, the illnesses in the first chart below were collapsed into three categories: Mental health problems (including behavior or emotional problems); severe memory/cognitive disorders; and physically based problems. Most (93%) of care receivers had physical illness and most of these individuals (82%) had multiple physical problems. More than a third (36%) had severe memory problems or dementia; most of these people also had physical problems (94% of those with mental health conditions and 92% of those with memory problems). Thus, the results add up to more than 100 percent.

In contrast, the CRCs ask caregivers to identify only the primary diagnosis of the care recipient, so the results add up to 100 percent but do not show the presence of multiple problems. Fully 62% of the CRC care recipients suffered from cognitive problems caused by unspecified dementia or Alzheimer’s disease.

<i>Illness/Health Problem of Care Recipient (Scharlach 2003)</i>	
Heart Disease or High Blood Pressure	62%
Arthritis	60%
Severe Memory Problems or Dementia	36%
Mental Health Problems/Emotional Problems	36%
Blindness or Severe Visual Impairment	29%
Severe Hearing Impairment	29%
Diabetes	26%
Stroke or Paralysis	25%
Behavior Problems	24%
Lung Disease or Emphysema	16%
Cancer	13%
HIV/AIDS	<1%

<i>Care Recipient Primary Diagnosis CRC System (2005)</i>	
Unspecified Dementia Disease	32%
Alzheimer's Disease	30%
Stroke/Vascular	19%
Parkinson's Disease	7%
Traumatic Brain Injury	3%
Multiple Sclerosis	2%
Brain Tumor	1%
ALS	1%
Huntington's Disease	1%
Multi-Infarct Dementia	1%
Unknown/Other	3%

## Impact of Caregiving

The study of California's caregivers (Scharlach et al., 2003) compared caregivers of people having severe memory problems or dementia to caregivers of people with other types of problems. As shown by the following table, more caregivers of those with cognitive impairment felt the negative impacts of emotional stress, sleep interruption, physical strain and financial hardship and fewer enjoyed excellent or very good health.

<i>Impact on Caregiver</i>	<i>Person Receiving Care Has:</i>	
	<i>Severe Memory Problems/ Dementia</i>	<i>Problems Other than Memory/Dementia</i>
Emotionally stressful	44%	26%
Sleep interrupted	32%	22%
Physical strain	24%	13%
Financial hardship	19%	11%
Excellent or very good health	36%	44%

In the CRC System, assessments of caregivers from July through December 2005 (CRC Annual Report 2006) show:

- High burden—an average score of 18 on the Adapted Zarit Interview, a standardized tool, measuring caregiver burden (scores may range from 0 to 48, with higher scores showing higher burden and a score above 16 indicating "high burden").
- Many are depressed—almost half (45%) appear to have mild to moderate depression, with a score of 16 or higher on the Center for Epidemiologic Studies Depression scale (CES-D), a standardized tool to measure depression.
- Many (63.4%) report experiencing anxiety or depression in the past 12 months.
- Most report themselves to be in excellent (13.4%) or good (52.6%) health.
- Almost a third (29.4%) say their health is worse than it was six months ago.

# Sources

*[A Profile of Family Caregivers: Results of the California Statewide Survey of Caregivers \(2003\)](#) by Andrew Scharlach, Barbara Sirotnik, Shel Bockman, Max Neiman, Christen Ruiz, Teresa Dal Santo. Berkeley, CA: Center for the Advanced Study of Aging Services, University of California Berkeley.*

*California Caregiver Resource Centers Aggregate System Data Report on Caregiver and Care Receiver Characteristics (2005). San Francisco, CA: Family Caregiver Alliance.*

*California Caregiver Resource Centers Annual Report for Fiscal Year 2005-06 (2006). San Francisco, CA: Family Caregiver Alliance.*

*Paid Family Leave Year in Review July 1, 2004 – June 30, 2005 (2005). Sacramento, CA: California Employment Development Department.*

U.S. Census Bureau, *[Census 2000 of Population and Housing, Summary File 1.](#)*

*Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving (2007) by Mary Jo Gibson and Ari N. Hauser, Washington, DC: AARP Public Policy Institute.*

# Resources

**Los Angeles Caregiver Resource Center**  
**3715 McClintock Avenue**  
**Los Angeles, CA 90089-0191**  
(800) 540-4442 (in CA) or (213) 821-7777  
Web Site: [www.losangelescrc.org](http://www.losangelescrc.org)  
E-mail: [larc@usc.edu](mailto:larc@usc.edu)

The Los Angeles Caregiver Resource Center serves family caregivers of a brain impaired or frail, older adult through education, research, services and advocacy.

For residents of the Los Angeles County Area, LACRC provides direct family support services for caregivers of those with Alzheimer's disease, stroke, traumatic brain injury, Parkinson's, ALS, Multiple Sclerosis, Huntington's disease and other debilitating brain disorders that strike adults.

*This fact sheet was prepared by Family Caregiver Alliance in cooperation with California's statewide system of [Caregiver Resource Centers](#). Reviewed by Andrew Scharlach, Ph.D., Kleiner Professor of Aging, School of Social Welfare, University of California, Berkeley. Funded by the California Department of Mental Health. © 2007 Family Caregiver Alliance. All rights reserved.*



# LOS ANGELES CAREGIVER RESOURCE CENTER

## Fact Sheet Advocacy Tips for Caregivers

### A Call to Action

Families—not institutions—provide the majority of care to chronically ill and disabled loved ones. These families know the enormity of the burden in caring for someone with Alzheimer’s or Parkinson’s diseases, stroke, traumatic brain injury, or other long-term conditions. They also know the challenges in locating appropriate advice, services and respite.

Personal experience with community agencies, round-the-clock care, and financial hardships mean families know what the important issues are. This puts family caregivers in a unique position to act as advocates. Caregivers can educate elected officials charged with development of public policy and funding priorities.

This fact sheet offers tips for effective strategies for families to get involved in local, state or federal advocacy efforts.

### How Families Can Help Effect Change at the Public Policy Level

#### Write or e-mail a letter to your elected representative.

- Representatives rely on communication from their constituents to keep them informed and to know where constituents stand on critical or controversial issues.

- A personal letter or e-mail are effective methods to get your message across.
- Write legibly, type or e-mail your message and try to keep your communication to one brief page.
- Make your message to the point. Example: “*I’m writing in support of HR 1, the Long-Term Care Act.*” (Refer to the bill name or number, if you can.)
- Give a reason for your position (support or opposition). A personal experience is powerful in establishing your case.
- Let them know what you expect. Example: “*I hope I can count on your support for this bill. Please write back and let me know your position on this important issue.*”
- Include your name and address on both the letter and the envelope or within your e-mail message.
- Target and time your letter. Representatives will give the most weight to letters from their own constituents. However, if a bill is to be heard in a particular committee or subcommittee, you may need to communicate with the committee leadership (e.g., Chairperson of the Senate Health and Human Services Committee). In this case, explain that while you are not from the legislator’s own district, you hope that the needs of all citizens will be considered in reaching a decision on the bill. Naturally, timing the letter before a vote is taken is critical.
- Follow up by thanking your representative when his/her actions support your position.

#### Where to Write:

**U.S. Congress**  
The Honorable \_\_\_\_\_  
U.S. Senate

Washington, DC 20515

[www.senate.gov](http://www.senate.gov)

Dear Senator (name):

The Honorable \_\_\_\_\_

House of Representatives

Washington, DC 20510

[www.house.gov/writerep/](http://www.house.gov/writerep/)

Dear Representative (name):

### California State Legislature

The Honorable \_\_\_\_\_

State Capitol

Sacramento, CA 95814

Dear Senator (name):

The Honorable \_\_\_\_\_

State Capitol

Sacramento, CA 95814

Dear Assemblymember (name):

## Make a Phone Call

When time is of the essence, a phone call can be a practical way to express your concern to an elected representative. The most effective calls are to the Capitol offices, particularly when a vote is imminent.

- Introduce yourself and give your affiliation if you are working on behalf of a particular group, organization or campaign. Be sure to mention if you are a constituent.
- Don't expect to speak to your representative directly. Most likely, you will speak to a receptionist or legislative staff. These individuals are responsible for keeping the legislator informed.
- Explain why you are calling. Example: *"I'm calling to register my opposition to the proposed budget cuts for adult day care centers. Please be sure that the Assemblyman is informed of my concern."*
- You may need to communicate your position to a committee which is hearing a bill or budget item. If you are not sure of the committee name or hearing schedule, you

can ask staff at your own representative's office.

- Where to Phone: **Capitol Switchboard** Washington DC, (202) 244-3121. The operator will refer you to any U.S. Senator or U.S. Representative (Congressman/woman). In California, the **Assembly Chief Clerk** can help you reach any Assembly member (916) 445-3614. The **Senate Secretary** will provide phone numbers for any California State Senator (916) 445-4251.
- Faxing is also an effective way of sending your letter to a legislator. All state legislators and members of Congress have Fax machines. Fax numbers can be obtained from the same sources as legislative and Congressional telephone numbers (see "Where to Phone" above).

## Visit Your Elected Representative

Meeting face-to-face with a legislator or designated staff is an excellent way to establish a relationship and convey your point of view.

- State legislators often go home to their district offices on Thursday or Friday. Meetings at the State Capitol are best set for Tuesday or Wednesday.
- Congressional Representatives in Washington, DC are more likely to come home on the weekend or on extended holidays or periods of Congressional recess. Contact the Capitol office to determine the best time to make an appointment.
- Plan ahead. Legislators' schedules fill up weeks in advance. Plan your first visit before there's a "crisis" to establish a friendly rapport.
- Do not set your hopes on meeting with your representative in person. Legislators are busy and schedules often change at the last minute. An effective meeting can be held with a legislative staff aide (often the very people who craft legislation or brief their bosses on important issues).
- When you call the office, ask to speak to the scheduler. Introduce yourself, explain the nature of the visit, give the names and number of other people who will come along on the visit, how long you will need (15 to 30 minutes), and when you would like to come. You may be asked to send a request in writing.
- After an appointment has been scheduled, it is wise to confirm the information by mail, e-mail or phone (correspondence should be addressed

to the legislator him/herself, even if the meeting is scheduled with staff).

- If scheduling more than one meeting at the Capitol in one day, leave 30 minutes between appointments to get from one room to another. (In Sacramento, some legislative offices are located outside the Capitol.)
- Do your homework by learning something about the person you will visit. Rehearse what you will say, keeping in mind the legislator's background and interests. You may wish to begin by sharing your own personal caregiver story. Show your knowledge by mentioning any action taken or bills authored/supported by the legislator in a similar area, if appropriate.
- Be clear about the purpose of the meeting. Example: *"I am here today to familiarize you with the needs of family caregivers,"* or *"I would like to know if I can count on your support for improving the quality of care in nursing homes."*
- Add your voice to others who share similar concerns by joining a larger group or organization going to visit the Capitol. This way you can coordinate with existing efforts and increase your clout.
- Understand that current fiscal constraints make it difficult to advocate for increased funding for programs and services. Do not apologize for this fact. Instead, be clear about the importance of a program or service to you and your family. Example: *"I know funding is tight and not everything can be considered a priority, but I am here to tell you what is a critical issue for me and others like me."*
- Bring a few brief written materials, if available, to leave in the office which relate to the purpose of your visit.
- Bring a camera. Even if a legislator cannot meet with you in person, he/she may be pulled out of a meeting momentarily for a photo opportunity.
- Remember to thank the legislator or staff for your meeting. It is also a good idea to send a thank you letter addressed to the legislator.

## Other Activities

- Stay informed. There are a number of organizations which monitor legislative activities at either the state or the federal

levels. Newsletters and other publications can keep you up-to-date (see the Resources listed at the end of this Fact Sheet for agency names and addresses).

- Contribute your ideas and energy: join a committee, task force or campaign. Such groups may work on a single issue or a variety of issues. Tasks might include organizing a public event or drafting policy recommendations. Even if you don't attend committee meetings you can still lend your support to a letter writing campaign or telephone tree.
- Write a letter to the editor or opinion editorial "op-ed" piece stating your views in your local news-paper. This is an excellent sounding board to help educate the public about a cause.
- Testify at a hearing. Legislative and Congressional committees often hold hearings to gather support and expert opinions while drafting legislation. Family caregivers can provide compelling stories of their daily struggles in caring for a loved one. Be sure to contact the committee the day of the hearing; last minute schedule changes occur frequently.
- All federal bills can be searched and downloaded from the Library of Congress [TOMAS](#) website. You can also request copies of bills from your representative. California bills are available at the Legislative Council of California's [Legislative Information](#) website.

## Selected Advocacy Resources

### National Organizations

#### **Alzheimer's Association**

225 N. Michigan Avenue, Floor 17  
Chicago, IL 60601-7633  
(800) 272-3900  
(local chapters throughout the U.S.)

#### **AARP**

601 E. Street, NW  
Washington, DC 20049  
(888) 687-2277

#### **Families USA**

1201 New York Avenue, NW  
Washington, DC 20005  
(202) 628-3030

**Family Caregiver Alliance**  
*National Center on Caregiving*  
180 Montgomery Street, Suite 1100  
San Francisco, CA 94104  
(415) 434-3388 or (800) 445-8106

**National Citizen's Coalition for Nursing Home Reform**  
1828 L. Street, NW, Suite 801  
Washington, DC 20036  
(202) 332-2275

**National Senior Citizens' Law Center**  
1101 – 14th Street, NW, Suite 400  
Washington, DC 20005  
(202) 289-6976  
(Also in Oakland and Los Angeles)

**National Committee to Preserve Social Security and Medicare**  
10 G Street, NE, Suite 600  
Washington, DC 20004  
(800) 966-1935

**Older Women's League (OWL)**  
3300 N. Fairfax Drive, Suite 218  
Arlington, VA 22201  
(703) 812-7990

## **California Organizations**

**California Advocates for Nursing Home Reform (CANHR)**  
650 Harrison Street, 2nd Floor  
San Francisco, CA 94107  
(415) 974-5171  
(800) 474-1116 for consumers

**Center for Health Care Rights**  
520 S. Lafayette Park Place, Suite 214  
Los Angeles, CA 90057

(800) 824-0780 (in LA only) or (213) 383-4519

**Disability Rights Education and Defense Fund (DREDF)**  
2212 Sixth Street  
Berkeley, CA 94710  
(800) 348-4232 or (510) 644-2555

**Health Access California**  
1127 11th Street, Suite 234  
Sacramento, CA 95814  
(916) 497-0923  
(Also in Oakland and Los Angeles)

## **Resources**

**Los Angeles Caregiver Resource Center**  
**3715 McClintock Avenue**  
**Los Angeles, CA 90089-0191**  
(800) 540-4442 (in CA) or (213) 821-7777  
Web Site: [www.losangelescrc.org](http://www.losangelescrc.org)  
E-mail: [lacrc@usc.edu](mailto:lacrc@usc.edu)

The Los Angeles Caregiver Resource Center serves family caregivers of a brain impaired or frail, older adult through education, research, services and advocacy.

For residents of the Los Angeles County Area, LACRC provides direct family support services for caregivers of those with Alzheimer's disease, stroke, traumatic brain injury, Parkinson's, ALS, Multiple Sclerosis, Huntington's disease and other debilitating brain disorders that strike adults.

**Family Caregiver Alliance**  
180 Montgomery Street, Suite 1100  
San Francisco, CA 94104  
(415) 434-3388 or (800) 445-8106  
Web Site: [www.caregiver.org](http://www.caregiver.org)  
E-mail: [info@caregiver.org](mailto:info@caregiver.org)

*Reviewed by Burns Vick, Jr., J.D., Vick & Associates, Sacramento, California. Prepared by Family Caregiver Alliance in cooperation with California's Caregiver Resource Centers, a statewide system of resource centers serving families and caregivers of adults with chronic health conditions. Funded by the California Department of Mental Health. © 1998 Family Caregiver Alliance. Revised 2007. All rights reserved.*