

Martha Stewart
U.S. Senate Special Committee on Aging
April 16, 2008

Chairman Kohl, Ranking Member Smith and members of the Committee: I appreciate the invitation to testify before you today and am honored to be here.

You have chosen a subject that is increasingly critical to our quality of life—not only for older Americans but for family members who care for them. I look forward to learning from the work of the Committee as it continues to examine this issue. The experience of the distinguished professionals on your panel today will be important as well.

I respond to your invitation today as a member of a family whose eyes were opened by personal experience—and to share what we have been learning at the Martha Stewart Center for Living at Mount Sinai Medical Center in New York City.

My professional life has been centered on the home, the well-being of the family and everything that these subjects encompass. When I began working in this area more than 25 years ago, the subject of homemaking as it relates to families was largely overlooked, though the interest was clearly broad and the desire for information strong. My colleagues and I soon discovered we were satisfying a deeply felt unmet need.

Today I see a similarly unmet need. Our aging relatives and the families who care for them yearn for basic information and resources. We all know this is a significant sector of our society: more than 75 percent of Americans receiving long-term care rely solely on family and friends to provide assistance. The majority of these caregivers are women, many of whom are also raising children. Often, these women are working outside the home as well.

I understand the challenges family caregivers face. My mother, Martha Kostyra, passed away last year at the age of 93. My siblings and I were fortunate that she was in good health almost until she died. Still, we came to know first hand the number of issues that needed to be managed.

First, it's difficult, especially in smaller cities and rural locations, to find doctors experienced in the specific needs that arise with age. Think of all that this includes: the effect of medications on elderly patients; how various medicines interact with each other; warning signs for depression and onsets of other conditions increasingly common in the elderly. How do we ensure that they take their medications? How do we help structure our parents' lives so they can live independently for as long as possible? And how do we support the generation of caregivers who devote so much of themselves to their parents' aging process?

This only touches on the myriad of issues, of course. Worry is the backdrop for everything these families do: What if the parent falls? What if she leaves the burners on? What if he takes his medications twice—or forgets to take them at all?

Now I am learning even more about the physical, emotional and financial toll that the experience can exact. Caring for an aging parent or loved one can be another full-time job. In fact, 43 percent of baby boomers have taken time off from work and 17 percent have reduced hours to help care for an aging parent. They do this at a time when their expenses are rising. One recent study found that half of those caring for a family member or friend 50 years or older are spending, on average, more than 10 percent of their annual income on caregiving expenses. Many dip into savings and cut back on their own health care spending to cover the bill. Is it any wonder that family caregivers are at increased risk of developing depression, anxiety, insomnia and chronic illnesses?

In the Kostyra family, we were grateful to be there for my mother, who had given so much to us and was a well-loved presence in our lives and in the lives of her 13 grandchildren. Our experience in her final years and my resulting awareness of the issues Americans face is one of the reasons for the creation of the Center for Living. The goal of the Center, which is dedicated to my mother, is to help people to live longer, healthier, productive lives even as they age.

We have set a goal at the Center to use research and the practice of geriatric medicine to try to elevate the level of eldercare and its importance in our society. Did you know that there is currently one geriatrician to every 8,500 baby boomers? That's clearly not adequate. We are also working to develop new tools and resources for caregivers. We are collaborating with a large number of organizations and motivated, experienced individuals, many of whom have been studying these issues for years. There are numerous devoted and knowledgeable people in this arena, and we hope we can all learn from each other.

This is a field that eventually impacts most families in emotional and encompassing ways. Yet sometimes it's the simple solution that holds an answer. Not so long ago at the Center, a woman brought in her father, who had suffered a stroke two years earlier. After the stroke, he had been told he could never eat again and was placed on a feeding tube. He was devastated and depressed. He had spent his life as someone with a passion for good food, and his future looked bleak to him. At the Center, a doctor experienced in geriatric care asked the man to drink a glass of water. He did, without a problem. "If he can do *this*," the doctor said, "he can eat." This simple exchange improved the man's quality of life immeasurably. And I'm sure it improved the quality of his daughter's life, too, knowing that her father was happier.

I want to share with you three things I've learned from our work at the Center and that others may find useful:

- We must make an effort to coordinate care. Most older Americans have several doctors. It's important for these doctors to cooperate with one another and work closely with caregivers.

- It is important that we, as a society, recognize the stresses and challenges that caregivers face and support them as best we can. We want to ensure that their health isn't undermined by the demands of eldercare.
- We must encourage families to open up a dialogue now. Even if your older relatives are in good health, it's important to plan for a day when they might not be.

I have always been a firm believer in the role of preparation and organization in progressing toward a goal. My concern today is whether our country and our over-stretched medical system can possibly meet the demands of 76 million baby boomers who will start turning 65 in the next two years. We are on the cusp of a health and caregiving crisis that must be addressed now. I know you recognize this and that is why we are here today. I thank you for your dedication to this important matter and for the opportunity to express my thoughts.