Recognizing those who make a difference in the lives of family caregivers

Presented to: ShareTheCaregiving Inc

Category: Book

For: Share the Care

WINNER

Gary Barg, Editor-In-Chief
Today's Caregiver magazine

TODAY'S CAREGIVER
CAREGIVER.COM

Caregiver Friendly Award® 2008
Gail Sheehy's 6 favorite books

Gail Sheehy recommends titles for families grappling with aging parents

Gail Sheehy put a fresh frame around life’s challenges with her international best-seller *Passages*. Below, she recommends titles for families grappling with the ‘predictable crisis’ that is the subject of her new book:

**They’re Your Parents, Too!** by Francine Russo (Bantam, $26). Russo, a journalist who covered the baby boomer beat for *Time*, guides adult children of aging parents in how to win crucial help from your siblings instead of letting them drive you toward considering fratricide.

**Elder Rage** by Jacqueline Marcell (Impressive Press, $25). “Jacqueline, you ignorant slut!” is not the sort of greeting one would expect when a daughter visits her father in the hospital—unless one has been a caregiver for a proud parent who has gone cognitively haywire. Marcell offers hilarious relief to anyone coping with parental rebellion, along with solid guidelines for those who are caring for a loved one with dementia.

**Always on Call** by Carol Levine (Vanderbilt Univ. Press, $25). A tell-it-like-it-is book from a woman who was caregiver to her husband for 17 years. Levine’s gift to caregivers is a brilliant website: Nextstepincare.org. It will guide you through the toughest part of this passage — transitions in care between home, emergency room, hospital, rehab, and back around again.

**Share the Care** by Cappy Capossela and Sheila Warnock (Fireside, $15). *Share the Care* is more than a book. It’s a philosophy from two caregivers who looked after a friend with cancer for five years and developed a step-by-step model for empowering friends, neighbors, and co-workers to create and maintain a “caregiving family.”

**A Family Caregiver Speaks Up: ‘It Doesn’t Have to Be This Hard’** by Suzanne Mintz (Capital Books, $15). The tireless president of the National Family Caregivers Association offers expert advice on how caregivers need to believe in themselves, protect their health, and reach out for help.

**Walking a Sacred Path** by the Rev. Lauren Artress (Riverhead, $14). The outdoor labyrinth at the Rev. Artress’ Grace Cathedral in San Francisco was the inspiration for my book’s thesis — that the caregiver’s journey is like walking a labyrinth. Here, Artress identifies the labyrinth as “the inner map of knowing in women,” and reminds us that its use in healing and rebalancing predates Christianity.

— **Journalist Gail Sheehy is the author of 15 books. Her new book is *Passages in Caregiving*.**
One need only pick up a newspaper or turn on the television to know that there is a healthcare crisis in the United States. The flu vaccine shortage, the recall of Cox 2 inhibitors, and the lack of health insurance by 40 percent of all Americans have all been in the headlines. Add to that an aging population, warnings about the impending demise of Social Security and Medicare, and the high cost of prescription drugs, and the national stress level rises dangerously. Baby boomers now find themselves caring for both children and parents as they themselves join the ranks of senior citizens. It is no surprise that many of them seek health information from the library. Publishers continue to offer a variety of materials that deal with current health issues. On this list, books about elder care, coping with chronic conditions, and cancer share the spotlight with a glimpse at the intense work of a burn unit and an exposé of drug companies.

**CAREGIVING**


Caring for someone who is seriously ill is a daunting task, but this guide, originally published in 1995, provides a framework for forming a group to undertake it. Share the Care discusses what caregivers may need to do for the patient and how they can maintain their own mental and physical well-being in the process. It includes useful checklists as well as an extensive resource list. (LJ 10/15/04)
FAST FACTS ABOUT SHARE THE CARE™

THE CHALLENGE. At least 66 million people (nearly one third of the population) are currently caregivers and many are at risk of becoming ill themselves. And as Baby Boomers age, the need for caregivers will increase dramatically as the number of people over 65 will nearly double to 71.5 million by 2030.

People facing a medical or aging crisis try to “circle the wagons” and tough it out. The result is usually caregiver burnout. While the doctors, therapists and medical community take care of the patient and the illness, the needs of the caregiver are often overlooked. Who will drive the kids to school? How do we schedule and keep doctors’ appointments? Ordinary tasks quickly turn into major needs—and soon overwhelm the primary caregiver. Share The Care offers a rewarding solution.

WHAT IS SHARE THE CARE™? It is an award winning, evidence informed group caregiving model that teaches ordinary people how to pool their talents, time, and resources to assist a friend or loved one facing a health or medical crisis. It turns their offers of “What can I do to help?” into positive action. The model prevents caregiver burnout, and keeps the group running smoothly over time while offering group members profound inner rewards. It is described most often as a “life changing experience.”

SHARE THE CARE™ WORKS FOR EVERYONE. Share The Care can help regardless of the situation—whether the person is in need of short-term rehabilitation, suffering from a long-term or terminal illness, or is just facing the increased difficulties associated with aging. Premature births or multiple births, children who are ill, and a widow(er) with small children, and grandparents raising small children are just a few of the ways it has made a difference. The only limit is imagination.

SHARE THE CARE™ IS MORE THAN A BOOK – IT’S AN EVIDENCED-INFORMED PROGRAM. Since its publication in 1995, Share The Care has served as a grassroots blueprint for groups in 48 states, as well as in Canada, Iceland, Australia, Spain, Malaysia, Mexico, The Netherlands, France, UK, Israel and Brazil.

In May 2005, The Library Journal cited the second edition as “one of the best consumer health books of 2004.” Share The Care is also a winner of Today’s Caregiver magazine’s 2008 “Caregiver Friendly Award”. Our 2008-2009 Share The Care Program in New York City received an achievement award for “Cross-generational Caregiving” from the New York State Coalition for the Aging and the Statewide Caregiving & Respite Coalition of New York. In 2011, Founder, Sheila Warnock, was named a L’Oreal Paris Woman of Worth Honoree for her outstanding achievements. In 2013, she received a Daily Point of Light Award signed by George H. W. Bush and Michelle Nunn (certificate # 4930) for creating meaningfull change in communities across America. She is the recipient of a number of other awards for her work in caregiving.

WHAT DO WE DO? Through workshops, presentations and our full-day professional training program, “Seeding Share The Care™ in Your Community”, designed specifically for health professionals and clergy, we are able to reach more caregivers and build communities that share the care.

Our award-winning web site www.sharethecare.org offers 23 Share The Care forms for download as well as resources, links, stories and much more. There site has sections to address our varied target audiences: caregivers and concerned friends; health professionals; faith communities; and corporations. We provide email and telephone support. We also have several exciting advancements for the model in the works as well. Join our mailing list on the website homepage to receive our Newsletter.

Please consider a donation to ShareTheCaregiving to support the upkeep of our website and for the development of new materials that are used by all kinds of organizations, hospices, hospitals, and faith communities across the US and Canada. Go to www.sharethecare.org for a number of ways to give.
New York State Coalition for the Aging, Inc. & Statewide Caregiving & Respite Coalition of NY

2009 Achievement Award

To honor outstanding, innovative and creative Caregiving & Respite Programs that have a long range impact on the citizens and communities within NYS.

Category: Cross-generational Caregiving

Programs and Services specifically designed to create mutually beneficial interactions between caregivers and care receivers.

Presented to
ShareTheCaregiving, Inc.

Barbara Wolford, President

Joanne Macklin, Executive Director
The Caregiver’s Companion: Caring for Your Loved One Medically, Financially and Emotionally While Caring for Yourself
By Carolyn A. Brent, MBA
Seasons of Caring: Meditations for Alzheimer’s and Dementia Caregivers
By Virginia Biggar
Gift of Caregiving
By Beverly Kidder
Share The Care™ Web site
ShareTheCaregiving, Inc. a Project of the National Center for Civic Innovation (501c3)
Dementia Care for America’s Heroes
Partnerships for Health produced the caregiver training video
Adaptive Fashion Saves Caregivers Time
MagnaReady
PRO BATH CHAIR LIFT®
Safe Bathtub, Inc.
BAM Labs Smart Bed Technology
BAM Labs
Facilities
Caron Renaissance
Boca Raton, Florida
BOOK A SPEAKER WHO CAN MAKE A REAL DIFFERENCE

SHEILA WARNock
Co-Author, Speaker, Trainer on the Share The Care Group Caregiving Model,
member of the National Speakers Association

AWARDS
C.O.M.E. Community Service Award – 2013
Daily Point of Light Award Honoree – 2013
Local Lady Godiva Honoree - 2012 – Fall
L’Oreal Paris Women of Worth Honoree – 2011

BOOK/PROGRAM AWARDS
Share The Care – Cited by The Library Journal as “One of the Best Consumer Health Books of 2004”; 2009 NYS – “Cross-Generational Caregiving”

“Excellent seminar – superb presenter whose mission in life is CLEAR. Keep doing what you’re doing – bringing this gospel to everyone, everywhere.” – Social worker

Sheila Warnock is one of the pioneers of the Share The Care™ model first published by Simon & Schuster, Fireside Books in 1995. Share The Care is considered a classic and cited as a valuable resource in many of today’s programs and books on caregiving.

Sheila, a former ad agency creative and three time primary caregiver, changed her life direction into a non-profit to empower caregivers and to provide a professional, accredited training for professionals and clergy in communities across the US and SW Ontario.

For information, rates, schedule and availability, or to request a proposal to bring a training to your community contact: Swarnock@sharethecare.org ShareTheCaregiving, Inc. 212-991-9688
Available for keynote, training, workshop, or panel
Sheila can tailor her presentation for your needs:

Health Professional Conferences
Caregiver Conferences or disease specific Conferences (oncology, ALS)
The Faith Communities
Military Caregivers and Professionals
Working Caregivers - Corporations
Women’s Organizations, Clubs,
Teamwork, Community Building
Caregiving Crisis Issues and Conferences

“Sheila Warnock’s book Share The Care will lead the national hospice movement to its next step, meeting the needs of the millions of Americans living alone who will need hospice care. Her work is groundbreaking.” — Hospice STC Coordinator, author

Sample: Share The Care Full Day Professional Trainings:
- Department of VA Affairs – Honolulu, Hawaii
- Mercy St. John’s Hospital - Springfield Missouri
- Kauai Hospice - Kauai, Hawaii
- Greater Wisconsin Agency on Aging Resources STC Stations Program - Steven’s Point, WI
- CSU at Monterey Bay, CA for Monterey Country Pilot Program
- Owen Sound, Mitchell, London and Chatham in SW Ontario – 18 month STC Initiative
- Hospice of Anchorage, Anchorage Alaska
- Woodward Respite Care Fund, Denver Colorado

Sample: Speaking Engagements
- Ontario’s Ministry of Health and Local Health Integration Network’s
  Aging At Home Conference – Keynote – Toronto, Canada
- Family Caregiving Summit - New York Academy of Medicine. NY, NY
- Family Caregiving Summit - Fordham University, NY, NY
- NYC Partnership for Family Caregiving Corps – EmblemHealth, NY, NY
- 4th Annual On Lok Conference – San Francisco, CA
- Aging in America Conference – San Francisco, CA
- Carmel Foundation – Carmel, CA
- 13th Annual Aging Concerns Unit Us Conference, Albany, NY
- Oregon Association of Home Care Conference, Salem, Oregon
- 8th Annual Gulf Coast Home Care Conference, Point Clear, AL
- National Hospice and Palliative Care Conference on Volunteerism & Family Caregiving, Denver, CO
- ALS Caregivers Conference, The Carolinas Medical Center for Neuromuscular Disease - Charlotte, NC
- The United Nations Caregiver’s Support Group
We’ve all seen them…the patient who lives alone without support and becomes increasingly fearful. The patient with a family caregiver on the brink of collapse from total exhaustion. In both cases these folks are often surrounded by concerned friends and neighbors asking “What can I do to help?” The problem is—nobody knows what to do or how to get started.

**Share The Care™** guides ordinary people on how to organize and maintain a “caregiving family” to help someone who is ill, disabled, in rehabilitation following an accident, combat, a stroke or surgery. It can be a loving solution for those who are struggling with the challenges of aging or who live alone far from or without family.

You can book, Sheila Warnock, co-author and speaker to present at your next professional conference or caregiver event. Or to have her lead a professional training in your community or county. See back of flyer or contact us.

“The process used to set up the opening **Share The Care** gathering was very loving, embracing, energizing and affirming – I think I can say we all felt that way. I was so humbled and gratified to hear of the ways I had impacted on others so much that they were willing to help me and my family as my care needs increased.” — Dianne Rhein

“We would not have been able to get through this like we did, if not for **Share The Care**. It made all the difference to have people coming alongside us, because, with a long-term illness like Peter’s (ALS), you feel like you are drowning, like you are going under. The **Share The Care** people were the life savers that brought us back to the surface and held us up in ways that we never could have imagined.” — Peter and Andrea Devin

**The Library Journal** cited **Share The Care** as “One of the best consumer health books of 2004.” The model is now considered a classic and used as a valuable resource in many of today’s programs, websites and books on caregiving.

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*CALL: 212-991-9688 • EMAIL: swarnock@sharethecare.org • VISIT: www.sharethecare.org*
BOOK A SPEAKER WHOSE WORK CAN MAKE A REAL DIFFERENCE FOR YOUR PATIENTS AND CAREGIVERS

Sheila Warnock co-author of *Share The Care* and a three-time real-life caregiver has many stories to share about the challenges caregivers face. About ways ordinary people have come together in extraordinary circumstances. About her decision to leave a successful career and establish a non-profit organization to promote and educate people and professionals about the benefits of *Share The Care™* model. Her stories have moved audiences to tears ad inspired champions to lead local programs.

Warnock has developed and leads an accredited training for health professionals and clergy called “*Seeding Share The Care™ in Community*” Program in communities across the country. (See website and call or email for a proposal.) She has reached thousands of caregivers and other professionals through her lectures, workshops and presentations at national conferences in the US and Canada.

**AVAILABLE FOR KEYNOTE, WORKSHOP OR PANEL**

(Shelia can tailor her presentation to your needs)

- Health Professional Conferences
- Caregiver Conferences or disease specific conferences
- Faith Communities
- Military Caregivers and Professionals, Chaplains
- Working Caregivers
- Women’s Organizations, Clubs, Retirement Communities
- Teamwork, Community Building

Warnock is a member of local and national caregiving and aging associations and is the recipient of many awards including the prestigious Daily Point of Light Award and was a L’Oreal Paris Woman of Worth Honoree. Recently she received a “Maggie Kuhn” Award from Presbyterian Senior Services for her efforts to help caregivers. For more information visit our website.

“Very empowering. As we baby boomers age, we will need to take care of each other because there is going to be a serious shortage of health care professional. Plus with recent government budget cuts, agencies aren’t going to be able to provide the same level of service. We will have to depend on volunteers.” — RN

Sheila Warnock’s book *Share The Care* will lead the national hospice movement to its next step, meeting the needs of the millions of Americans living alone who will need hospice care. Her work is groundbreaking.” — Kauai Hospice Share The Care Coordinator, author

“Excellent workshop. Very real practical information. This type of care can certainly enrich the lives of so many–whose only alternatives may be institutionalization.” — Home Health RN & Case Manager

CALL: 212-991-9688 • EMAIL: swarnock@sharethecare.org • VISIT: www.sharethecare.org
For the best retirement, build a ‘social portfolio’

Many investors recognize the importance of a diversified portfolio. And with good reason—a balanced investment mix can help ensure you don’t outlive your money in retirement. But fewer see the importance of diversifying an equally important asset: your social portfolio.

Just as it would be foolish to pour your entire savings into an individual stock, it’d be unwise to bank your retirement on a single activity or just one person, said John T. Cacioppo, a professor of psychology at the University of Chicago and the director of the university’s Center for Cognitive & Social Neuroscience. “We think about financial protection in retirement, but we think very little about social resilience after retirement,” Cacioppo said.

Social connections matter, a lot. Cacioppo’s recent research found that feeling extreme loneliness can increase an older person’s chances of premature death by 14%. Researchers from Brigham Young University examined existing studies on social relationships a few years ago and found social isolation can be as harmful as cigarettes and drinking.

One of the best ways to guard against isolation is to have a diverse network of friends and associates, from different aspects of your life and, ideally, different generations. You often hear people say they plan to travel and spend more time with the grandkids in retirement. While these are perfect goals, for many they’re not going to be enough: Most people don’t want to travel constantly, and visits with the kids and their families probably won’t happen on a daily basis, even if they live nearby.

Spouses and romantic partners can provide good companionship for those who have them, but they’re not enough, experts say. For one, constant contact can strain even the strongest relationships.

So what’s going to get you out of bed every morning? Those who have spent decades raising families and focusing on work might need to spend some time rediscovering their passions and finding people with whom to enjoy them. (See also: New retirement communities stress bonding, not golfing.)

Just as with your financial portfolio, the best time to broaden your network isn’t the day you retire, but in the years leading up to it, experts say. Make regular deposits into your friendship bank just as you would into your retirement account—deep reserves aren’t just for 401(k)s.

The best way to make such deposits is to follow your interests. For example, take an art class, volunteer for Habitat for Humanity, or attend meetings at a veterans’ center. You can find so-called affinity groups—basically, clubs united by a common hobby, interest or passion—throughout the country at Meetup.com, a website where people can organize local groups enjoying everything from language exchanges to vegetarian cuisine to entrepreneurship.

Mike Piershale, a financial adviser with an eponymous firm in Crystal Lake, Ill., sometimes acts as a social director of sorts for clients who don’t have a strong network. He tries to find out where their interests lie and guide them accordingly. For the religious, church can provide a supportive community, and for the adventurous, he often recommends group trips abroad. “There’s nothing like going into a foreign culture to make people get closer to one another,” Piershale said.

Preparing for future needs

Financial advisers recognize that the benefits of a strong social network go beyond companionship. Those who don’t have close friends or family nearby have an extra challenge when it comes to preparing for possible future incapacity. Key legal documents that every adult should have, even if they’re far from retirement age, include a financial power of attorney, which names a trusted person to handle your financial affairs if you’re no longer able to do so, and a health-care power of attorney, which names someone to make medical decisions.

Some people need a little help figuring out who can fill these important roles for them, said Jim Holtzman, a financial adviser with Legend Financial Advisors in Pittsburgh. For those without children, he’s seen siblings act in this capacity, including a local 80-year-old woman who looks after her 85-year-old brother and his wife, both of whom have Alzheimer’s disease and live in an assisted-living facility.
Scott Leonard, founding partner of Navigoe, a financial planning firm in Redondo Beach, Calif., sometimes delicately suggests to clients that they name a younger person as power of attorney, or at least as a backup if the primary proxy can’t act. Usually, asking whom the client plans to bequeath money to will reveal the name of a niece or nephew in a position to help, Leonard said, but if family isn’t available a younger friend could certainly fill that role.

Quality vs. quantity

Cultivating a broad network doesn’t mean collecting friends in real life like you would on Facebook. Yet while you’re not aiming for as many as possible, it does help to have friends from different parts of your life, experts say. The former co-worker who you meet for lunch every week, the friend you volunteer with, and the buddy from exercise class: All three can keep you feeling engaged and connected.

A disparate group of friends can also cohere into a powerful caregiving unit in times of need, said Sheila Warnock, founder and president of the New York City-based nonprofit organization ShareTheCaregiving and co-author of the book, “Share the Care: How to organize a group to care for someone who is seriously ill.” Years ago, Warnock, then an advertising creative director, and a friend formed a group to care for a sick mutual friend, a divorced woman with two teenage children and a serious cancer diagnosis.

The caregiving group of 12 members came from all aspects of the friend’s life, and most were strangers to one another at the beginning. Not all were close friends of the sick woman. Yet they organized into a unit that took care of their mutual friend for 3½ years, until her death, using a system of rotating “captains” that allowed everyone to contribute in different roles—going to medical appointments, cooking, cleaning, and even organizing a daughter’s wedding—without any one caregiver feeling overwhelmed.

Warnock has some advice for those who live alone and prize their independence, a group whose ranks are growing. Today, a record 27% of U.S. households are compromised of just one person, including those of nearly 12 million Americans 65 and over, according to the Census Bureau, up from nearly 10 million in 2000.

One reason why caregiving can feel overwhelming, both for the giver and the receiver, is because as a society we don’t often experience it until the need becomes overpowering, Warnock said. “Back in the pioneer days, if you didn’t have your neighbors, you wouldn’t survive,” she said. “These days, you walk down the street and everyone has their face in an iPhone.”

So make like a pioneer and practice giving and receiving help, Warnock advised. Go shopping for an elderly neighbor. Ask friends to come paint your apartment. That way, it won’t feel so foreign when you’re in a position to really need the help—or to give it.

Time spent cultivating your network is one of the best investments you can make. A diverse portfolio will give you something to live on in retirement, but friends will give you something to live for.

Also on MarketWatch:

New retirement communities stress bonding, not golfing

Rebalancing 101: How to keep your portfolio healthy

‘Successful aging’ protects health—and wealth
Career Transitions - for Every Age  Page 27

Cohabitation Anyone?
The Scoop on Shared Laboratory Space  Page 44

10 Things to Do Now to Get the Care You Need Later  Page 40

The Science Behind Mammograms  Page 42

Plus - Why You Need a Career Coach
Caregiving is an issue that will touch everyone at some point in life, yet not many of us think about it until thrust into the position of being a caregiver or needing one.

Today, nearly 66 million unpaid family care-givers (29% of the adult population) are struggling with the responsibility of caring for a child, spouse, parent, or partner at a time when the medical establishment is overburdened and doctors have limited time. The cost of medication, healthcare and long-term care insurance are soaring, and home healthcare costs are, for many, prohibitive.

We also face a huge surge in the aging population. By 2030, the number of people over the age of 65 will double to 71 million and many will need support. Compounding this is the fact that the number of younger people available to serve as caregivers is on the decline.

Add to these statistics the fact that many family units have been shattered by divorce, grown children who live far away, and close friends who relocate after retirement. So, in view of the preceding, living on one’s own doesn’t seem very surprising at all.

In his book, Going Solo: The Extraordinary Rise and Surprising Appeal of Living Alone, Eric Klinenberg looks at the most significant demographic shift since the baby boom—the sharp increase in the number of people who live alone, or are single, divorced or widowed. In 1950 only 22% of American adults were single. Today more than 50% of American adults are single, and 31 million (one in every seven) adults live alone. And most contemporary single dwellers are women (17 million) as compared to men (14 million.)

There are a vast variety of reasons why people prefer the single lifestyle, yet, when it comes to the possibility of someday needing care, many haven’t explored their options.

A great deal of information is available to family caregivers who live with and/or care for a loved one or an aging parent. Many corporate programs are designed to help working caregivers manage both their jobs and their caregiving duties, yet there is very little that addresses the caregiving needs of a person living alone, aside from hiring help.

Who Cares for the Person Who Lives Alone?

By Sheila Warnock, Author and Founder of ShareTheCaregiving™, Inc.
The good news is that single people often have large networks of friends, neighbors, co-workers, and acquaintances who could meet many caregiving needs—and that there is a guidebook that turns offers of help into action.

Over the years the Share The Care (see box) model has proven its worth in all kinds of situations—whether a person needs short-term rehabilitation following an accident or surgery, has a disability, is suffering from long-term or terminal illness, or facing the increased difficulties of aging. It has worked for grandparents raising small children, women experiencing a difficult pregnancy, widows or widowers with small children, and even for joyous occasions to provide extra hands (and love) for newborn quadruplets.

The Share The Care model has made a profound difference for people who are single or live alone. As a care recipient thanked her group at one of the many fundraisers held to pay for medical treatments that prolonged her life by years:

“I can now dispute the cliché that blood is thicker than water. I have an extended family that is my family. You are absolutely incredible. I want you all to know that you are my source of strength, my courage. You comfort me, you cry with me, you laugh with me. You have been my medicine. I love you from the bottom of my heart.”

10 Suggestions For Anyone Who Lives Alone

1. Build your networks. Nurture your friends, neighbors, co-workers, acquaintances, teams, clubs, and faith communities…they may become a priceless resource.

2. Volunteer to assist a neighbor/co-worker who lives alone, is ill, or undergoing a difficult time.

3. Offer to start a Share The Care™ group for someone you know (single or with family) struggling with a crisis.

4. Organize YOUR important personal information into a folder that a trusted friend could access should it ever be needed. See our Share The Care forms at www.sharethecare.org (medications, doctors, medical history, emergency contacts.)

5. Get legal documents in order, including medical directives, final wishes, will, and power of attorney.

6. Give a trusted friend (who lives nearby) keys to your home.

7. Ask for help or learn to accept help occasionally. “Lighten up” on being so independent. People who are open to assistance seem to get it when needed.

8. Gather friends to discuss and agree to “be there” for each other should help be needed.

9. Practice caring and compassion. Call friends, or relatives you rarely see to find out how they are doing. Say “I love you” more often.

10. Keep an “In Case of Emergency” list in your wallet. Include: current medications, conditions, doctors, allergies, and other vital information.

SHARE THE CARE, How To Organize A Group To Care For Someone Who Is Seriously Ill teaches ordinary people how to pool their time, talents, love, and resources to assist someone they know facing a health or medical crisis…or any kind of a issue or challenge where TEAMWORK is needed.

Share The Care is successful because it builds a “caregiving family” that allows individuals to choose jobs they feel comfortable doing and give the amount of time they can. The team shares jobs, brainstorms to solve issues, and supports each other through the good and the tough times. And, for the novice caregiver, it is an opportunity to learn in the company of veteran caregivers.

Care recipients and group participants alike have expressed how they experienced support, solace, and even joy in the midst of overwhelming and sometimes, tragic life circumstances.

The first group that pioneered the model was for a divorced working mom with two young teenage daughters, a high-level job for a Fortune 500 Company, and a rare type of cancer. Susan had no family nearby and her ex-husband lived out of state. Following surgery and radiation, she chose to “tough it out” with little support. After three years, the cancer that began as a lump behind her ear had transformed into an excruciatingly painful bone cancer. Susan went into crisis.

At the urging of her therapist, she called 15 friends to come to a meeting the next evening to figure out what they could do. I was one of those friends.

It was an emotional, yet incredibly productive night. Twelve of us arrived in various states of anxiety, nervousness, fear, or skepticism. We didn’t know each other. We came from different parts of Susan’s life—work friends, neighbors, clients, summerhouse friends, and other moms. When Susan revealed the true extent of her illness she cried, then we cried and went to work. That night we instituted what was to be our key caregiving system—the Rotating Captains System.

We decided to work in six teams of two. Each week one of the two “Team Captains” would contact Susan to find out what was needed, relay the information to the others, fill the jobs, and provide her with a schedule of WHO was coming WHEN, to do WHAT, for HOW LONG. The following week the next team rotated in.

By working this way we eliminated Susan’s greatest burden—asking for help. And by sharing the responsibilities and workload, no one person had too much to do.

For the next three and a half years, we did everything imaginable from cooking, shopping, cleaning, and going to doctor’s appointments to many more unusual jobs. Most memorable was the beautiful wedding we organized for her youngest daughter just months before Susan succumbed to her illness.

At our group’s closing meeting we realized how much we had transformed. We had started as a bunch of strangers and blossomed into a family of sisters—widely known as “SUSAN’S FUNNY FAMILY.”

It was déjà vu when we were asked to help another group get started. As 20 people (this time both men and women) arrived, they were visibly nervous, anxious, and downright terrified, just as we had been.

As we explained our systems and shared what we had each gained personally from the experience, they began to relax. I remember reading their expressions and body language: “Oh that makes sense.” “We can do this!” “A piece of cake.”

But it was the love in the room that was most moving.

Inspired by that night, Cappy Capossela and I decided to document our systems, forms, principles, and provide a scripted meeting so that others could follow in our footsteps. Share The Care was published by Simon & Schuster Fireside Books in 1995 and updated for a second edition in 2004.

Today we can document Share The Care™ groups in 48 States and 11 countries.

Please visit www.sharethecare.org to explore, read stories, and learn more about the model and the ways we can make a difference for each other in times of need.
Dear Sheila Warnock,

Congratulations on being selected as a Daily Point of Light honoree. The Daily Point of Light Award was established to recognize individuals and groups creating meaningful change in communities across America. Your volunteer efforts honor the legacy of this award and demonstrate the power of service to create tangible change.

We share a common goal to inspire Americans in service and to direct public attention to the value of volunteer efforts in solving serious social problems. Today we continue to celebrate the power of individuals and their capacity to impact areas such as the economy, education and the environment. We recognize that without the support of volunteers such as you, the needs of many Americans would go unfulfilled.

We appreciate your dedication to service. Your efforts are a remarkable example of the generosity and compassion that make our communities stronger and better. Thank you for being a shining point in the lives of the people of America and for helping to shape a better tomorrow for our nation.

Sincerely,

George H. W. Bush
41st President of the United States

Michelle Nunn
CEO, Points of Light Institute
Co-Founder, HandsOn Network
Daily Point of Light Award

Honoring individuals and groups creating meaningful change in communities across America.

Award Number 4930 • January 1, 2013

presented to

Sheila Warnock

Michelle Nunn
CEO, Points of Light

President George H. W. Bush
Honorary Chairman
Her illness almost killed the daughter who was taking care of her.

Being a caregiver can be harder than being a patient. But no one has to go it alone. Share The Care™ is a proven system that can organize your friends, your neighbors, your faith community, your co-workers—anyone you can imagine—into a network of support.

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or pick up a copy of our book, “Share The Care.” Give your friends the gift of letting them help you.
The caregiver’s guide to good health

Nearly 24 million American women provide care for another person. If you’re among them, here’s how to help your loved one—and yourself.

Written by Virginia Sole-Smith
Photographs by Jessica Todd Harper

When Sheila Warnock’s best friend, Susan, was diagnosed with cancer, more than 20 years ago, Warnock sat with Susan in the hospital, looked after her daughters, and listened as she vented her fears and frustrations. Around the same time, Warnock’s mother began her slow decline due to several health problems, including dementia. Within months, “I became the classic, burned-out, isolated caregiver,” recalls Warnock. “I was depressed, couldn’t sleep, and completely put my career on hold.”

Warnock’s experience isn’t just common—it’s the norm. Although many caregivers report a new sense of purpose and closer ties to the person whom they’re caring for, according to the National Institute on Aging, the experience often comes at a cost. Caregivers suffer from a disproportionate number of health and emotional problems—from depression to panic attacks. They routinely skip health screenings, too, and don’t seek medical help when they need it, even as they scramble to get their loved ones to doctors’ appointments. “It took me too long to ask other people to help me care for Susan and my mother and myself,” says Warnock, whose
struggles led her to cofound Share the Care, a national organization that helps caregivers form networks and find support.

If you’re a caregiver, you may feel, well, stuck. But making small, doable changes to your routine can help you care effectively while keeping your own health—and sanity—intact.

5 ways to lighten any caregiving load

Are you taking on too much? (Of course you are.) You don’t have to abandon your role as a caregiver to ease the burden. Use these research- and expert-backed solutions to feel—and function—better.

1. RECLAIM YOUR ORIGINAL ROLE.
Caregiving changes the way you relate to the person you’re caring for. But it’s crucial to retain some of the old patterns, says Brian D. Carpenter, Ph.D., an associate professor of psychology and an eldercare expert at Washington University, in St. Louis. For example, ask your father for advice about work, even if he’s in the early stages of dementia.

If you’re caring for an aging parent, as many caregivers are, don’t call (or think of) what you’re doing as “parenting,” no matter how much it may sometimes feel that way. “Your parent is first and foremost your parent, regardless of her physical or mental state,” says Carpenter. “You can’t reverse that role, and being aware of that will help her preserve her dignity, as well as your relationship.”

2. CONNECT.
Adults who participated in caregiving support groups reported feeling less burdened and depressed and had an improved sense of overall well-being, according to a 2011 review published in International Journal of Geriatric Psychiatry.

“Most start out saying, ‘That’s not for me,’ only to later realize it’s exactly what they need,” says Jennifer Merrilees, Ph.D., a clinical nurse specialist at the Memory and Aging Center at the University of California, San Francisco. Chalk it up to the word should. “You might feel you should be able to handle it on your own, when in fact that’s a recipe for isolation and fatigue. Talking to other people in your situation can make you feel less alone and give you practical caregiving ideas, too,” says Steven Huberman, Ph.D., a caregiving researcher and the founding dean of the Touro College Graduate School of Social Work, in New York City.

Look for a group that’s run by a clinical social worker, a psychologist, or a psychiatrist, advises Randi Kaplan, a licensed social worker and the director of the Caregiver Support Program at Montefiore Health System, in New York City. The more specific the group (“for caregivers of people with cancer”), the more you’re likely to benefit from the experience. Give it a few sessions to see if it’s a good fit. If you don’t feel supported or understood—or simply don’t feel better—after several meetings, switch groups, says Kaplan.

Many community organizations and hospitals offer such groups. You can also contact your local Area Agency on Aging (N4A.org) for a recommendation, or find online groups at caregiver.org. If you really don’t want to join, seek one-on-one help from a social worker or a therapist with caregiving experience, says Kaplan.

3. THINK OF EXERCISE AS YOUR LIFELINE.
No, there is no such thing as a caregiving cure-all, but physical activity comes close, says Karen Robinson, Ph.D., the director of the Memory Wellness Initiative at the University of Louisville, in Kentucky.

Exercise is a direct and almost immediate remedy for the top complaints among caregivers—lack of energy, sleep woes, stress, pain, and depression, according to a 2006 National Alliance for Caregiving (NAC) survey. Addressing those issues has a secondary benefit: “Research shows that if you stay healthy, your loved one is more likely to as well,” says Robinson.

Even 15 to 20 minutes of activity most days is enough to make a difference, says Robinson. If your loved one is still mobile, consider a family gym membership, so you can both go. (YMCA offers programs for senior citizens and people with disabilities.) Or focus on at-home workouts. Strength training is especially beneficial if you help move or lift another person, so invest in a set of hand weights or resistance bands.

4. TRY TO CULTIVATE INNER CALM.
Caregivers who did eight sessions of mindfulness training (classes where they learned to observe and accept their physical and mental states) for two months felt less depressed, slept better, and believed their overall quality of life had improved, according to a small 2015

The average caregiver in the United States is a 49-year-old woman caring for a 69-year-old relative. She provides nearly 25 hours of service a week and will spend at least four years in her role, even though she probably works full-time and is married with children of her own, according to statistics from the National Alliance for Caregiving and AARP.
study of 37 people at Northwestern University, in Evanston, Illinois. Yoga, meditation, and cognitive-behavioral therapy all increase mindfulness, says Ken Paller, Ph.D., the study author and a professor of psychology at Northwestern. (Check out this month’s Breathe column, page 52, for a quick stress-reliever.)

5. SAY YES TO HELP. You know you should ask for—and accept—assistance. So why are you still doing almost everything yourself? “Logically, you understand that delegating is a must,” says Kaplan. “But emotionally you’re listening to the little voice in your head that says, ‘This is your responsibility. You should be able to handle it.’”

The fix? “Make yes your default response to offers of help,” says Huberman. “Your brother offers to get groceries, even though they won’t be exactly what you need? Say yes. A member of your synagogue says she’ll bring dinner over? Yes again.” If the offers aren’t flying in or aren’t sufficient, ask your loved one’s family members, friends, and colleagues to join you for an informal meeting. Come up with a list of the caregiving tasks you could unload, then see who is willing to handle them on a daily, weekly, or monthly basis. (This can also be accomplished via e-mail or Google Docs. But you’re more likely to have a more nuanced and productive conversation in person, says Warnock.) Visit sharethecare.org to download free resources for organizing a caregiving group.

Accept that the help you get may be less than perfect. “No one’s going to do it exactly right,” says Huberman. “And that’s OK. It doesn’t mean that you’re failing your loved one.”

3 types of caregiving (and how to weather each one)
Different situations pose different challenges. Here is some specific advice for you.

IF YOU CARE FOR: Someone who lives with you

CATCH A BREAK, ALREADY. It’s true that most caregivers tend to be overworked, but the 24/7 schedule of being a live-in caregiver can put you at a particularly high risk for burnout, says Marion Somers, Ph.D., the author of Elder Care Made Easier and the former director of Hunter College’s Brookdale Center for Healthy Aging, in New York City.

If your friends or family can’t commit to giving you time off every week, ask your local Area Agency on Aging about community resources, like adult day care, says Somers. Or hire a personal-care assistant, who is typically not a medical professional but someone who has experience with caregiving. Rates run around $10 to $25 an hour; you can find candidates through community senior and aging organizations. (You’ll also find resources for hiring in-home help by clicking on your state in the Family Care Navigator at caregiver.org.)

If money is tight, ask local colleges that offer degrees in eldercare and nursing about interns.

In a perfect world, you would go on a one-week vacation every six months while another family member took your place. But if you can’t, “you should still do something that makes you feel good every single day, even if it’s only for 10 to 20 minutes,” says Carpenter. “Bringing old routines and familiar pleasures to your new life can serve as a daily reprieve.”
IF YOU CARE FOR: Someone who lives nearby

SET A SCHEDULE. Not living with the person you’re caring for creates its own kind of chaos. “It’s easy to get caught in a trap, feeling like you have to run over for every little thing,” says Warnock. To avoid commuting- and errand-induced fatigue, decide which days of the week you’ll visit. Then, barring emergencies, stick to that schedule, so both you and your loved one have clear expectations. (Again, it helps to ask others to handle errands such as delivering food.)

IF YOU CARE FOR: Someone who lives far away

REMEMBER WHO’S IN CHARGE. (HINT: IT’S NOT YOU.) As a long-distance caregiver, you obviously don’t have control over your loved one’s day-to-day issues. (Is your mother really taking her pills? Are her home-health aides showing up when they’re supposed to?) So accept that fact and defer to the primary caregiver.

“My mother is in her 90s and lives in Wisconsin,” says Gregory Johnson, a senior adviser for family caregiving at EmblemHealth, an insurance company based in New York state. “To help cope with the distance, I put a note by both of my phones that says, ‘Kathy [my sister] is the primary caregiver.’ I can offer input and support, but when it comes to final decisions, I defer to her.” (You can also download the National Alliance for Caregiving’s Handbook for Long-Distance Caregivers at caregiver.org.)

The senior population is set to nearly double by 2030, so even if you’re not an active caregiver right now, odds are you will be someday.
CAREGIVING

Caregiving Teams Help Friends in Need

Local volunteer networks can assist those who need help with medical care.

You are booked for outpatient surgery and have no one to drive you home from the hospital. Or even worse, you’re facing a prolonged serious illness, and you need a lot more help than a friend or relative can provide. Perhaps you can turn to a relatively new model of caregiving: a network of volunteers who join forces to lend you a hand.

Several years ago, when Lynn Richards needed hip surgery, she tapped into the Caring Collaborative of the East Bay/San Francisco. The collaborative is an all-volunteer service of the San Francisco Bay Area chapter of The Transition Network, a national membership organization for women ages 50 and older.

Richards, who lives alone in Berkeley, Cal., says she gave the Caring Collaborative’s coordinator a schedule of the help she would need over the projected four weeks of her recovery. The coordinator sent an e-mail bulletin to the collaborative’s 25 or so members-many of whom Richards, now 72, did not know.

Caring Collaborative members, as well as Richards’ friends, assumed numerous tasks. One volunteer took notes when a visiting nurse described
the exercise, care and medication regimen she would need to follow. Others cooked meals, ran errands and walked with her outside while she struggled on crutches. “It was just life-saving, both physically and emotionally,” says Richards, a retired program developer for a nonprofit. She hired someone to help her bathe and clean the house.

There’s nothing remarkable about accompanying a friend to the doctor or taking a meal to a neighbor after surgery. But as baby boomers age, they are creating more-structured systems of volunteer caregiving. These new models can be a godsend for older people who live alone, as well as for overtaxed spouses and adult children. “For the primary caregiver, there’s a sense of relief—‘Oh, I can breathe again, it’s not all on me,’ ” says Sheila Warnock, president of the nonprofit Share the Care, which instructs friends, relatives, neighbors and others on how to create a “caregiver family” to help someone with a long-term or grave medical condition.

The Transition Network’s Caring Collaboratives are designed to step in when a member needs occasional help or, as with Richards, some aid over a short period of time. Of the network’s 13 chapters, four have set up Caring Collaboratives: San Francisco’s Bay Area, New York City, Long Island, N.Y., and Philadelphia.

About half of the 600 members of New York City’s chapter belong to its collaborative. New members must attend an orientation to learn the rules for seeking and offering help, says Barbara Stahura, the chair of the chapter’s Caring Collaborative committee. When a member wants to schedule help—perhaps she’ll need a ride home after a colonoscopy—she can e-mail the care coordinator, who looks for a willing volunteer.

The New York City collaborative also has created 15 “neighborhood groups” of a dozen or so women who meet occasionally in someone’s home. “If you feel closer to these women, you may feel comfortable to pick up the phone when you need help,” Stahura says. The Transition Network offers a guide for community groups that want to create their own caring collaborative.

Creating a Village of Caregivers

To help someone with a serious illness, friends could create a Share the Care group. Warnock wrote the book Share the Care (Fireside, $17) with Cappy Capossela after their friend Susan Farrow died of cancer in 1991. For more than three years, a large group of friends, neighbors and co-workers took care of Farrow, a divorced mother of two—running errands, checking her in and out of hospitals, supervising a home health aide and even organizing her daughter’s wedding.

In early 2002, Capossela was diagnosed with brain cancer, and Warnock put their book’s guidelines to work. “We ran her entire life,” she says. “It was very intense.” Capossela died later that year, and Warnock created the nonprofit, which, besides offering advice to individual caregivers, conducts workshops for health providers and faith groups.
A Share the Care group follows detailed rules on organizing the team and keeping it going. You can download the information from the website, or you can buy the book.

Ron Stevenson, 76, who lives in Gaithersburg, Md., has organized three Share the Care groups. The core members of each caregiving team—and the beneficiaries of their help—belonged to a large running group in the Washington, D.C., area. Two friends were diagnosed with terminal cancer. The third Share the Care group in 2011 cared for a married couple who were injured in a car accident.

Following the book’s instructions, Stevenson and his wife, Pam, set up an initial meeting between the patients and the Share the Care group. “They talk about their illness and their feelings,” Stevenson says. “It’s pretty powerful stuff.” Each group ranged from about 30 to 100 volunteers.

Every Sunday, the captain for the week called the patient or spouse to see what was needed—and then assignments were issued, such as fixing dinner, doing laundry or just hanging out. Stevenson kept a spreadsheet. “Nobody gets wiped out by having to do everything,” says Stevenson.

When his friend Charlie Roberts was diagnosed with cancer, Stevenson asked Roberts’ wife if he could form a group to help her out. The group included members of their running group and Roberts’ friends from his Veterans of Foreign Wars post. The vets built a wheelchair ramp, mowed the lawn, took him to the hospital and spent the night. Eventually his wife hired a full-time aide. Roberts died in 2007.

Local governments are also looking to collaborative caregiving approaches. Westchester County, N.Y., has issued a manual on creating “care circles.” Circle members can’t provide skilled care, but they can cook and provide other help “that could keep older people in their homes for as long as possible,” says Colette Phipps, executive director of the county’s Livable Communities initiative. Caregiver groups such as the Caring Collaborative are also a good way for older adults to make new friends. Victoria Weill-Hagai, 71, an artist in Manhattan, has volunteered several times for the New York City collaborative. “If you do a job for somebody you have never met and you sit with them for coffee afterward, you may find you have a lot in common,” Weill-Hagai says.

See Also: Managing Stress a Must for Caregivers

See Also: Solving Sibling Squabbles Over a Parent’s Care

See Also: 10 States Where You Will Want to Retire Forever
Not long before I turned 60, my husband and I split up, and a health concern that I’d never really worried about jumped out at me: What would I do, now alone, if I became seriously ill?

I’ve had health issues in the past, so I know the importance of having someone there to support you — through doctor appointments, outpatient treatments, even drugstore visits. Growing old on my own didn’t sound great for a number of reasons, but who would take care of me if I became sick, injured or just too frail to take care of myself?

More and more of us are confronting this problem, especially as we slide — or stumble — from midlife to old age. According to the U.S. Census Bureau, the aging cohort (those older than 65) is expected to reach 78 million by 2035, or more than 20 percent of the entire population. Sheila Warnock, co-author of “Share the Care: How to Organize a Group to Care for Someone Who Is...
Seriously Ill,” added: “A lot of older people are living alone, and that’s a big issue . . . in particular for women who are more likely to be widowed, divorced or single.”

Shortly after my separation came my trial run: A thyroid ultrasound initially appeared to show a malignancy that was soon declared normal. In the two dark days of waiting, I wondered: Who will take care of me? Whose shoulder will I cry on? Who will drive me to the doctor? Who? Who? Who?

A few months after my separation, some friends organized a birthday party to show me that I wasn’t really alone, that I had a friendship circle to rely on. I had joked about my anxieties around being single at 60 and noted that I was looking for volunteers to drive me to medical treatments, starting with an upcoming colonoscopy. The procedure requires mild sedation, and patients are not allowed to walk out on their own, even just to get in a taxi. My friend Daniel volunteered, but I hesitated because I didn’t think we were close enough for this particular assignment.

Lynn Feinberg, a policy adviser at AARP’s Public Policy Institute, said that the person usually relied on in this type of situation “would typically be a spouse or partner.”

Scratch that.

Feinberg, 67 and a widow of 10 years, gave a sobering take on the question “Who will be taking care of our generation of older people?” She points out that 25 percent of adults 25 and older have never married. There’s greater childlessness than ever. We’re living longer than ever — hurrah! — but she’s aware that the diabetes epidemic and heart disease may mean that our children have shorter life spans than we do. “There’s also more divorce among people age 50 and over, doubling since the 1990s,” Feinberg noted. For those who do have kids, she says, the younger generation is more likely than not to live in another time zone.

So who would be my designated driver and companion? I recalled the humiliation of coming out of sedation after my first colonoscopy, a decade earlier, asking my then-husband 100 times in 10 minutes: “What time is it?” (Anesthesia impairs memory, and my mind was a sieve for several hours.) Oh, and you have to “pass wind” before they will let you leave. Of course, that’s what a spouse or partner is for.

I scheduled, canceled and rescheduled the procedure three times, partly because I didn’t know whom to ask. By that last time I realized a colonoscopy wasn’t just a colonoscopy, it was a big bad metaphor. What if I get sick?

I decided to ask my uncoupled Facebook friends what scared them about becoming ill. I was overwhelmed by the number of responses and by the universality of our fears. “Questions about shopping, cooking, housekeeping, transportation to medical appointments, handling finances, having sufficient funds, all arise,” posted one woman in her 60s. “I worry about having to leave my home,” commented another. Many others said they were terrified of having to depend on others.
And the mother of all fears: “Being alone, then dying alone.”

Check that.

I have friends who have had various medical procedures. I’ve provided rides, made meals and waited while they’ve been probed or scanned. There’s a sweetness to being needed and stepping up. Years ago I took my new friend Charlotte to the hospital for an unplanned medical procedure. She was terrified and thousands of miles from her family. I stayed by her side — an experience that cemented a friendship now in its fourth decade.

My Facebook friends also made some worthwhile suggestions. “Sign up for Caring Bridge,” a free website that helps connect family and friends, Kate wrote. “Vet out your true blues among friends, commit to them as a true blue,” Carl posted. “Plan for who will watch over and be there for my 20-something kids — both emotionally and in terms of administering the financial stuff,” Susan added to the long thread. “Relocate to where you have friends and family,” wisely noted Jeff. A second Susan: “Groups of friends are organizing in Care Circles to help with this.” (These are model programs based on the idea that community is not only about geography but also about relationships.)

In “Share the Care,” Warnock has a number of practical suggestions, including getting your legal and medical affairs in order (and putting important documents where a trusted someone can find them). She also recommends that single people make an emergency contact list that includes doctors and family members and then put it on the refrigerator. And she suggests starting a “share the care” group in your neighborhood, which is really about building your own support network.

AARP’s Feinberg had her own list of suggestions. She sent me a link to the nonprofit’s livability tool, which scores neighborhoods and towns across the country for the services and amenities that have the greatest impact on older Americans. Other practical ideas include becoming engaged with your church or temple and seeking out a professional geriatric care manager. Feinberg also found a new partner. Mazel tov!

In the end, I asked my close friend Debbie, who knew my anxieties, to be my colonoscopy companion.

On the way home, she mentioned that she had been in the room when the doctor announced I couldn’t leave until I passed wind, an announcement I hadn’t heard because I was still out. We both laughed.
Sheila Warnock, Founder & President, ShareTheCaregiving, Inc. (aka Share The Care™)  
Co-author, Share The Care

Sheila has spent most of her professional life in advertising as a Consultant/Associate Creative Director with an expertise in new product development. After 30 years of dedicating her life to this profession, several profound experiences changed her life. First, she became sole caregiver of her ill mother and an emotional crutch for her best friend, Susan, who was diagnosed with cancer. By undertaking this dual role, Sheila truly experienced the tremendous burden caregivers have to endure.

In 1988, she became part of a group of 12 women (mostly strangers to each other) who came together and stayed together for the next three and a half years to care for friend Susan. The contrast of caring for someone without support to the experience of sharing responsibilities with a group proved to Sheila that this new collaborative approach to caregiving was something of immeasurable value and needed to be shared with caregivers everywhere.

As a result, she and her co-author, Cappy Capossela, documented the systems used by the group in their book, Share The Care, How To Organize A Group To Care For Someone Who Is Seriously Ill, Simon & Schuster, 1995. This system guides friends, neighbors, co-workers, and acquaintances with the roadmap for creating and maintaining a “caregiving family” to support someone they know facing a health, aging, medical issue or any circumstance where support is needed including multiple births, or grandparents raising small children.

Sheila and Cappy introduced Share The Care to health professionals at Sloan Kettering, cancer patients at M.D. Anderson Center in Houston as well as to students of social services at New York University. They appeared on the TV Health Network and gave interviews for radio and print media including: The Washington Post, Good Housekeeping, Modern Maturity and Parade Magazine. Share The Care™ was chosen as a model by the University of Wisconsin Comprehensive Cancer Center to help women undergoing breast cancer treatment.

In January of 2002, Sheila, tragically, had to form yet another caregiver group for her co-author and best friend, Cappy, who was diagnosed with a brain tumor and died 10 months later. The result of this third personal experience led Sheila to abandon her career and create ShareTheCaregiving, Inc., a 501c3 nonprofit organization and a comprehensive award winning web site: http://www.sharethecare.org. In 2008, the organization became a Project of the National Center for Civic Innovation and currently operates under their fiscal umbrella. The mission is to improve the “quality of life” of anyone who needs support and to reduce the stress, depression, isolation, and economic hardship often suffered by their caregivers.

During 2004 Sheila revised and updated Share The Care and added 50 pages of new information and ideas pioneered by groups around the country. The second edition was cited by The Library Journal as “One of the Best Consumer Healthcare Books of 2004.” It also generated articles/mentions in: The Wall Street Journal, The New York Times, AARP Magazine and The Chicago Tribune. The Share The Care model is now evidence-based based on a recent research study featured in The Journal of Gerontological Social Work in 2016. To date, Share The Care™ groups have been documented in 48 states, 14 countries.

Share The Care was given a 2008 “Caregiver Friendly” Best Book award by Today’s Caregiver magazine. In 2009, Share The Care’s New York City Program received an Achievement Award for “Cross-generational Caregiving” by the N.Y. State Coalition for the Aging and the Statewide Caregiving & Respite Coalition of N.Y.

Sheila lectures and leads full day professional trainings throughout the US and Canada. She was the keynote speaker for Ontario’s Ministry of Health’s 2007 Aging at Home Conference in Toronto attended by over 700 professionals. She is a member and has served on the Executive Committee of the NYC Family Caregiver Coalition. She is a member of the American Society on Aging, and the National Speakers Association and sat on the HealthCare Chaplaincy’s Residence Advisory Committee for a Palliative Care Campus. In 2012 Share The Care was invited by EmblemHealth to be a founding member and Co-Chair of the New York City Partnership 4 Family Caregiving Corps with a focus on corporations and working caregivers.

In 2011, Sheila was named one of 10 L’Oreal Paris “Women of Worth” Honorees for her achievements and outstanding commitment to community service. In 2013, she was named a Local Lady Godiva Honoree for her community work. Also in 2013 she was chosen as a DAILY POINT OF LIGHT Honoree for creating meaningful change in communities across America; and later that same year she received the Community Service Award from the Caregiving Outreach Ministry Empowerment. In 2015 she received the “Maggie Kuhn Award” for her work from the Presbyterian Senior Services. In 2016, GOOD HOUSEKEEPING and L’Oreal Paris cited her as one of “50 OVER 50 Women who are changing the world.” Sheila is a 2018 CareGiving.com VISIONARY Award Winner and most recently named a 2018 AARP PURPOSE PRIZE FELLOW for her caregiving achievements.