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INNOVATIONS & IDEAS

Robots Recruited to Help Senior Citizens with Tasks

If you grow old in Japan, expect to be served food by a robot, ride a voice-recognition wheelchair or even possibly hire a nurse in a robotic suit — all examples of cutting-edge technology to care for the country's rapidly graying population.

With nearly 22 percent of Japan's population already aged 65 or older, businesses here have been rolling out everything from easy-entry cars to remote-controlled beds, fueling a care technology market worth some \$1.08 billion in 2006, according to industry figures. At a recent home care and rehabilitation convention in Tokyo, buyers crowded around a demonstration of Secom Co.'s My Spoon feeding robot, which helps elderly or disabled people eat with a spoon- and fork-fitted swiveling arm.

Operating a joystick with his chin, developer Shigehisa Kobayashi maneuvered the arm toward a block of silken tofu, deftly getting the fork to break off a bite-sized piece. The arm then returned to a preprogrammed position in front of the mouth, allowing Kobayashi to bite and swallow. "It's all about empowering people to help themselves," Kobayashi said. The Tokyo-based company has already sold 300 of the robots, which come with a price tag of \$3,500. "We want to give the elderly control over their own lives," he said.

The rapid aging of Japan's population has spurred a spate of concerns: a labor shortage, tax shortfalls, financial difficulties in paying the health bills and pensions of large numbers of elderly. The weakening of family ties in recent years also means a growing number of older Japanese are spending their golden years away from the care traditionally provided by children and grandchildren.

That's where cutting-edge technology steps in. A rubber and nylon "muscle suit" developed by the Tokyo University of Science helps keep the elderly active by providing support for the upper body, arms and shoulders. Powered by air pressure actuators, the prototype suit — which looks like an oversized life jacket — provides subtle backing to help older people lift heavy objects.

The intelligent wheelchair TAO Aicle from Fujitsu Ltd. and Aisin Seiki Co. uses a positioning system to automatically travel to a preset destination, and uses sensors to detect and stop at red lights, and to avoid obstacles. Another wheelchair designed by the National Institute of Advanced Industrial Science and Technology responds to oral commands like "forward" and "back," "right" and "left."

Source: The Associated Press, by Hiroko Tabuchi

Spirituality and Wellness

Within each person there is aspect of their personality that is intrinsically spiritual and the need to articulate that reality is reflected in the continuum of life's expressions and actions. Spirituality is more than ritualized function and ceremonies within the context of religious practice. It is not mere rote or practice but an ever expanding and yearning for rapport with the divine that finds fulfillment within the person and their community. It is an affirmation in relationship with God, self, community and environment that nurtures and celebrates wholeness.

For most folks, spirituality (faith) is belief in something larger than self that contributes to good health. This is substantiated by studies that show a positive correlation between prayer, church attendance and worship experiences. It results in less depression, longer life and faster recovery from illness and better coping skills to name a few. Scientific and medical research lets us know that faith stands on its own merit. Faith isn't acquired because it leads to better health. Nor is faith lost when there is no health benefit attached. Faith is an anchor that sustains wellness and wholeness of personhood when life is changing. Science is beginning to validate what many people have known intuitively all along: when it comes to healthy aging, your faith is working in your favor.

Faith as a basis of spirituality is an important support for elders in the throes of transition. Change is challenging. Residents moving into our communities are confronted with many significant changes – leaving familiar surroundings and routines for a new home in a different setting. Making new friends, adjusting lifestyle practices to accommodate the new community schedule of events and programs, integrating new social norms, adjusting to changing health for self and spouse are just a few of the challenges elders encounter. Living life in a communal setting takes courage, flexibility, stamina, and receptivity to new rituals and rhythms. The spiritually adept will draw from the well-springs of their faith. Those seeking a reservoir of spiritual wellness will look to their community for ways to inculcate their desires and expressions in an evolving milieu.

In our commitment to create communities that celebrate life, we have the opportunity to connect the individual hope and divine-centered radiance of elders' with the inner radiance and nature of others. Spiritual leaders, ordained and lay, staff and volunteers are typically at the helm of guiding spiritual momentum on our campuses and communities. The idea that it takes a village to raise a child is an idea that can be broadened to encompass a community perspective that it takes all of the staff –direct care providers, managers, administrators as well as residents and their families to promote spiritually successful well-being, socialization and function.

What we know from our daily touches with elders is that it takes the entire community to achieve cultural change leading to a deeply rooted spiritual wellness. Let us give and receive love from one another and the elders in our community by grateful expressions, caring and sharing for herein is spiritual wellness at its best.

Author: Rev. Leslie J. Green, NHA, Resident Life Director, Sedgebrook

Insurance Reducing Experimental Drug Coverage

Health insurers are limiting coverage of high-cost specialty drugs in an effort to control healthcare expenses, according to the *Wall Street Journal*. Insurance officials explain that specialty drugs cost thousands of dollars for a relatively small portion of the population, and the New Jersey consulting firm, Health Strategies Group, reports these drugs account for one-quarter of the total drug spending in the U.S.

Insurers maintain they must control healthcare costs due to inflation and will only cover drugs the FDA has specifically approved as treatments or for which there is extensive clinical testing. Insurers do not have leverage when it comes to negotiating the prices of specialty drugs because they often extend lives and have little competition.

Source: CLTC Weekly

Treating the Problem of Dry Skin in the Elderly

Dry skin (xerosis) is a common problem in the elderly, and ranges from mild dryness through to severe dryness and skin breakdown. This article aims to review skin barrier function and hydration, the factors causing dry skin and some of the issues that surround the use of emollients as treatment.

The use of emollients to maintain skin hydration and barrier function is the principal treatment for dry skin in the elderly. However, patients and healthcare professionals do not always appreciate the importance of emollient therapy, and are faced with an overwhelming choice of products. The following article provides an overview of normal skin barrier function, causes and characteristics of dry skin, clinical assessment in the elderly, and considerations in selecting the proper emollient in treatment. (http://www.lsnj.org/pdf/Care_of_dry_skin.pdf)

INSTITUTE 2020

Transform Your Culture – January 2008 BEST CARE Classes Added!

The BEST CARE Program (Building Empowered Staff Teams and Creating Affirmative Relationships for Excellence) focuses on three key components to stabilize your long-term care workforce and empower your staff to become partners with residents creating a person-centered culture of care in your community. Developed by Anna Ortigara and Linda Hollinger-Smith, **BEST CARE** focuses on key components supporting workforce culture transformation in licensed long-term care communities. IDPH has granted a second year of funding totaling over \$157,000 to support expansion and enhancement of the program.

The Goals of **BEST CARE** are to:

- Increase staff satisfaction and feelings of empowerment and work effectiveness
- Decrease turnover rates of all staff
- Support a culture of person-centered relationships between staff, residents, and each other
- Encourage staff involvement in creating and implementing culture change practices within LTC organizations
- Provide LTC organizations with information about new employees and the performance of care teams

The grant will allow up to 90 Illinois nursing homes to participate in Part I of **BEST CARE**, consisting of a one-day workshop and a supporting web course. Part I targets three key components supporting workforce culture transformation: (1) A Framework of Person-Directed Care; (2) A Peer Mentorship Program; and (3) Primary/Consistent Assignments.

Important Reminders about BEST CARE:

- **Participating communities must be an Illinois licensed Skilled or Intermediate Care Nursing Facility.**
- **Two leadership staff members must attend from each facility – one of which must be a DON or ADON/equivalent! We cannot register your community until we have both names of participants!**
- **If you wish to send more than two persons, the cost of each additional person is \$150 (covers the cost of the workshop, materials, webcourse, continuing education units, and food).**
- **If your facility participated in a BEST CARE workshop during 2006, we cannot “count” your facility a second time under the grant. Your facility is welcome to send additional persons at the \$150 rate.**

January dates and locations are as follows:

Tuesday, January 22, 2008 – Clark-Lindsey Village, Urbana, IL

Thursday, January 24, 2008 – Monarch Landing, Naperville, IL

Space is limited – so don't delay! **Registration deadline for these classes is January 10, 2008.**

Participating nursing homes that successfully complete Part I of BEST CARE will be invited to participate in Part II, "Communication Skills for Building Relationships," an additional one-day workshop targeting enhancing communication skills of staff. More information about BEST CARE Part II will be coming later this year.

Key to measuring success of the BEST CARE program is a required **Evaluation Component**. All participating organizations are required to complete brief surveys at three time periods during the course of the project.

LATEST IN AGING RESEARCH

'Traditional Retirement' Age has Been Retired

In an effort to understand the opinions and attitudes of older Americans toward civic engagement after retirement, Penn, Schoen & Berland Associates conducted a survey. The study was commissioned by Experience Wave www.experiencewave.org, a campaign to advance federal and state policies to make it easier for mid-life and older adults to stay engaged in work and community life.

The survey demonstrated that Americans age 50 and over are increasingly disregarding age 65 as the time to stop working. Rather, over 70% believe that it is important to stay engaged in society by continuing to work and to volunteer, and they believe their experience and lifetime development of skills makes them an asset to their communities.

They are retiring older and say that they want to keep working. They want to continue to contribute, but find that opportunities to do so are difficult to find. They are broadly supportive across party lines of policies that would allow them engage in a meaningful way and believe society should make it easier for them to do so. Specifically, this means:

- Helping to pay for additional training and continuing education
- Making current employment placement and training programs work better for older people
- Providing seed money for colleges and non-profits to develop educational programs designed to tap the time, talents and skills of older people.

Additional findings include:

- 53% said the coming wave of baby boomers hitting "retirement age" will be an asset to society as they represent a pool of skilled workers with more time to dedicate to their communities.
- 76% said that society should invest in resources to guarantee older Americans opportunities to stay engaged.
- 53% of respondents were retired, and 45% were still in the workforce in some capacity.
- Of the respondents currently retired, 68% said they retired before age 65.
- Of the respondents not yet retired, 32% said they expected to retire before age 65.
- 27% of respondents not yet retired either didn't know when they will retire or did not plan to retire at all.

- 59% of respondents who plan to retire expect to volunteer for a nonprofit or community organization. An additional 14% plan to get training or learn a new skill for a different career.

New Research on Aging and Cognitive Training

Researchers released initial data in November 2007 during the 60th Annual Meeting of The Gerontological Society of America (GSA) that showed that doing the right kind of brain exercise can enhance memory and other cognitive abilities of older adults.

Dr. Elizabeth Zelinski of the University of Southern California Andrus Gerontology Center presented data from the IMPACT study (Improvement in Memory with Plasticity-based Adaptive Cognitive Training) - the largest study ever done on aging and cognitive training using a program available to the public. In this prospective, randomized, controlled, double blind trial of 524 healthy adults (aged 65 and older), half the participants completed up to 40 hours of the computer-based Posit Science Brain Fitness Program. The other half, who followed the traditional advice that older adults will benefit from new learning, completed up to 40 hours of a computer-based educational training program.

The group that engaged in the Posit Science program showed significantly superior improvements in standardized clinical measures of memory gains of approximately 10 years. This is the first research study to show generalization to untrained standardized measures of memory using a publicly available cognitive training program. Participants using the Posit Science program also showed significant improvements in how they perceived their memory and cognitive abilities. This included questions about every day tasks such as remembering names and phone numbers or where they had left their keys as well as communication abilities and feelings of self-confidence.

"The changes we saw in the experimental group were remarkable - and significantly larger than the gains in the control group" Dr. Zelinski said. "From a researcher's point of view, this was very impressive - people got better at the tasks trained, those improvements generalized to various standardized measures of memory, and people perceived improvements in their lives."

"My memory improved after I participated in the study," said Marlene Allen of Mill Valley, CA, a study participant. "I also felt better and a lot more energized. I really had fun doing the training."

Dr. John Smith of San Anselmo, CA is a semi-retired dentist, still working part-time. He finds that he functions well at work and gives the program credit for his interactions there. "I'm quicker to respond to questions and my memory is better."

"We presented these important results at the Annual Meeting of GSA, because aging experts need to spread the word that cognitive decline is not an inevitable part of aging," said Dr. Zelinski. "Doing the properly designed cognitive activities can actually enhance abilities as you age."

Effects of a Group-Based Exercise Program on Older Women

This study was aimed at determining the effect of a group-based exercise program on the physical performance, muscle strength and quality of life (QoL) in older women. Overall, approximately 18% of persons at or over the age of 65 years are dependent in one or more activities of daily living (ADL). As age increases, so too does the dependency on others in performing ADL, therefore affecting QoL. Mobility impairment and low physical performance predict the loss of independence in the ability to perform ADL. Therefore, older persons with poor physical performance who have a high risk for losing independence in ADL, theoretically have the most to gain from interventions that help to maintain or improve the physical performance.

The performance of daily activities is dependent on several factors, such as strength, balance, flexibility, and endurance. It is well documented that the muscle strength decreases with age, however it is important to note that muscle strength has been found to be modifiable in older adults. Therefore, the goal of exercise interventions for older persons who have lost a part of their functional reserve is to regain it, thereby maintaining the performance of daily activities.

Although it has been stated that different exercise programs are effective at improving both muscle strength and functional capacity, it is not clear which exercise program or improvement in which muscle groups would be the most effective in increasing the physical performance and QoL. The purpose of this paper was to determine whether a group-based exercise program could significantly improve muscle strength, physical performance and QoL in older women. Thirty-three healthy adults over the age of 65 years volunteered to participate in this study. Twenty women performed an exercise program for 8 weeks, at the rehabilitation unit.

Outcome measures included a 4-m and 20-m walk test, a 6-min walk test, stair climbing and chair rise time, timed up and go test, isokinetic muscle testing of the knee and ankle, and the short form-36 (SF-36) and geriatric depression scale (GDS) questionnaires. Statistically significant improvement was observed on all the physical performance tests and the scores of the SF-36 subgroup for the participants after completion of the exercise program. After the completion of the study, researchers found that a combined, intermediate intensity, group-based exercise program that was performed regularly by older women led to improvements on their physical performance tests, increased the strength of their muscles in the knee and ankle, and raised their scores on the QoL assessment.

Although many studies evaluating the effects of exercise on older people have been conducted, there is still no agreement on which program, and of what intensity and duration, would be the most effective at improving the physical performance. This can partly be explained by the fact that the various studies utilized different exercise programs and study groups.

Source: S. Eyigor, H. Karapolat, B. Durmaz, Archives of Gerontology and Geriatrics, Volume 45, Issue 3, Pages 259-27.

Going Outdoors Signals Independence

Among 107 frail community-dwelling older adults who needed some assistance but could walk on their own, trips outdoors were tracked for 20 months. The people who went outside 4 or more times a week were less likely to decline and were still living at home at the end of the study. Those who went outdoors less frequently were more functionally impaired, less social and more depressed.

[Source: Archives of Gerontology and Geriatrics, 45\(3\):233 \(November-December 2007\)](#)

Simple Sit-To-Stand Exercise Improves Balance

The ability to get up from a chair and sit down without assistance requires lower body strength, balance and coordination. In fact, a timed chair stand is a common assessment used to measure a person's functional level. The chair-to-stand movement can also be a useful exercise in itself, points out the results of a new study.

For 66 people 80 years or older who had mobility challenges, exercises were completed every day for 6 weeks. Part of the group repeated the sit-to-stand as a biofeedback device counted the number of sequences that were completed. The rest wore ankle weights while performing knee extension exercises.

The sit-to-stand significantly improved scores on the Berg Balance Scale, although there were no changes in other measures of gait and function. The authors noted that "while statistically significant, the improvement in Berg Balance Scale score was modest, raising the issue of what extent of change in score is clinically significant in this population."

[Source: Age and Ageing, 36\(5\) \(September 2007\)](#)

Water Therapy Improves Osteoarthritis

Water therapy will bring pain relief, improved function and possibly forestall surgery for years in individuals suffering from osteoarthritis of leg or hip joints, according to new research published in The Cochrane Library. Stretching or aerobic exercises in water should be performed more often by seniors, who represent the overwhelming majority of the nation's 21 million osteoarthritis victims, a Danish team of study reviewers said. Reviewers said hydrotherapy could decrease pain by 1 extra point (on a scale of 1 to 20) and improve function by 3 additional points (on a scale of 0 to 68).

They analyzed six trials comprising 800 study subjects with osteoarthritis in either the hip, knee or both. Conclusions were drawn after three months of exercise, either on land or in a pool.

Source: McKnightsonline.com Daily Update

Conceptualizing Relationships – How Do Residents, Staff, and Families Define?

The purpose of this study was to analyze perceptions of residents, family and care providers, with regard to close care provider-resident relationships in long-term care. The nature of care provider-resident relationships in long-term care is crucial to the quality of life of residents. Clinical observations and anecdotal evidence suggest that close relationships exist between residents and care providers. However, research exploring how these relationships are defined and measured is only in an early stage of development.

The study employed a descriptive design. Twenty-five residents and their family and 32 care providers (registered nurses, licensed practical nurses and health care aides) from two units in a long-term care facility were interviewed separately and asked to comment on whether they perceived themselves to be in a close care provider-resident relationship. All transcripts were analyzed using a comparative method.

Care providers perceived the closeness of relationships by the degree of reciprocity they experienced with their residents and by their emotional connection with them. Residents defined close relationships with care providers based on the care providers' caring attitude and behaviors. Family determined the closeness of relationships between their relatives and care providers according to the positive effects of the care providers' behaviors on their relatives' well being. In addition, care providers, residents and family accredited different factors as influencing the closeness of the care provider-resident relationship.

Care providers, residents and family members defined close care provider-resident relationships differently. All groups spoke about the need for connectedness, but mentioned inadequate staffing and workload as barriers to care providers being able to create time for meaningful one-on-one relationships. These results have implications for how close care provider-resident relationships are conceptualized and measured and, ultimately, for enhancing resident care in long-term care facilities.

Attitudes of Nursing Home Staff Regarding Resident's Nutritional Care

The aim of this study was to examine attitudes of the nursing staff in geriatric care towards factors of importance for nutritional nursing care. Studies show that nutritional risk assessment is seldom performed on older patients as routine and very few patients have a nutritional care plan. Patients in long-term care who are easy to feed are also found to be looked upon more positively than those with high feeding needs.

A total of 252 registered nurses and nurse aids working at geriatric rehabilitation clinics and nursing homes participated in the study. Attitudes were examined using the Staff Attitudes to Nutritional Nursing Care Geriatric scale. The scale includes 18 items and was designed as a one

to five-point Likert-type scale. It gives a total score and five subscales representing the dimensions 'Norms', 'Habits', 'Assessment', 'Intervention' and 'Individualization'. A higher score indicates a more positive attitude.

Of all nursing staff, 53% displayed a positive attitude towards factors of importance for nutritional nursing care and the rest displayed a neutral or negative attitude. The 'Intervention' dimension, dealing with nutritional problems and how to manage them, reflected the highest level of positive attitudes, which represents 71% of the nursing staff. The 'Norms' dimension had the lowest relative frequency of positive attitudes of 27%. The registered nurses held significantly more positive attitudes than the nurse aids did.

Nutritional issues comprise an important and time-consuming responsibility in geriatric care; however, nursing staff do not show an unequivocal positive attitude regarding this responsibility. The consequences this entails for the older patient need to be examined further. Nursing staff play an important role in caring for patients who are malnourished or at risk for malnutrition. Attitudes might hinder the development of undernourishment or the further worsening of an already undernourished patient's condition.

Authors: Bachrach-Lindström, Margareta; Jensen, Sara; Lundin, Rickard; Christensson, Lennart
Source: [Journal of Clinical Nursing](#), Volume 16, Number 11, November 2007, pp. 2007-2014(8)

Spiritual Care at End of Life for Nursing Home Residents

Spirituality is of particular importance in the lives of many older adults at the end of life. While the role of spirituality may differ among older adults, spirituality may offer a purpose and meaning toward the end of life and provides a framework for managing concerns and decisions at this time. Despite the increasingly evident role of spirituality in the United States, the spirituality of older adults has been neglected. Moreover, little research has been undertaken to determine how nurses may best help older adults improve spiritual health.

The purpose of this study was to investigate perceptions of spirituality and spiritual care among older nursing home residents at the end of life. A total of 26 older long-term care residents were surveyed using the Spirituality and Spiritual Care Rating scale from 2 faith-based nursing facilities to better understand residents' spirituality and perception of spiritual care. Descriptive statistics were used to analyze the participant's perceptions of spirituality and spiritual care. The 2 samples in this study received a mean score of 51.36 (SD = 5.99) with a range of 43 to 68, indicating moderately high views of aspects of spirituality and spiritual care among the sample, supporting spirituality as a framework for life. The sample reported on several interventions that nurses could use to support spirituality, including arranging visits with religious personnel, showing kindness, spending time listening to residents (presence), and showing respect for resident's needs. The results of the study provide information that may be used to increase knowledge and improve spiritual interventions for nursing home residents at the end of life.

Source: Wallace, M., O'Shea, E. [Holistic Nursing Practice](#). 21(6):285-289, November/December 2007.

Educated See Delayed - But More Severe - Dementia Onset

Low education is a well known risk factor for Alzheimer disease (AD). Persons destined to develop AD experience an accelerated rate of decline in cognitive ability, particularly in memory. Yet, while higher education delays the onset of accelerated cognitive decline; once it begins it is more rapid in persons with more education according to a study reported in the October 23 issue of *Neurology*. Each additional year of formal education delayed the accelerated memory decline associated with dementia by about two-and-a-half months, according to investigators lead by Charles B. Hall, an associate professor at Albert Einstein College of Medicine in New York City.

Once the symptoms set in, however, the people in the study with more education had a rate of cognitive decline about 4% faster for each additional year of schooling, researchers found. [Click here \(http://www.neurology.org/cgi/content/abstract/69/17/1657\)](http://www.neurology.org/cgi/content/abstract/69/17/1657) to read the abstract of the study.

Elderly Medicare, Medicaid Patients Not Receiving Quality Care

If the care received by vulnerable older people concurrently enrolled in Medicare and Medicaid was evaluated on a grading scale, it would squeak by with a barely passing mark, a new UCLA study has found.

Using quality-of-care measurements developed by the Assessing Care of Vulnerable Elders (ACOVE) project, researchers found that vulnerable elderly patients received only 65 percent of the tests and other diagnostic evaluations and treatments recommended for a variety of illnesses and conditions, including diabetes and heart disease. The study findings appear in the October issue of the peer-reviewed journal *Medical Care*.

"Thirty-five percent of the medical care interventions that they should have received were not provided, indicating significant room for improvement," said lead author Dr. David S. Zingmond, assistant professor of general internal medicine and health services research at the David Geffen School of Medicine at UCLA. "We'd much rather have everything higher — say, at least 90 percent."

The researchers based their work on linked Medicare and Medicaid claims data — something that is not routinely done. "Going forward, measures like these will be increasingly important because more detailed health care information, such as electronic health records, are difficult to obtain," Zingmond said.

The researchers gathered data from 100,258 community-dwelling geriatric patients in 19 California counties between 1999 and 2000. All the patients were enrolled in both Medicare and Medicaid. The mean age of participants was 81, 70 percent were women, 45 percent were non-Hispanic whites, 26 percent were Asian, 9 percent were African American, 13 percent were Hispanic and 7 percent were of unknown race or ethnicity. "Vulnerable elders" are defined as geriatric patients who are at increased risk of death or functional decline.

Using linked Medicare and Medicaid data from the California Center for Long Term Care Integration — a collaborative effort between the UCLA Division of Geriatrics and the University of Southern California School of Gerontology — researchers examined quality for 43 specific types of care (for example, receiving a new medication or having a diagnostic test) for common conditions such as depression, diabetes, hypertension and heart failure.

They found that in too many instances, elderly patients were not given the full range of treatments and services for their conditions. For example, only 42 percent of patients with diabetes were tested to gauge their blood sugar control or received an eye examination during the one-year study period. Likewise, many patients who were newly diagnosed with heart failure did not receive recommended diagnostic evaluations or medications known to be effective.

In the absence of electronic medical records, the use of administrative data such as those on which the researchers based their work can be a gauge of the quality of some important aspects of care for elderly patients, Zingmond said. "The Medicare and Medicaid administrative data contain information on many aspects of the care that these patients receive," he said. "This type of monitoring is both feasible and necessary."

Other researchers on the study included Neil S. Wenger of the David Geffen School of Medicine at UCLA; Catherine H. MacLean of WellPoint Inc.'s Programs for Clinical Excellence; and Kathleen H. Wilbur of the University of Southern California.

The study was funded by a Mentored Clinical Scientist Award from the National Institute on Aging and by the California Department of Health and Human Services Office of Long Term Care.

Vaccine Could One Day Replace Blood Pressure Pills

Someday, a series of shots may replace those annoying blood pressure pills that millions of Americans take each day, new research suggests. A vaccine, known as CYT006-AngQb, has shown some promise in a recent trial, according to Swiss researchers who reported on the study during the recent American Heart Association annual meeting. The vaccine works by inhibiting angiotensin II, a molecule that constricts blood vessels and raises blood pressure.

Study subjects experienced a drop in their systolic blood pressure and diastolic blood pressure after just the injection. In addition, the vaccine appeared to reduce the typical blood pressure surge that occurs between 5 a.m. and 8 a.m., according to the study report. A vaccine could help to eliminate the compliance problems associated with daily pills.

Younger People Buying LTC Insurance

Baby boomers are considering their long-term care needs for the future, a new study finds. For the first time in at least a decade the average age of purchasers of long-term care insurance has fallen below 60 years old. This year the average age of Americans who bought insurance for home care and assisted living was 58 years old, according to the American Association for Long-Term Care Insurance. In 1995 the average purchaser of such coverage was 69 years old. A total of 8 million Americans have long-term care insurance.

Insurance costs are generally lower for those in their 50s and some insurers are offering products that evolve coverage over time - something that has attracted more baby boomers, according to Jesse Slome, executive director of the AALTCI.

Source: McKnightsonline.com Daily Update

WHAT'S UP WITH BOOMERS

Boomers E-Communities – It's More than another "MySpace.com"

New web companies are hoping to bring some of the MySpace magic to the largest and most neglected demographic on the Web: baby boomers. Boomers represent a huge market, and more than 65 percent of Americans between the ages of 50 and 70 use the Internet. Many would feel out of place on MySpace or Facebook, though they'd still like to connect online. Advertisers who use the online medium would certainly like to reach them.

Two of the newest Boomer E-Community sites that have recently emerged include Eons.com and TeeBeeDee.com (stands for "The Boomer Demographic" and "To Be Determined," referring to the many options open to Boomers in the "post-kids" and retirement stage of life.

Eons.com is similar to a MySpace format – registration is free and participants may join multiple interest groups, blogs, while having the opportunity to design their own webpages to include photos and videos. A special focus for Boomers is the inclusion of "brain games," meeting the trend of brain exercises that have grown in popularity for this demographic. Other key topics include wellness, politics, finance, and travel – all from the perspectives of the boomer generation.

TeeBeeDee.com is also a free registration site that targets relationships and other topics of interest to boomers including active discussion and chat rooms. Eons and TeeBeeDee are a study in the contrasts between Webs 1.0 and 2.0 and how each generation of companies views — and tries to conquer — its respective corner of the world. Over the next few years, it will be interesting to see what types of websites and platforms will be of most interest and use by the boomers.

Comparing Boomer and Current Senior Markets: Facts and Figures

There are many misconceptions about boomer and senior markets in the areas of wealth, spending habits, and online habits. Here are some interesting facts and figures.

Size of the Boomer and Senior Markets:

- 77 million people were born between 1946 and 1964, which is defined as the baby boomer era (U.S. Census).
- The first baby boomer turned 60 on January 1, 2006.
- An American turns 50 every 8 seconds — that's more than 10,000 people every day (AARP).
- By 2015, those aged 50 and older will represent 45% of the U.S. population (AARP).
- By 2030, the 65-plus population will double to about 71.5 million, and by 2050 will grow to 86.7 million people (U.S. Census).

Wealth of Baby Boomers and Seniors:

- 78 million Americans who were 50 or older as of 2001 controlled 67% of the country's wealth, or \$28 trillion (U.S. Census and Federal Reserve).
- Households headed by someone in the 55-64 age group had a median net worth of \$112,048 in 2000 — 15 times the \$7,240 reported for the under 35 age group (U.S. Census and Federal Reserve).
- The 50+ have \$2.4 trillion in annual income, which accounts for 42% of all after-tax income (U.S. Consumer Expenditure Survey).
- Adults 50 and older own 65% of the aggregate net worth of all U.S. households (U.S. Consumer Expenditure Survey).

Spending Habits of Adults 50+

- Adults 50+ account for an estimated \$2 trillion in total expenditures for 2005.
- This group has \$2.3 trillion in disposable income.
- Between now and 2010, the total spending for 50+ households will increase by over \$900 billion.
- By 2010, adults 45-years-old and older will out-spend younger adults by \$1 trillion annually.
- In 2004, people aged 50 and older spent an average of 47.6 percent of their family's budget on "nonessentials" (Bureau of Labor).
- 50% of baby boomers plan to buy a new home after retirement (Del Webb Survey).
- As of January 2007, baby boomers are 27% more likely than any other generations to embark on a major home improvement or repair in the next 6 months (Consumer Intentions and Actions Study).
- 96 percent of baby boomers participate in word-of-mouth or viral marketing by passing a product or service information on to friends (ThirdAge and JWT Boom).

Online Habits of Adults 50+

- As one-third of the 195.3 million Internet users in the U.S., adults aged 50+ represent the Web's largest constituency (Jupiter Research).
- 2/3 of Americans age 50-64 use the Internet (SeniorNet).
- Email is the most popular online activity among 50+ users, followed by web browsing, research, and shopping (ThirdAge and JWT Boom).
- 72 percent of baby boomers have broadband Internet in their homes (ThirdAge and JWT Boom).
- Adults 50+ spend an average of \$7 billion online annually (SeniorNet).
- The Internet is the most important source of information for baby boomers when they make a major marketing purchase, such as automobiles or appliances (Zoomerang).
- 42% of all travel industry purchases happen online, and adults 50+ account for 80% of all luxury travel spending (Pew Internet and American Life Project).

- 82 percent of adults aged 50+ who use the Internet research health and wellness information online (Pew Internet and American Life Project).
- By the end of 2007, the number of mature social networkers is expected to top 20 million (Deloitte).

KEY RESOURCES IN AGING

AAHSA Outlines Steps to an Ethical Workplace

"When each member of the workforce within an organization is respected, treated with dignity and paid a just wage, it reasonably follows that such an organization is more likely to experience higher quality service, lower turnover and greater overall success," declares a white paper published by the American Association of Homes and Services for the Aging (AAHSA) Commission on Ethics in Aging Services.

Our Moral Imperative: Creating an Ethical Workplace begins with the premise that "employees of AAHSA organizations deserve a safe, just workplace in which they are respected and adequately supported in fulfilling their roles, and in which they can develop both professionally and personally." It defines seven ethical principles that apply to the long-term care workforce, including respect, autonomy, participation, and justice; discusses the forces that often hamper their development; and recommends concrete steps organizations can take to improve the work environment and better support workers.

Click the following link to access the white paper:
http://www.isni.org/pdf/Our_Moral_Imperative.pdf

High Rates of Depression Among Direct Care Workforce

According to a report from the Substance Abuse and Mental Health Services Administration, personal care and service workers -- a category that combined direct-care workers in long-term care with child care workers -- had the highest rates of depression of any class of workers in the nation. Almost 11 percent of personal care workers reported at least one "major depressive episode" in the past year.

Depression can seriously impact a person's ability to perform routine activities at work. It negatively affects U.S. industry through lost productivity, employee absenteeism, and low morale. U.S. companies lose an estimated \$30 to \$44 billion dollars per year because of employee depression. Research shows that the rate of depression varies by occupation and industry.

Access the full report at: <http://oas.samhsa.gov/2k7/depression/occupation.pdf>

Health Insurance is Vital to Staff Retention

Researchers have found a strong, positive link between health insurance benefits for direct-care workers and worker retention. In fact, health insurance may be more important than wages in reducing turnover and increasing the supply of direct-care workers.

Read more in the following Fact Sheet from the Paraprofessional Healthcare Institute.
<http://www.isni.org/pdf/RetentionFactSheet.pdf>

Evercare/NAC Study's In-Depth Look at the Personal Cost of Caring for a Loved One

A recently released Evercare/National Alliance for Caregiving (NAC) study finds that half of those caring for a loved one 50 years of age or older are spending on average more than 10% of their annual income on caregiving expenses and often sacrifice their own long-term financial and personal well-being to do so.

The Evercare/NAC Study, *Family Caregivers - What They Spend, What They Sacrifice*, (<http://www.evercarehealthplans.com/pdf/CareGiversStudy.pdf>) finds that family caregivers, with an annual median income of \$43,026, spend an average \$5,531 a year on caregiving, an amount that is \$400 more than the average American household spends each year on healthcare and entertainment combined, according to the Bureau of Labor Statistics. Further, the study found that at lower income levels the annual average costs remained about \$5,500—making the financial burden even heavier for these caregivers.

The study also uncovered that one in three respondents (34%) had used some of their savings to cover the cost of caregiving and one-quarter (23%) said they had cut back on their own healthcare spending. But, according to the respondents, the most significant sacrifice was their own time spent caring for an older loved one. Most of the caregivers from the study still saw their caregiving role as a labor of love and one they do willingly.

Source: Nursing Homes/Long Term Care Management eNewsletter

Medicare Online Community Launched

My Medicare Matters has launched an online community - www.MyMedicareCommunity.org - to provide user-friendly and reputable resources for professionals and volunteers who work with people with Medicare. The content of the Web site responds to the critical need of benefits counselors for peer-to-peer discussion forums where they can “talk” with one another by posting their ideas, best practices, questions, and answers about the challenges of helping people understand Medicare, especially prescription drug coverage. Counselors can access the resources, tools, and forums on the site, from around the country, at any time of the day or night.

My Medicare Community offers a membership benefits package to those who participate in the forums section, refer friends and colleagues, and who use the resource tools often.

Impact of Medicare Part D on Prescription Drug Use by Elderly

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA), enacted in 2003, produced the largest overhaul of Medicare in its thirty-eight-year history. MMA's most important provision was the establishment on 1 January 2006 of a federal entitlement benefit for prescription drugs for Medicare beneficiaries (Medicare Part D), through tax breaks and subsidies. As of 1 January 2006, all forty-three million Medicare beneficiaries had access to the new Part D prescription drug benefit offered by stand-alone prescription drug plans (PDPs) or Medicare Advantage prescription drug (MA-PD) plans. The Medicare drug benefit is voluntary; people may choose whether or not to enroll in a Part D plan.

The U.S. Department of Health and Human Services (HHS) reported that as of 11 June 2006, 22.5 million Medicare beneficiaries had prescription drug coverage from a Medicare Part D plan. Another 10.4 million had creditable drug coverage from an employer plan. HHS also estimated that 5.4 million beneficiaries had creditable drug coverage from an alternative source, such as the VA. Altogether, the Bush administration reports that by June 2006 about 90 percent of Medicare's forty-three million beneficiaries had creditable drug coverage.

There is debate about the magnitude of Medicare Part D's impact on prescription drug use by, and the health of, the Medicare population. The Centers for Medicare and Medicaid Services (CMS) claims that "the MMA legislation provides seniors and people with disabilities with the first comprehensive prescription drug benefit ever offered under the Medicare program, the most significant improvement to senior health care in nearly 40 years." But in a 2004 paper, Mark Pauly, Chair of the Health Care Systems Department at the Wharton School, argued that "from the viewpoint of improvements in health, national spending on drugs, or pharmaceutical firm revenues, effects [of Medicare drug coverage improvement] are small."

Pauly predicted that Medicare drug coverage improvement would increase the elderly's use of drugs by only about 6 percent. This prediction was based on the following reasoning. Medicare drug coverage improvement affects drug usage via its effect on the out-of-pocket cost (or "user cost") of prescription drugs. Pauly estimated that for people with no previous drug coverage, Medicare drug coverage improvement would reduce user cost by almost 50 percent. However, almost three-fourths of elderly Americans already had some kind of drug coverage; Medicare drug coverage improvement would have almost no effect on their user cost. He estimated that overall, Medicare drug coverage improvement would reduce user cost by 14 percent. Previous studies indicated that the price elasticity of demand for prescription drugs is about 0.4. The implied impact of Medicare drug coverage improvement on drug utilization by the elderly is about 6 percent (0.4×14 percent).

This study investigates the effect of Medicare Part D on the elderly's prescription drug use and out-of-pocket costs using a difference-in-differences research design. The researchers estimate that Medicare Part D reduced user cost among the elderly by 18.4 percent, increased their use of prescription drugs by about 12.8 percent, and increased total U.S. usage by 4.5 percent in 2006. The estimated crowd-out rate was about 72 percent: Every seven prescriptions paid for by the government crowded out five other prescriptions and resulted in only two additional prescriptions used. This does not necessarily mean that Medicare Part D is an economically inefficient program as more data on morbidity and mortality outcomes needs to be assessed in relation to the increased drug usage.

Source: F. Lichtenberg and S. Sun, Health Affairs, 26, no. 6 (2007): 1735-1744.