



## September, 2007 Issue

*A Life Services Network Publication*

Welcome to the second issue of LSN's new monthly eNewsletter, **EngAge!** This publication is designed to keep aging service providers up-to-date with the most current information and resources in areas including research, education, aging trends, and innovations. You will find each issue includes five main categories of topics:

- **Innovations and Ideas** – providing information and evaluation of the newest programs and products for aging service providers.
- **Institute 2020** – LSN's newest initiative targeting key research and education projects that will shape the future of aging services.
- **The Latest in Aging Research** – summarizing research studies across the continuum of aging services.
- **What's Up with Boomers** – highlighting recent reviews, studies, and resources addressing the boomer generation.
- **Key Resources in Aging** – linking readers with vital resources available on the web relevant to aging services and programs.

### INNOVATIONS AND IDEAS

#### **The Elephant in the Room: Josh Wiener on the Need to Improve Direct-Care Jobs**

The following is from an interview by the Paraprofessional Healthcare Institute published on the National Clearinghouse on the Direct Care Workforce website 9/10/07.

When Josh Wiener talks, people listen. So it's good news for everyone who's working to improve direct-care jobs that Wiener talks a lot about the looming shortage of direct-care workers. The growing care gap, he says, is "the elephant in the room" whenever people are talking about providing or reforming long-term care in the U.S.

Wiener, who got his bachelor's degree from the University of Chicago and his masters and doctorate degrees at Harvard, all in sociology, has worked for the Health Care Financing Administration, the Urban Institute, and the Brookings Institution, among other influential institutions. He is currently a senior fellow and the program director for aging, disability and long-term care at RTI International. The author of eight books and more than 100 articles about long-term care, Medicaid, health reform, and related topics, he often advises state and federal policymakers on issues concerning aging, disability, and long-term care. In a recent interview with *Quality Jobs/Quality Care*, he explained why he has been warning those policymakers that they need to pay more heed to the growing care gap and how to close it.

### **The Problem**

"It seems to me that a lot of the discussions about improving the quality of care or changing the delivery system start with the assumption that we will have workers who can provide services, and I think the long-range demographics are such that that's not clear at all," he says. "In 2005 there will be close to 35 people aged 25 to 64 for every person aged 85 and older, but by 2050 that ratio falls to about 15. So we're going to have to get a much higher proportion of the overall workforce into long-term care than we are now, and given the pay, the benefits, and the overall structure of the job, we're not very likely to be able to do that."

"That raises a lot of questions. Are we not going to provide the services? Are we going to put the old people on the ice floe and send them off? Are we going to find some kind of technological substitute? While I'm not quite as skeptical about the future of technology in this area as I was in the past, long-term care is basically a hands-on, person-to-person kind of job, and it's not clear how technology is going to significantly substitute for people."

### **The Solution**

Wiener believes there "a number of common-sense things" that could be done to improve direct-care jobs in order to find and keep the growing number of workers needed.

"The troika is basically wages and benefits, trying to change the organizational culture, and providing additional training and job redesign -- making it more into a career ladder. The career ladder, in my view, is really sustainable in the long run only if it ties into wages and benefits. And in nursing homes, there is a threshold issue of staffing. The study Abt Associates did in 2000 and 2001 suggested that about 90 percent of nursing homes were understaffed. Raising the staffing levels would make the work experience there better, because people there would feel better about the work that they're doing."

Wiener doubts that employing more immigrants is the solution to the direct-care worker shortage, though it is sometimes touted as such. "This will require us to have a very different discussion about immigration than the one we just had, where people were largely up in arms about the number of people coming in and trying to restrict the number of low-income immigrants," he says. "And it raises significant questions about exploiting this population. Are we going to have them coming in with a level of pay and benefits such that we can't get Americans to do the job?" Employing people who are from other cultures than the people they are assisting, especially if they speak a different language, also raises questions about how well caregivers can communicate with and about the consumers they assist.

### **The Lack of Political Will**

The barrier to solving the problem of high turnover and vacancy rates among direct-care workers is not a lack of solutions. "The core issue has been the political will to do those things," Wiener says. "That will be the test of this society now and in the future."

"We in the policy scene are not really spending very much time and effort trying to address those workforce issues," he adds. "We certainly don't have a conscious strategy either at the national or the state level. We're not thinking strategically about this."

Wiener thinks that failure to act is due to two factors. The first is a "strong aversion to the expansion of public health programs" since the collapse of the comprehensive health care reform effort in 1994. Since state and federal governments are the main payers for long-term care, improving direct-care jobs would mean spending more on wages, health care coverage, training, or other benefits -- and that's a hard sell for policymakers and elected officials. "Raising wages for direct-care workers doesn't provide you much politically, because you're basically paying more to provide the same services for the same set of people," Wiener points out.

The second factor is the relatively low priority that has historically been given to long-term care in policy discussions. "When the baby boomers turn 85, long-term care will be on the cover of *Time* magazine 26 weeks a year and *Newsweek* the other 26 weeks, but that's a long time away," Wiener says. To prepare for that time, we need to focus on the challenges and make changes now, but at the rate things are going, he fears, "we may not be able to make the changes fast enough to solve things in a very satisfactory way."

### **The Elephant in the Room**

When he talks to policymakers about the need to address the workforce, Wiener says, "Much of the reaction I get is: 'Yes, this is going to be a big problem, and no, I don't want to deal with it right now, thank you.' That's why I've called it the elephant in the room: Everyone knows it's there; everyone knows it's going to have a huge impact, but few policymakers are willing to take on what it would need to address this in a systematic fashion."

But that awareness, and the increasing focus on the problem by researchers and funders, is progress in itself. Except for a bit of "sporadic attention" paid to a worker shortage in the early 1990s, when low unemployment rates made it more difficult for long-term care employers to compete for employees, there was "almost nothing" published about direct-care workers in the research literature until about 1997, Wiener says. "It's only been in the last eight or nine years that it's gotten some increasing attention." The shortage of the early '90s also "jump-started the interest of the Robert Wood Johnson and Atlantic foundations and of HHS, especially ASPE."

For the last 20 years, Wiener has given speeches that ended by predicting that the baby boomers were going to put long-term care on the political agenda soon. As they began caring for their aging parents and learning about the weaknesses of the current system, they were sure to demand better. "So far I've been proven wrong," he adds with a laugh. "But we're not through that demographic yet."

### **Massage Therapy Enhances Well-Being of Older Adults**

Findings from 31,044 adults ages 18 and older on the 2002 National Health Interview Survey revealed that 36% of adults in the U.S. had used complementary and alternative medicine (CAM) in the previous year. Massage was among the top ten most-used therapies. Non-pharmacologic approaches to improving or maintaining positive well-being and reducing stress effects may be particularly important for older adults, who face potential side effects from prescription drugs needed for multiple chronic conditions. The effects of massage therapy have been little studied among older adults. Further, existing studies of massage effects on anxiety, depression, and stress have tended to focus on clinic population samples with relatively high levels of distress, rather than community-based samples of people who have not exhibited clinical levels of distress.

The potential of massage therapy to promote older adults' perceptions of well-being and reduce perceived stress has not been studied, nor is it known if massage might be superior to guided relaxation in affecting these perceptions. To examine these questions, a community sample of independently living older adults was randomly assigned to receive 8 sessions of massage therapy or 8 sessions of professionally led guided relaxation. The study was designed to assess effects on an array of physical functional and general well-being (mental health) outcomes. This report is focused on general well-being and stress perception. The hypothesis tested was that 8 sessions of massage therapy would be superior to 8 sessions of guided relaxation in significantly improving six dimensions of well-being (depression, anxiety, positive well-being, self-control, vitality, and general health) and reducing stress perception.

A randomized control trial showed that eight massage therapy sessions over 4 weeks resulted in statistically significant, positive changes in anxiety, depression, positive well-being, vitality, general health, and perceived stress compared to eight guided relaxation sessions over 4 weeks.

A particular strength of the study was that the control group received attention from a caring professional and participated in a relaxation-inducing session. This aspect of the study design provides support for the hypothesis that the positive effects from massage techniques are not due entirely to a general relaxation response or to potential stress reduction effects of positive human interaction.

The significant improvements in anxiety, depression, vitality, general health, positive well-being, and perceived stress for the MT group add to a growing body evidence for massage's positive impact on mental well-being. The research is unique among published massage studies in its subject population of community-dwelling, well elderly who received massage compared to guided relaxation.

*Source: Sharpe, P., Williams, H., Granner, M., and Hussey, J., Complementary Therapies in Medicine, Volume 15, Issue 3, September 2007, Pages 157-163.*

### **2007 National Minority Women's Health Summit**

U.S. Assistant Secretary for Aging Josefina G. Carbonell addressed the Department of Health and Human Services (HHS) 2007 National Minority Women's Health Summit on August 23, 2007 in Washington, DC. During her remarks, she highlighted HHS' priorities to eliminate health disparities among minority populations and the Administration on Aging efforts to modernize the nation's long term care system for future generations. Assistant Secretary Carbonell emphasized the importance of minority women continuing to be involved in the health and well being of our country. During her presentation, Assistant Secretary Carbonell announced that eight metropolitan communities with high concentrations of Hispanic elders (including Chicago) have been selected to participate in an HHS pilot project which will focus on eliminating health disparities such as diabetes and other chronic conditions and diseases.

Each community team will be developing and implementing a plan for addressing one or more health disparity. In their applications, most of the communities identified diabetes as a primary issue of concern for their population. Hispanic elders have a higher incidence of certain chronic diseases such as diabetes, heart disease and arthritis, than the rest of the U.S. population. Twenty-one percent of Hispanic elders have diabetes compared to 14.3 percent of non-Hispanic whites. Hispanic elders are much more likely to be hospitalized for diabetes due to poor diabetes control, and they are far less likely to receive pneumonia or flu shots or participate in cancer screening services.

The initiative is based on findings from the National Healthcare Disparities Report 2006 prepared by the AHRQ. The report finds that persistent and growing health disparities exist among Hispanic/Latino elders compared to the majority, non-Hispanic white elderly population.

The opening session of the HHS 2007 National Minority Women's Health Summit was web cast by [Kaisernetwork.org](http://www.kaisernetwork.org), a free health policy news and web casting service of the Kaiser Family Foundation. Visit [Kaisernetwork.org](http://www.kaisernetwork.org) ([http://www.kaisernetwork.org/health\\_cast/hcast\\_index.cfm?display=detail&hc=2278](http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=2278)) to hear the Assistant Secretary's remarks.

[Click here \(http://www.aoa.gov/PRESS/pr/2007/August/8\\_23\\_07.asp\)](http://www.aoa.gov/PRESS/pr/2007/August/8_23_07.asp) to learn about the HHS Hispanic Elders Health Initiative.

## INSTITUTE 2020

### Transform Your Culture – Registration Now Open for BEST CARE!

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 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.**

BEST CARE dates and locations for 2007 workshops are now available! Download a copy of the brochure and registration form at: [www.lsn.org/pdf/bestcarebrochure\\_2007.pdf](http://www.lsn.org/pdf/bestcarebrochure_2007.pdf). Space is limited – so don't delay!

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.

### Announcing the First LSN Annual Poster Session!

As a new addition to our Annual Exposition, the **Poster Session** is a venue for LSN members to share and showcase best practices and program successes in a “one-to-one” environment

targeting such important topics as quality improvement, staff development, new technologies, and innovations in person-directed care.

Sponsored by LSN Foundation's newest initiative, **Institute 2020**, the **Poster Session** provides multiple opportunities to network with your colleagues and serves as a resource to generate new ideas for your own organization!

Watch your email and WeeksNews in the coming weeks for more information about submitting your application to the **Poster Session**!

## THE LATEST IN AGING RESEARCH

### More Seniors Looking to Their Homes to Help Fund Their Retirement

Fewer senior citizens today plan to pass their homes on to their children and it appears it is because they plan on using their home as part of their retirement funding, according to the newest Senior Sentiment Survey by Financial Freedom. The 2007 Financial Freedom Senior Sentiment Survey measured the opinions of "young seniors" aged, 62-75 on a variety of topics from retirement planning to family affairs to general quality of life issues.

In the 2006 Senior Sentiment Survey, 42% of the seniors polled, selected the response; "Leave it to my heirs..." when asked about future plans for their homes. In this year's survey, only 25% indicated this option as "very likely" or "somewhat likely". In contrast, 54% of seniors responded that they would keep access to their homes as a retirement asset until they are forced to make a decision.

"When you realize that the home is most Americans' largest asset, it's impossible to ignore the power of the home to assist in funding retirement regardless of the strategy," said Michelle Minier, CEO of Financial Freedom. "Clearly, a growing number of seniors are beginning to consider retirement funding strategies that incorporate their home." Depending on their future situations, selling the home is the most popular strategy, with 12% of seniors indicating they already plan to sell it and 38% of seniors indicating they will sell if they have limited financial choices. Fewer seniors would leverage their homes, with 13% of seniors indicating they would use a reverse mortgage, or other home equity loan to access the wealth tied up in their homes.

The majority of seniors (83%) indicated that they were confident, or at least somewhat confident in their retirement income. However, only 56% were confident when asked about their greatest concerns for retirement years, 83% said "remaining healthy" followed by 18% who said "having enough money."

Despite strong confidence, when asked to choose from a list of specific strategies they might employ to fund retirement,

- 37% of seniors said they would work either part time (33%) or full time (4%),
- 14% said they would sell their home and move into a smaller one, and
- 9% said they would sell their belongings.
- Taking out a reverse mortgage rounded out the top five answers, garnering 6% of the responses.

While seniors ranked avoiding debt as their top saving strategy during retirement, a surprising 27% expect to have debt in retirement and 40% expect to have mortgage debt. Seniors revealed some startling trends:

**Non-mortgage Debt**

- 59% of seniors with debt have at least \$15,000 and 12% have more than \$100,000;
- 17% never expect to pay it off;
- Health care expenses topped the list of sources of debt, followed by auto loans and home repairs;
- Men tend to be more in debt than women.

**Mortgage Debt**

- 63% owe at least \$50,000;
- 31% owe more than \$100,000;
- 56% expect it will take 10 years or more to pay it off;
- 11% never expect to pay it off.

*Source: Senior Journal.com, 2007, 7-09-10.*

**High Co-Pays Cause Seniors to Go Without Meds**

Seniors enrolled in Medicare plans that charge higher co-pays for brand name or non-preferred medications fill almost 15 percent fewer prescriptions than their peers who have a flat co-pay for all prescription medications, a new study finds.

The data highlights a tough decision for older Americans: Spend more or skip some of their medicines, including those for chronic diseases such as diabetes and high blood pressure. "Consumers are sensitive to price. When they have to pay more, they tend to consume less," senior researcher Boyd Gilman said in a prepared statement.

Gilman and colleagues at Cambridge, Mass.-based Mathematica Policy Research Inc, analyzed spending on prescription drugs among almost 353,000 Medicare beneficiaries with employer-sponsored retiree drug coverage.

They compared spending by those in single-tiered plans to those in three-tiered prescription drug plans. Three-tiered plans charged retirees higher co-pays for using drugs that were not generic or preferred name brands, or that were less obviously medically necessary, whereas single-tier plans charged a flat \$5 or \$10 co-pay for all prescribed medications.

Writing in the online September issue of Health Services Research, the researchers reported that people enrolled in three-tiered plans spent 14.3 percent less on prescriptions and filled 14.6 percent fewer prescriptions compared to their peers with single-tier plans. Those in three-tiered plans typically relied on generics when they purchased medications, reported Gilman.

The data also showed that people with three-tiered plans had 57.6 percent higher out-of-pocket costs and filled 11.5 percent fewer prescriptions for ongoing medical needs such as diabetes, arthritis and high blood pressure.

"The use of prescription medications is fairly predictable. People know what drugs they need, and they can find out whether their drugs are covered by a plan, and -- if they are covered -- whether they belong to a lower-cost tier or a higher-cost tier," Gilman said.

The Washington Post has a useful tool on their website that can help seniors identify whether the new prescription drug coverage is valuable for them. Go to:

<http://www.washingtonpost.com/wp-dyn/content/custom/2005/11/14/CU2005111401028.html>

*SOURCE: Health Behavior News Service (HealthDay News), news release, Sept. 5, 2007*

## Report from MetLife Study of Employee Benefit Trends

According to the 5th annual *MetLife Study of Employee Benefits Trends*, employers are seeing post-retiree benefits as a competitive strategy for attracting and retaining experienced workers. The study reveals that 40% of companies currently offer retiree benefits such as medical, dental or life insurance – and nearly two-thirds of these employers (63%) expect the breadth of these offerings to increase over the next five years.

Retirement can add a new set of financial challenges to individuals who were struggling to make ends meet while they were actively employed. According to the MetLife study, more than one-third (35%) of employees ages 51 and older say they live paycheck to paycheck.

“For employees who are assuming greater fiscal responsibility for their health care decisions, retirement planning, and overall financial protection, retiree benefits play an increasingly important role for maintaining a safety net. For employers, retiree benefits can help strengthen employee loyalty pre-and post retirement,” says Bill Mullaney, president, Institutional Business, MetLife.

Other interesting financial findings from the MetLife study regarding full-time employees age 51 and older include:

- More than half (58%) are very concerned about having enough money to make ends meet;
- Nearly half (48%) of these mature workers say that 70% or more of their monthly household income goes to paying bills and living expenses; and
- Forty-two percent say that the benefits offered to them are a very important reason why they remain with their employer.

Of paramount importance to employees is being able to afford healthcare coverage in retirement. The study showed that 61% of all employees ages 21 and older are very concerned about this issue. According to the MetLife research, the three most widely offered post-retiree benefits are 1) medical insurance (31%), 2) life insurance (22%), and 3) dental insurance (18%). The study also indicates that nearly one in two (46%) of all employees over the age of 21 are concerned about their long term care needs in retirement, suggesting future interest in long-term care insurance and additional financial protection products.

### Smaller Employers Planning Retiree Benefits Expansion

While retiree benefits offerings are more prevalent at the largest employers, smaller employers say they will expand the amount of benefits they provide to their retired workers. For example, more than two-thirds of employers with between two and 499 employees that currently provide retiree benefits plan to increase the amount of these benefits over the next five years.

“Enhancing retirement benefits can be a strategic investment for employers looking to attract and retain experienced talent. As individuals continue to shoulder greater responsibility for their health and retirement, they’ll be looking for employers with the tools, education and benefits policy that will provide them with meaningful risk protection for their personal situations,” says Dr. Ronald Leopold, vice president, Employer Sponsored Benefits, MetLife.

A copy of the 5th annual *MetLife Study of Employee Benefits Trends* is available at [www.whymetlife.com/trendspr](http://www.whymetlife.com/trendspr) along with a wealth of other related resources, including interactive polls on the latest benefits issues and access to other MetLife research.

### Only One Hour of Exercise Fends Off Mobility Decline

Loss of mobility-the ability to move about-can lead to disability. In a 2003 report on Medicare enrollees ages 65 years and older, 13.7% of men and 22.8% of women were unable to walk 2 to 3 blocks ([Federal Interagency Forum on Aging Related Statistics](#)).

([http://www.agingstats.gov/agingstatsdotnet/Main\\_Site/Data/Data\\_2006.aspx](http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/Data_2006.aspx)). A pilot study confirmed that lack of mobility can also lower older adults' perception of their quality of life.

When 424 older adults in their 70s and 80s completed assessments of physical function and well-being, the results revealed that people with mobility problems felt these had a greater negative impact on their quality of life than did their medical conditions, such as heart disease or diabetes. The authors suggested that "interventions addressing mobility limitations may provide significant health benefits to this population."

As part of the [Rush Memory and Aging Project](http://www.rush.edu/rumc/page-1099611542239.html), (<http://www.rush.edu/rumc/page-1099611542239.html>). 886 older adults who could walk and did not have dementia were measured to discover the rate of change in mobility. People who had higher levels of physical activity and a higher level of leg strength at baseline showed a slower rate of decline in mobility.

An analysis showed that each additional hour of physical activity led to approximately a 3% decrease in rate of mobility decline. In addition, each increase in the unit of leg strength that was measured decreased mobility decline by approximately 20%.

*Source: ICAA Research Review, September 2007, Volume 7, No. 33*

### **Factors Influencing Pressure Ulcer Healing in Older Adults**

The purpose of this study was to determine which demographic, clinical, and treatment factors influenced chronic pressure ulcer healing, and to identify the implications for pressure ulcer care being delivered in skilled nursing facilities, senior living communities, and home environments. This study was unique in that it included older adults from multiple settings and different types of treatment regimens. Subjects were followed for a six month time period to examine healing patterns.

Several treatment factors were found to have a significant association with six-month healing. The application of topical antiseptics, use of enzymatic debridement, and administration of antibiotics significantly reduced the changes of healing. More detailed analysis of topical antiseptics and antimicrobial dressing showed no differences in healing across types of dressing, but less healing with the use of non-silver topical antiseptics.

This study found no improvement in ulcer healing with nutritional support, use of pressure-relieving devices, or having a regular turning schedule. The new F-Tag 314 for pressure ulcer prevention and management issued by CMS notes that there are no wound-specific nutritional interventions and that the frequency of optimal repositioning is unknown. Several studies have attempted to increase healing by the use of nutritional supplements, but none of the interventions improved healing rates.

Evidence does support the use of dressings that maintain a moist environment at the wound/dressing interface. Dry gauze dressings are recognized as potentially damaging to granulation or healing tissue, although it is the most commonly ordered dressing treatment. Evidence that debridement speeds healing of ulcers is mixed. Ulcers that healed were also more likely to have a hydrocolloid dressing applied and may represent the gold standard of pressure ulcer care.

*Source: Jones, K., and Fennie, K. Journal of the American Medical Directors Association, Volume 8, July 2007, Pages 378-387.*

### **Exploring Links Among Training, Empowerment, and Care Quality**

The link between the relative lack of power and inadequate training of home care aides and the care they provide is explored in "Level of Empowerment and Health Knowledge of Home Support Workers Providing Care for Frail Elderly."

For the study, researchers C. Shanthi Johnson and Miriam Noel surveyed 64 home support workers (HSWs) in Nova Scotia. Their level of health knowledge and awareness of issues related to the elderly, such as prevention of falls and nutrition, were both low, while their empowerment levels were moderate. Empowerment was defined as access to resources, support, information, and opportunity, among other things.

The authors conclude that curricula for HSWs should be expanded to include more health topics and continuing education, and that strategies should be developed to further empower workers, as "empowerment is essential for job satisfaction, performance, and the retention of staff within any work setting."

The report was published in the August issue of *Home Health Care Services Quarterly* (Vol. 26 Issue 3).

### **Images of Geriatric Nursing on the Web – A New Study**

In the face of a rapidly aging America and given that older adults are the population that avail health care services the most, there is a clear mandate to stimulate nursing student interest in care of older adults. The purpose of this study was to determine if web sites of baccalaureate nursing (BSN) programs stimulate interest in care of older adults by quantifying and comparing images of older adults and children on baccalaureate nursing program web sites and examining the characteristics of these images. The reality that nurses primarily care for older adults is not reflected in images on BSN program web sites. This creates both a skewed perception of the nursing profession and a lost opportunity to stimulate interest in geriatric nursing.

Fewer than 4% of more than 11,000 images reviewed on BSN web sites portray an older adult. Twice the number of web sites has images of children and/or babies (37%) than older adults (17%). Among BSN web site home pages, only 8% of images depict older adults, yet 27% have children and/or babies on the home page. The underrepresentation of older adults on BSN web sites can lead to a skewed perception of the nursing role and an undervaluing of care of older adults. The images on BSN web sites foster a "disconnect" between portrayal of the nurse's role and the actual population served by nurses. These web images suggest that, rather than older adults, children are the core business of health and nursing care.

Individuals selecting images for BSN program web sites need to appreciate the larger context of the web site and the implications of the images posted in meeting health care demands today and in the future. Attention to the number and characteristics of images of older adults on BSN program web sites can serve to reflect current nursing practice. Depicting a proportion of older adult images would accurately represent the population found in ambulatory and acute care settings, where most new nursing graduates work. Images of older adults should be as large, if not possibly more prominent, than images of people from other age groups. Images of patients with nurses should depict an older adult more often than people from other age groups. Nursing programs have the important responsibility to use their web sites for more than just "selling their school." They should "sell nursing" in all its complexity and opportunity—and that includes the rewards associated with caring for older adults.

*Source: Escobar, C., Scotese, J., Berman, A., Thaler, J., and others. Journal of Professional Nursing, Volume 23, Issue 4, July-August 2007, Pages 220-225.*

## WHAT'S UP WITH BOOMERS

### **Adequate Income for Retirement a Fuzzy Picture**

Will there or will there not be enough retirement income for aging adults? The projections of financial assets depend on what data is being used, points out an analysis from the Center for Retirement Research at Boston College. Their issue brief notes that estimates based on different surveys and using different populations will produce different results.

The center's National Retirement Risk Index is based on the 2004 Survey of Consumer Finances, which includes households of all ages. The index has shown that "even if households work to age 65 and annuitize all their financial assets, including the receipts from reverse mortgages on their homes, nearly 45% will be 'at risk' of being unable to maintain their standard of living in retirement. That is, these households are projected to have replacement rates-retirement income as a share of pre-retirement income-that fall more than 10% short of a target rate designed to maintain their pre-retirement living standard."

Working baby boomers have been encouraged to save for retirement through their employers' 401(k) plans (tax deferred savings plans where contributions are invested in stocks and bonds). A team of economists used data on historical participation rates in, and contribution rates to, 401(k) plans to project the future evolution of 401(k) balances for retirement-aged households. Their analysis indicated that the average value of Americans' 401(k) plans will be substantially higher in real terms by the year 2040, even if stock market returns fall short of their historical values. The projection is based on the assumption that people who are currently working will have many more years to contribute to the plans.

Even with savings, retired people will still need Social Security, according to a third report from the National Center for Policy Analysis. The report was based on "modeling of representative households" using financial planning software. The authors observed that almost all retirees depend on Social Security for much of their consumption after they quit working. The analysis states that Social Security accounts for virtually all of the discretionary consumption of households with pre-retirement incomes of less than \$50,000 a year or \$25,000 for singles. Social Security accounts for about one-third of all discretionary consumption for the highest-income households (couples earning \$500,000 or singles earning \$250,000 prior to retirement).

*Source: ICAA Research Review August 2007, Volume 7, No. 30*

### **The "Choice-Driven" Boomers – Look for Microtrends**

The big story today is small trends. Really small trends. These so-called "microtrends" are often counterintuitive, usually followed by 1% or less of the population, but they are pursued passionately and are fundamentally reshaping our society.

On a planet of 6.6 billion people, or in a nation of 400 million, 1% is more than enough to generate a new social movement, a successful product, a best-selling book, a new religion or a significant political force.

Yet this 1% is often obscured by conventional wisdom that follows very predictable but often mistaken patterns and paths. Never has marketing been more oriented toward youth and yet our society has never been older. Never have we been so obsessed with emotional marketing while consumers have become feature oriented, combing through hundreds of pages of Web sites when making purchasing decisions. Never has family life been so strongly depicted as the center of our lives while people are choosing to work more and more, even after they achieve affluence.

In fact, the whole way we look at people and their choices is changing. In the old model we assumed that consumers made their choices in their 20s and 30s and stuck with them for the rest of their lives. The logic was, if they chose Bounty when they were young, they would be Bounty users forever, and so the need to market or communicate to the older generation was deemed almost irrelevant.

But today the baby boomers are making a whole new set of choices and are up for grabs again. They are living second lives after their kids leave for college--working more years, adapting to technology, sometimes dating again--some are even having a new round of kids.

And the traditional landscape of class, age, religion and geography is giving way to a whole new array of choice based on shared personal tastes and convictions. We are moving swiftly from the Ford economy, where the idea was to mass merchandise on a low-cost, standardized basis, to the Starbucks economy, where the organizing principal is to improve personal satisfaction based on the niching of America. If the Boston Tea Party were held today, 101 varieties of tea would be dumped into the harbor.

Today's microtrend hunters have to be ready to abandon their own prejudices, sift through the data and find the small, new, intense groups that may never grow beyond 1% but that will play an critical role in shaping tomorrow's zeitgeist. Take YouTube. You or I may never make and post a video, but YouTube users were at the center of one of the recent Democratic Presidential debates. YouTube users asked the questions and drove the agenda. One video question in particular--on whether the next president should meet unconditionally with five dictators--reverberated around the world.

This explosion of personal choice is creating new opportunities but also new pitfalls. Five million American households have become middle-class second home buyers--and they are a new marketplace not just for loans but for gardeners, caretakers, pest services and bill-paying services. But they could also be at the heart of the credit crunch and the most affected by the subprime crisis. If home prices start heading down but interest rates go up, the new American dream of two garages for every car may just backfire and push new personal bankruptcies to all-time highs.

Perhaps the easiest way to spot a microtrend is to look at the opposite of what most people are doing. In today's culture, some people rebel and choose the opposite of almost every major trend--and do so deliberately, with real fervor. If drinking purified bottled water is off the charts, certain others will turn to new high-caffeine drinks in record numbers. If the majority of teens are texting nonstop on their cellphones, others are going to take up knitting. While some of the rich are throwing their money around, a quietly emerging class of "shy millionaires" is keeping their financial status firmly in the closet.

Ultimately, the old model of our lives being shaped by trends that reach a tipping point, or of America being a melting pot that erases our differences, is being replaced by the new model of America becoming a collage of choice-driven communities.

These new communities now cut across all the old boundaries and generate not only new marketplaces but new connections that can, counter-intuitively, bring us closer together while recognizing we are increasingly different and are happy staying that way.

*Adapted from Microtrends: The Small Forces Behind Tomorrow's Big Changes by Mark J. Penn with E. Kinney Zalesne.*

## KEY RESOURCES IN AGING

### ***New Emergency Preparedness Resources for Seniors and Disabled***

The U.S. Department of Homeland Security's Ready Campaign has released three new demonstration videos designed to highlight the specific steps older Americans, individuals with disabilities and special needs, and pet owners should take to prepare for emergencies.

The Department of Homeland Security developed these new emergency preparedness videos, which are available online at [www.ready.gov](http://www.ready.gov), to remind individuals to get an emergency supply kit, make a family emergency plan and be informed about the different types of emergencies while considering the unique needs of these individuals, their families and caregivers. The videos recommend seniors include any necessary prescription medications in their emergency supply kits. They encourage Americans with disabilities or special needs to create a personal support network that they can rely on during an emergency. Pet owners are advised to learn which emergency shelters in their area and/or along their evacuation route will allow pets.

The new videos are released in time for National Preparedness Month 2007, a nationwide effort held each September to encourage Americans to take simple steps to prepare for emergencies. The goal of National Preparedness Month is to increase public awareness about the importance of family preparedness and to encourage individuals to take action in their homes and schools. The U. S. Administration on Aging encourages everyone to take steps now in order to be prepared in the event of a disaster or national emergency.

### **Latest Recommendations on Physical Activity for Older Adults**

Much has been learned since the groundbreaking 1995 recommendation by the Centers for Disease Control and Prevention and the American College of Sports Medicine (ACSM) that "every US adult should accumulate 30 minutes or more of moderate-intensity physical activity on most -- preferably all -- days of the week." An expert panel has just released an update of the document, and for the first time, recommendations for older adults are included. The new focus is timely: Statistics show that elders not only are the fastest-growing age group in America, but also are the least physically active.

"The new recommendations are great news for providers working with older adults," says Chaya Gordon, senior research manager at ASA and author of ASA's online module on physical activity for older adults. "The update provides invaluable guidelines on how to obtain benefits from physical activity -- with truly useful descriptions of the activities the panel recommends. The coming decades hold great promise for continuing the trend of improved health benefits and quality of life for older adults through increased physical activity. This is research to practice at its best."

#### **Basic recommendations from ACSM for those 65 years of age and older:**

Do moderately intense aerobic exercise 30 minutes a day, five days a week

*Or*

Do vigorously intense aerobic exercise 20 minutes a day, 3 days a week

*And*

Do eight to 10 strength-training exercises, 10-15 repetitions of each exercise twice to three times per week

*And*

If you are at risk of falling, perform balance exercises

*And*

Have a physical activity plan.

Both aerobic and muscle-strengthening activity is critical for healthy aging. **Moderate-intensity aerobic exercise** means working hard at about a level-six intensity on a scale of 10. The older adult should still be able to carry on a conversation during exercise.

Older adults or adults with chronic conditions should develop an **activity plan** with a health professional to manage risks and take therapeutic needs into account. This will maximize the benefits of physical activity and ensure safety.

Click on the following link to visit the ACSM website and to read more about the guidelines and latest recommendations:

[www.acsm.org/AM/Template.cfm?Section=Home\\_Page&TEMPLATE=/CM/HTMLDisplay.cfm&CONTENTID=7764](http://www.acsm.org/AM/Template.cfm?Section=Home_Page&TEMPLATE=/CM/HTMLDisplay.cfm&CONTENTID=7764)

### **Free Curriculum for PCAs Assisting People with Serious Mental Disorders**

Through the Department of Health and Human Services of Louisiana, a new curriculum targeting personal care attendants assisting people with serious psychiatric disabilities is available free of charge online. The program was developed to educate home care staff and others in providing personal care services to those with serious mental illnesses living in the community.

The program includes both knowledge development and skills development, which covers connecting, coaching, collaboration, and managing crises. Components include a curriculum and guides for trainers, workbooks for trainees, and a link to the website for the Louisiana program that developed the materials. Although some references in the program target state-specific regulations, the general content has application to a wider audience.

This curriculum to train personal assistants has two elements: a competency or skill development component and a didactic or knowledge development component. The skill development components include Connecting, Coaching, Collaboration, and Managing Crises. The knowledge development component is a web-based curriculum entitled Personal Assistance Services for Individuals with Serious Psychiatric Disabilities.

Access the resource at: [www.hcbs.org/moreInfo.php/nb/doc/1985](http://www.hcbs.org/moreInfo.php/nb/doc/1985)

### **Building Awareness and Actions to Promote Brain Health**

Exciting discoveries in the science of brain health hold great promise for improving the quality of life among older adults, enhancing the prospect that later years can be an era for personal growth, productivity and satisfaction. The positive news coming from brain research is making its way into the hands-and minds-of the people who should use it.

Recently the American Society on Aging, AARP, and the Alzheimer's Association conducted public opinion surveys seeking to understand public perception of brain health, Alzheimer's disease, activities to preserve cognitive health or activities people currently do that either knowingly or purposefully protect brain function. The information gleaned from public polls helps us better understand how to best inform the public about maintaining brain health with carefully crafted messages that give hope but do not over promise.

This web cast highlights three speakers at the 2007 American Society on Aging conference as they present findings from surveys, discuss the implications of each, present each organization's brain health promotion programs and address next steps in the science and in building community brain health resources.

**The Presenters**

*Stephen J. McConnell, PhD, Senior Vice President for Advocacy and Public Policy, Alzheimer's Association*

The Alzheimer's Association conducted a telephone survey in 2005 and focus groups in 2006 examining perceptions of Alzheimer's disease, activities in which older adults engaged to promote health and brain health across a spectrum of demographic characteristics. From this study, the Alzheimer's Association introduced "Maintain Your Brain."

*Michael C. Patterson, Member Strategy Development, AARP's Educator Community*

In 2004, AARP conducted a survey exploring personal opinions of older adults related to understanding brain fitness, associated activities and interest in education programs. The *Staying Sharp* program was created with the DANA Alliance for Brain Health and the MetLife Foundation

*Henry Mahncke, Vice President of Research and Outcomes, Posit Science*

Also in 2006, The American Society on Aging surveyed adults age 42 and older about health concerns including brain fitness, perceived values of interventions and recorded actual activities in which adults participated to retain brain fitness. Dr. Mahncke served on the advisory committee and developed an essay in the resulting compendium.

**To Watch This Web Cast**

To watch the web cast (archived until November 2007), complete the registration form to access this free presentation. Your information will not be shared with other organizations or businesses.

Click this link to register and access the web cast: <http://events.streamlogics.net/asaging/may07-07/index.asp>