Baby Boomer Health Care Crisis Looms; GSA Bolsters Call for Stronger Workforce

America’s aging citizens are facing a health care workforce too small and unprepared to meet their needs, according to a new report from the Institute of Medicine (IOM) titled “Retooling for an Aging America: Building the Health Care Workforce.”

GSA is supporting the publication’s call for a labor pool of adequate size and competency to care for a rapidly increasing over-65 population.

“This pivotal report lays out a much-needed strategy for developing a network of health professionals and frontline workers to avert a crisis in quality care for older persons,” said GSA President Lisa Gwyther, MSW. “Complex chronic illness is an issue that we all will face with age. The current fragmented system of care desperately requires an increase in better-prepared personnel to sustain itself.”

The report was the result of 15 months of research overseen by a committee of 15 health care experts, many of whom are GSA members.

Former GSA President John W. Rowe, MD, a professor of health policy and management at Columbia University and chair of the report committee, said America must prepare itself for demographic changes.

“The combination of the aging of the Baby Boom generation and the increase in life expectancy is going to yield a doubling of the numbers of older people,” he said. “And it’s important to understand that older people themselves account for a disproportionate amount of the utilization of health care resources.”

Despite these trends, “the actual number of geriatricians is going down, not up, in the United States,” Rowe added.

AGHE President Marie Bernard, MD, said policymakers must act quickly to address these problems.

“To meet the needs of our aging parents and grandparents, we need to increase the number of geriatric health specialists – both to provide care for those older adults with the most complex issues and to train the rest of the workforce in the common medical problems of old age,” Bernard said. “We need to change the way that health care is organized and delivered, using every worker to his or her highest level of ability, and ensure that friends and family know how to help care for their loved ones. The report provides guidance for addressing these needs.”

Two days after the release of the report, the U.S. Senate Special Committee on Aging, under the leadership of Chairman Herb Kohl (D-WI), convened a hearing to address the shortages. Among those giving testimony were Rowe; GSA members Robyn Stone, DrPh, and Sally Bowman, PhD; American Geriatrics Society President Todd Semla, PharmD; and businesswoman Martha Stewart.

Stone, of the American Association of Homes and Services for the Aging, said larger and smarter investments must be made in workforce education and development.

“In my judgment, one of the most important workforce improvement priorities should be to highlight the need to rethink and redesign the preparation, credentialing, and ongoing training of long-term care administrators, medical directors, nurses, allied health professionals, and direct care workers,” she told the Senate committee.


Information on the report can be found online at www.iom.edu/agingamerica.
From The Executive Director

By Interim Executive Director Linda Harootyan

We have devoted considerable attention in this issue to the long-awaited Institute of Medicine report, “Retooling for an Aging America: Building the Health Care Workforce,” released on April 14. This report addresses an important issue with which we in the field are all too familiar, but unfortunately has garnered little public attention.

I am proud to say that GSA and AGHE leaders played a key role in the development of this report, including former GSA President Jack Rowe, who chaired the Report Committee. Other committee members included former GSA President Terry Fulmer, current AGHE President and former GSA Health Sciences Section Chair Marie Bernard, Tamara Harris of the National Institute on Aging, Joshua Wiener of RTI International, and David Reuben of National Institute on Aging, Joshua Wiener of RTI International, and David Reuben of UCLA. Also, several GSA members contributed to the report’s commissioned papers, workshop presentations, and a related Congressional briefing that followed the release. Brian Lindberg, GSA’s public policy consultant, served as a reviewer of the report as well.

This report fills a major gap in documenting the looming national labor shortage we are facing with regard to care of our elders. It provides very specific strategies for addressing the issue and challenges policy makers to move forward judiciously. Be sure to read the Policy News section (see page 4) to learn how Lynn Friss Feinberg, a GSA member and current John Heinz Fellow, recently helped develop a workforce bill introduced by Senator Barbara Boxer (CA).

The report serves as a call to action. In response, GSA will be looking to the Geriatric Education Committee of our educational unit, AGHE, to examine the report and identify ways we can bring more attention and action to some of these issues. We also will look to the GSA and AGHE Public Policy Committees, and our National Academy on an Aging Society to help us identify action strategies.

Our challenge will be to keep sustained attention focused on these important issues so that this report does not just sit on a shelf. We will need your help and involvement. As a first step, I encourage you to take a moment to look at the information we have provided in this newsletter and to read the IoM report itself (www.iom.edu/agingamerica). It will take all of us working together to move the recommendations to action and change. If you have any thoughts or ideas you would like to share, please feel free to e-mail me at harootya@geron.org. I welcome your input.

Linda

Latest PPAR Maps An Aging America

Be sure to check out the latest Public Policy & Aging Report, “America’s Regional Demographics in the Early 21st Century”

- America’s Regional Demographics in the Early 21st Century: The Role of Seniors, Boomers, and New Minorities

Copies of this Public Policy & Aging Report, as well as copies of past issues, may be ordered online by visiting the National Academy on an Aging Society’s web site at www.agingsoceity.org or by calling 202-842-1275

Editor: Todd Kluss
 managing editor: Paul Stearns
circulation worldwide: 5,200

letters to the editor:

We will publish letters to the editor in response to issues raised in the newsletter. Please limit letters to no more than 350 words. Letters should include the writer’s full name, address, and telephone number. Letters will be accepted or rejected at the sole discretion of the editors and may be edited for clarity or space. Send to: tkluss@geron.org

We reserve the right to reject or discontinue any advertising. Ads do not constitute an endorsement by The Gerontological Society of America.
Gwyther’s Speeches Include Address to Poon’s Group

GSA President Lisa P. Gwyther, MSW, gave the faculty keynote presentation at the 19th annual Southeastern Gerontology Mentoring Conference in Tybee Island, GA on March 29, 2008. Her presentation was titled “Translating Clinical Information on Alzheimer’s Disease for Family Applications”. The participants included 120 pre- and post-doctoral students in gerontology and their mentors, led by the University of Georgia’s Leonard Poon, PhD. Gwyther also gave the first annual Liebe Kravitz Lecture at Beth Israel Deaconess Hospital at Harvard on April 10, 2008. Kravitz was a pivotal social work educator and mentor to many GSA Health Sciences Section leaders in geriatrics and social work.

Aronow Earns Distinction as Prolific Author

Wilbert S. Aronow, MD, FGSA, was honored on March 19, 2008 by the Department of Medicine and the Cardiology Division of New York Medical College for being author or co-author of 1,000 papers. This accomplishment includes 521 original research papers, 138 chapters in 76 books, 297 review papers, and 44 editorials. Aronow has also edited eight books and is author or co-author of 701 published abstracts and 114 letters to the editor, commentaries, or book reviews.

Feather Elected to Top ASA Post

John Feather, PhD, has been elected chairman of the board of directors of the American Society on Aging, the highest elected volunteer office in the organization. He will serve for two years as chair-elect and assume the role of chairman at the ASA annual meeting in 2010. Feather has been a member of ASA for over 25 years, and is a member of its executive committee. He is currently executive director and CEO of the American Society of Consultant Pharmacists. Prior to this position, he was director of the AARP Andrus Foundation and director of the Western New York Geriatric Education Center at the State University of New York at Buffalo. He is also treasurer of the National Hispanic Council on Aging.

Levine Photos To Be Displayed in NYC and Beyond

GSA Fellow Jeffrey M. Levine, MD, will present his photography at a show in New York, NY titled "Aging Through a Physician’s Lens." For more information, please visit: www.shcny.com/show.htm. This presentation is directed toward raising awareness of the critical shortage of professional caregivers for the elderly. Levine’s photography has appeared on many covers of The Gerontologist. The show will be presented weekdays at the National Arts Club in New York from May 12 to May 30, 2008 and will then travel to medical schools around the country.
Heinz Fellow Gives Insider View on IOM Report

Having already turned in my taxes, I had the chance on April 15th to spend some time in the Senate Hart Office Building with GSA member Lynn Friss Feinberg. Lynn is currently serving as the John A. Heinz Senate Fellow in Aging in the office of Senator Barbara Boxer (D-CA). My goal in catching up with Lynn was to get her perspective on the recently released Institute of Medicine (IOM) report, “Retooling for an Aging America: Building the Health Care Workforce.”

Lynn, a GSA member since her days in social work graduate school, applied for the Heinz fellowship on the urging of colleagues who described it as an incredible opportunity for a mid-career policy step in Washington, DC. She has not been disappointed. Lynn had been serving as the deputy director of the National Center on Caregiving at the San Francisco-based Family Caregiver Alliance. The Center works to advance the development of high-quality, cost-effective policies and programs for caregivers in every state in the country. She has found that the best public policy sessions have been at the GSA Annual Meetings. She stated that “The timing is perfect for GSA to expand its public policy work in Washington, DC and the role of public policy at its annual conference.”

My interview with Lynn focuses on the IOM report; please see the article on page 1 and Linda Harootyan’s column on page 2 for further details on the report.

Brian: Please give our GSA readers your general views on the importance of the IOM report.
Lynn: The IOM report is on target. Members of Congress and their staffs understand the changing demographics of our society and the related demands on the health care workforce. I believe some of the report’s recommendations will move forward relatively quickly in the Congress and in the private sector.

Brian: Do you think the health care workforce shortage is basically a Medicare-Medicaid issue?
Lynn: It’s true that reimbursement under Medicare is not keeping pace. Medicare fails to account for the fact that caring for most frail older people with more complex health care needs is especially time-consuming and requires increased Medicare reimbursement to provide quality care. Many doctors, nurses, social workers, and nurse aides are well aware that they will be paid less than others if they choose to go into geriatric health care. Research shows that although they are compensated less, geriatricians and gerontologists have higher satisfaction rates and find their work with older adults more rewarding than do their peers in other specialties. At the same time, there has been a decrease in recent years in geriatricians. It seems to me that many of these health professionals may be happy with their work experience, but need additional income or other financial incentives to attract them to the field.

Brian: The report stresses the point that the sheer number of geriatricians and gerontologists today is inadequate. I know you have been working on at least one way of addressing this problem.
Lynn: Clearly, we need more specialty training in geriatric care and more individuals going into geriatric medicine. Senator Boxer (D-CA) has recently introduced a bill cosponsored by Senator Collins (R-ME) that provides incentives for physicians, physician assistants, social workers, nurses, and psychologists to go into geriatrics and gerontology. The Caring for an Aging America Act (S. 2708) would offer meaningful loan forgiveness and career advancement opportunities to attract and retain health care professionals and direct care workers dedicated to working with the elderly. A major provision in the bill would link educational loan repayment to a service commitment to older adults, modeled after the National Health Service Corps. However, I want to point out that many of us believe that all health care professionals, given the nation’s demographics, need training in geriatrics and gerontology.

Brian: It seems that one of the problems with the health care system is a lack of coordinated care, particularly for those with chronic illnesses and individuals with disabilities. What do you think?
Lynn: Care coordination is essential. The lack of care coordination in our health and long-term care system today is a major source of stress and frustration to family caregivers of older adults. The report’s findings add to our understanding of this. The challenge is that everyone thinks of themselves as coordinating the care that they provide, but no one fully owns the coordination of all the care that’s being provided. Social workers, nurses, and counselors see their role as being coordinators of care, but social workers, nurses, and counselors are not being fully utilized by the health care system. All of these health care professionals need specific and consistent geriatric curricula and credentialing that will enable them to coordinate services for older people.

Brian: As an expert in family caregiving, what do you think of the way the report handled this area?
Lynn: While it is good that the IOM viewed the health care workforce shortage from a broad perspective – it is also a shortcoming because we need recommendations to better acknowledge, respect and support families in their caregiving roles. They need good information. They need more than training. They need paid family leave at work, respite care and other

Lynn Friss Feinberg, MSW

By GSA Policy Consultant Brian W. Lindberg
With Lynn Friss Feinberg, John A. Heinz Senate Fellow in Aging
support services. They also need recognition as part of the care team. This area cries out for more action. Many family caregivers define the “medical home” as their own home/family/friends and not the primary physician or a paid direct care worker. Further, many health care professionals do not understand the role of social support and the family. Providing health care professionals, family caregivers, and patients appropriate training and tools to help ensure coordinated care is a significant challenge for the future.

Brian: As we address the need for more geriatric educated health professionals, how can we ensure that the quality of care provided is adequate?

Lynn: Well, for example, I believe we must have strong standards for nurse aides. The report recommends increasing the number of training hours to 120 hours which I believe is very important. There are stricter requirements for certification of dog groomers and cosmetologists in some states than there are for nurse aides who are taking care of our frail and vulnerable loved ones. That is unconscionable in America!

Another important focus of the report is not only the need for more education and more specialized education but the need to increase competency in this care. How do we know if we have competence? We need to go out and visit with home care aides, conduct follow-up meetings, sit in on social work care planning, and observe the level of competence of all of our health care workers. For example, with older people, knowledge of drug interactions is a critical component of providing quality competent care. Many health care professionals are not equipped to handle this basic area of medical understanding.

Brian: Do we need more schools of medicine and nursing to address the shortage of qualified individuals?

Lynn: I am not sure if we will need more schools, but I do believe we need to require medical schools, nursing schools, and schools of social work, etc., to offer and require students to take classes in geriatrics and gerontology. The limited exposure to older patients that many students have during training exacerbates the problem. Pediatricians are required to train on childhood diseases and that makes sense. Primary care doctors must have training in geriatric issues even if they don’t end up specializing in geriatric medicine.

Brian: What other reasons do you see that have led us to this crisis in the health care workforce?

Lynn: Maybe there’s some ageism that affects the level of interest in geriatric training. It may be that geriatric training, what there is of it, comes later in med school. I think it should come earlier and not after many students have decided on their specialties.

Brian: Are there examples or models from other countries that might help us address the workforce shortage?

Lynn: It’s important to look at other models from around the world. But our long-term care system is so fragmented. Other countries often have universal coverage and better supportive services. Frankly, they have been preparing for the needs of their aging populations longer than we have.

Brian: What do you see as a realistic time frame for us to be able to address this problem?

Lynn: I think there is hope that health care reform will be a major domestic policy agenda issue next year. This should be part of that debate. Senator Boxer’s and Senator Collins’s bill will gain support this year and offers a modest and targeted approach to get us moving in the right direction. I think it imperative that advocates in the field work to implement the IOM recommendations as soon as possible to help secure an adequately trained workforce. The year 2030 is not that far away when one considers that we are dealing with changes in large health care institutions.

Brian: Do you believe we need to reorganize the way geriatric care is provided?

Lynn: The way we are providing care now has older patients returning to the community quicker and sicker. We have known that for some time, but it’s getting worse and we need to provide professionals with more training in a variety of settings and with new technologies so that they understand the best ways to meet the health care needs of the elderly.

Brian: Do you see a link between the issues brought out in the IOM report and the retirement of boomers and civic engagement?

Lynn: One part of the Caring for an Aging America Act funds a study to identify incentives for recruitment and retention of new populations of clinicians and providers to serve vulnerable older adults. For example, using retired military clinicians, health care professionals who are interested in mid-career changes, even retired health care professionals who would come back to work part time. We need to explore this more.

Civic engagement is very important because we also may be able to use the talent and experience of boomers in a health care capacity, whether it’s paid or volunteer.

Brian: Do you see a multigenerational aspect to this problem?

Lynn: Young people are not that interested in aging. We have to remember that young people don’t have as much exposure in their families to older family members as they did in past decades. The curricula in middle and high school could encourage students to go into the health professions and specifically focus on aging.

Brian: This has been an enjoyable discussion for me. Are you enjoying your new role as a Senate staffer?

Lynn: Absolutely! I have found that the work and expertise of so many gerontologists, advocates, and fellow GSA members contributes so much to the policy making process. The research and policy development contributes to what we do on the Hill. Although, in the old days I could labor over my research and writing sometimes for weeks, now I find that I may only have a couple of hours to pull together facts, analyses, and positions for the senator. I also realize, more than ever, that we all should advocate for older Americans and the policies and programs that serve them. We really can make a difference.
Sustaining Affiliate Members Provide Extra Support

AGHE’s Executive Committee would like to thank the six Sustaining Affiliate members for their extra level of support in 2007–2008. The significant funds and services provided by these institutions and organizations are greatly appreciated. Our Sustaining Affiliate members are:

- AARP
- Coastal Carolina University
- University of Central Oklahoma
- University of Louisiana at Monroe
- University of Nevada, Reno
- University of Oklahoma Health Sciences Center

Ithaca College Program Designated an AGHE Program of Merit

AGHE’s staff and leadership would like to take this opportunity to acknowledge and congratulate Ithaca College’s Major in Aging Studies program (offered as a BA and BS), which has been granted Program of Merit status by AGHE. This is a five-year designation bestowed upon this program, which was officially recognized at the opening session of AGHE’s annual conference in Baltimore this past February.

AGHE’s Program of Merit is the only national review of educational programs in gerontology. It is a voluntary program and is available to any program at the doctoral, master, bachelor, or associate level. Each program is evaluated according to its own goals and objectives. For additional information contact the AGHE office at 202-289-9806 or dstepp@aghe.org.

Funding Opportunity - AGHEExchange

National Endowment for the Arts: Creativity and Aging in America. Creativity and Aging in America is an initiative of the National Endowment for the Arts designed to actively engage older Americans in quality arts programs. Through this initiative, the Arts Endowment will support exemplary projects in the disciplines of literature and music. Projects must be conducted by professional artists and engage older adults as students, artists, and/or teachers. For the purposes of these guidelines, older adults are age 65 and above. Deadline: 2008-05-23

If you are interested in receiving additional information on funding opportunities, about gerontological education, training, and research issues and resources, consider becoming an AGHE subscriber! The AGHEExchange, published four times during the academic year, includes the following sections: What Works, Conference Calendar, Resource Briefs, In and Around AGHE, Policy Page, New Member Profiles, Geriatric Education, and National & International News. Visit the AGHE website (www.aghe.org) for additional details.

ATTENTION STUDENTS!

DO YOU WANT TO:

• Become a student leader in the field of gerontology;
• Build your curriculum vitae;
• Network with leading gerontology faculty;
• Experience what its like serving on an executive board of a professional association;
• Contribute to improvements in gerontological and geriatrics education;
• Travel to exciting cities;
• and form lasting relationships

THEN AGHE IS LOOKING FOR YOU!

The Executive Committee of the Association for Gerontology in Higher Education (AGHE ), the educational unit of The Gerontological Society of America (GSA), includes an AGHE Student Representative. This position offers an excellent learning experience involving broad networking and professional preparation and is a great opportunity for you to assume a leadership role in the gerontology community.

The position is a twenty-one month commitment:

• The first eight months will be spent as the Student Representative Designee, whose job it is to learn the ropes and shadow the Student Representative in his/her committee responsibilities, including attending conferences and executive committee meetings.
• The next year is spent as the Student Representative, who serves as a voting member of the Executive Committee. In this role the Student Representative is responsible for:
  • Chairing AGHE’s Student Committee
  • Facilitating student interests and addressing student concerns within AGHE;
  • Sitting on various AGHE Committees and Task Forces as requested;
  • Running events at Annual Meetings of AGHE and GSA;
  • and collaborating with Sigma Phi Omega and GSA’s Campus Representatives program.

To be considered for the Student Representative position, you must be enrolled at an AGHE member institution in an undergraduate, masters, doctoral, or fellowship program, and must retain student status (full or part-time) for the next two years. If selected, you would be asked to serve eight months “in training” as the Student Representative Designee (July 1, 2008 through March 1, 2009) to be immediately followed by a year as the Student Representative (through March 9, 2010). Finally, you should be able to attend both the GSA and AGHE Annual Meetings.

For more information about the position, please review The Handbook for the AGHE Student Representative and Student Representative Designee. If you have questions or concerns not addressed in the handbook, please do not hesitate to contact the current AGHE Student Representative, Eric Goedereis, at Eric.Goedereis@mail.wvu.edu.

If you are concerned with student affairs and gerontological education, are innovative, and work well with others, consider forwarding your curriculum vitae and a brief cover letter of why you are interested in serving as the Student Representative to Derek Stepp at dstepp@aghe.org. We will accept applications through May 31st. Send yours in today!
Foundation Provides Caregiver Support Program

It is an undeniable fact that most frail older adults are cared for by family, friends and other nonprofessionals. It is a difficult challenge for many. For most there is no alternative. As a society, we simply do not have the resources to provide professional caregivers and support services to everyone who needs assistance. But we do have community assets which can be used in more creative ways. With this funding initiative, the Harry and Jeanette Weinberg Foundation will help community partnerships develop innovative ways to support these devoted caregivers. Up to $9 million over three years through the Family and Informal Caregiver Support Program will support from 12 to 20 community-based projects with grants ranging from $100,000 to $300,000 per year (for a total of $300,000 to $900,000 for each grant recipient from March 2009 through February 2012). The Foundation encourages non-profit 501(c)(3) organizations, including aging and human service agencies, faith-based and other community-based organizations, tribal organizations, and units of local government to participate. The application phase of this project includes both a Letter of Inquiry (LOI) and a Full Proposal. The LOI must be received by mail no later than 5 PM EST on Thursday, June 12, 2008. Letters of Inquiry sent via email or fax will not be accepted. Successful LOI applicants will be notified by August 1, 2008. Grants will be announced in early February 2009. For further information, visit www.hjweinbergfoundation.org.

SAMHSA Accepting Applications for Homeless Assistance Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year 2008 grants for the Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who are Homeless Program. The purpose of this program is to expand and strengthen treatment services for persons who are homeless (including those who are chronically homeless) and who also have substance use disorders, mental disorders, or co-occurring substance use and mental disorders. SAMHSA expects that up to $10 million will be available for 25 grants of approximately $400,000 per grant for up to five years. Approximately $4.5 million per year of the $10 million will be used to provide services in supportive housing. The grants will be administered by SAMHSA’s Center for Substance Abuse Treatment. Domestic public and private nonprofit entities are eligible to apply. Applications are available by calling SAMHSA’s Information Line at 1-877-SAMHSA7 or by downloading the application at www.samhsa.gov/Grants/2008/ti_08_013.aspx. Applicants are encouraged to apply online using www.grants.gov. The application due date is May 29, 2008. Applications must be received by the due date and time to be considered for review. Please review carefully Section IV-3 of the application announcement for revised Fiscal Year 2008 submission requirements. Applicants with questions about program issues should contact Joanne Gampel at (240) 276-2895 or joanne.gampel@samhsa.hhs.gov. For questions on grants management issues contact Kathleen Sample at (240) 276-1407 or kathleen.sample@samhsa.hhs.gov.

Geriatric Services Opportunity

The Greenville Hospital System, a premier healthcare system in beautiful Greenville, South Carolina, seeks physicians to join a well established, comprehensive, rapidly expanding Geriatric Team. These physicians provide services in acute care and long term care facilities and are part of the Medical Education Program. The call is 1 in 4, and is hospital call only.

Qualified candidates are IM or FP physicians who are BC graduates of an approved residency program and an approved fellowship program, and show commitment to provide quality care to older adults. Experience in acute care for the elderly preferred.

On the I-85 corridor between Atlanta and Charlotte, Greenville is situated near rivers, lakes, mountains and beaches. It has a diverse thriving economy and excellent quality of life, with wonderful cultural and educational opportunities. A mild climate provides four season outdoor activities.

Excellent salary and benefits.

Send CV to Elizabeth Gray: egray@ghs.org • 800-772-6987
Developing a Professional ‘Self’ Through Belonging

The need to belong is akin to the need for air and water. The need to belong is a fundamental drive that compels us to seek-out others who are like us—to be in a surround of comfort and community that is ‘self’ sustaining. Across life-circumstances, regardless of role, this drive to belong finds expression. Developing a professional ‘self’ through belonging is framed by this basic human drive.

ESPO fills this need to belong. As emerging scholars and professionals we seek-out others who share our interests and goals; we join professional organizations; we look for opportunities to become integrated into a community of scholars and professionals who represent the status and stature to which we aspire. Through belonging we hope to be nurtured and guided; to learn the skills of professional growth and survival.

Since the 2007 Annual Meeting in San Francisco ESPO’s Executive Committee and newly created Planning Task Force have been processing and building from your recommendations and comments about what you need and want from our organization. The comments suggested that members are looking to ESPO to be their bridge to the larger organization (GSA), and as ‘their place’ that in itself offers opportunities to establish themselves in the field. Integration and inclusion, i.e. belonging, figured prominently in the comments, with ESPO being viewed as the ‘safe’ place or ‘home’ where students and emerging scholars and professionals can feel welcome, feel comfortable with being ‘new’; get help and support to become participants in their sections; feel camaraderie, collegiality and a sense of belonging.

Three suggestions directly addressed belonging: 1) an ESPO Café; 2) a brochure that describes ESPO and the ‘ins and outs’ of membership; and 3) a flyer that talks about navigating the GSA annual conference. Based on these suggestions, the Planning Task Force has defined working groups to develop the brochure, the flyer and to lay the groundwork—organizational and financial—for the ESPO Café. Additionally, ESPO is exploring the possibility of creating a Facebook page.

Through fulfilling the basic human need to belong we develop a professional ‘self’. Belonging to ESPO offers an opportunity to join with colleagues and peers who are of like minds in their expressed need to develop their professional ‘self’(s). The ESPO Planning Task Force welcomes any and all comments, reflections, suggestions and recommendations. If you’re wondering if anyone is listening...we are.

International News

ILC-UK Tackles LTC Issues

The International Longevity Centre – UK (ILC-UK) has issued a report titled “A National Care Fund for Long-term Care,” which proposes a radical new plan to address the challenge of paying for long term care in the UK by establishing a National Care Fund. The proposed Fund would involve several key features: A risk-pool limited to older cohorts only; auto-enrollment to achieve high levels of participation; total flexibility for older people in when and how they pay their contribution; poorer individuals would have their contribution paid for by the state; and a fully-fledged market in complementary long-term care insurance products from the private sector. More information is available at www.ilcuk.org.uk/record.jsp?type=publication&ID=27.

Turkish Parliament Approves Social Security Overhaul

Turkey’s parliament has approved a social security overhaul in a reform backed by the International Monetary Fund. The parliament approved the reform in a vote Thursday, gradually raising the age of retirement to 65 while decreasing some pensions. The current retirement age is 58 for women and 60 for men. The Associated Press reports that the country’s social security system is bankrupt.

AGE Convenes General Assembly

AGE, the European Older People’s Platform, held its annual General Assembly March 13-14, 2008. Elizabeth Mestheneos was elected as the group’s new president. She has been a gerontologist for 20 years and was a founding member of the Greek SEXTANT research group. The AGE General Assembly also held four policy sessions. “ICT and Ageing” considered how technology can help older people carry out daily activities as well as monitor their health, increase their societal participation, and augment their safety. “Let’s join forces to better meet the needs of older people” assessed the need to urgently review the way services for the elderly are provided and the role that public authorities and civil society organizations have to play in meeting the needs of Europe’s aging population. “Addressing age limits in insurance and safeguarding preferential treatment” looked at the importance of a future EU legal instrument in delivering results in relation to age discrimination. The final plenary session, “Are quality services for the elderly possible in the framework of the internal market?” provided AGE members with an opportunity to consider the promotion of quality long-term care services, how the internal market may contribute to this, and the challenges facing social services providers.
Disparities Remain Among Seniors, Says Federal Report

Average life expectancy continues to increase, and today’s older Americans enjoy better health and financial security than any previous generation. However, rates of gain are inconsistent between the genders and across age brackets, income levels and racial and ethnic groups. Some critical disparities also exist between older Americans and older people in other industrialized countries. These and other trends are reported in “Older Americans 2008: Key Indicators of Well-Being,” a unique, comprehensive look at aging in the United States from the Federal Interagency Forum on Aging-Related Statistics. This fourth chartbook prepared by the Forum since 2000 provides an updated, accessible compendium of indicators, drawn from the most reliable official statistics about the well-being of Americans primarily age 65 and over. The indicators are categorized into five broad areas: population, economics, health status, health risks and behaviors and health care. The 160-page report contains data on 38 key indicators— and a one-time special feature on health literacy. To access the update or order printed copies, visit www.agingstats.gov.

Association Compiles Alzheimer’s Report

The Alzheimer’s Association has released “2008 Alzheimer’s Disease Facts and Figures,” a comprehensive statistical abstract of United States data on Alzheimer’s Disease, the most common type of dementia. The complete report is available at www.alz.org/national/documents/report_alzfactsfigures2008.pdf.

Labor Department Posts Outlook for Older Workers

The U.S. Department of Labor has released its “Report of the Taskforce on the Aging of the American Workforce.” This taskforce was created as part of an effort to expand opportunities for older Americans choosing to remain in the workforce, and to develop proposals to address the challenges and opportunities of an aging workforce. Visit www.agingresearch.org, Google Video, YouTube or as a DVD. The 160-page report contains data on Alzheimer’s Disease, the most common type of dementia. The complete report is available at www.alz.org/national/documents/report_alzfactsfigures2008.pdf.

At the point of service…

a new organization of experts, for experts.

CoHealth programs from Concept Healthcare

WE DO CARE.

www.cohealth.org
info@cohealth.org
888-372-3992

May 2008 • gerontology news • 9
"Taking the Next Step: Technical Assistance Workshop" is a 2-day interactive forum for pre and post-doctoral students and recent recipients of Ph.D., M.D. or related doctoral degrees who are members of groups under-represented in aging research. During the workshop, NIA staff and associated faculty members will present information and provide technical assistance on applying for NIA grants. Participants in the workshop, depending on career stage, will have an opportunity to make podium presentations of current or planned research projects, receiving feedback from peers and NIA staff. The Technical Assistance Workshop will be held immediately prior to the 2008 Annual Scientific Meeting of the Gerontological Society of America, in Washington, DC on November 20th and 21st. Participation is by competitive application.

Applicants: Applicants may be new to the NIH application process or embarking on an independent program of research. Investigators who demonstrate a commitment to research careers related to minority aging issues are encouraged to apply. Transportation and lodging expenses will be provided for all selected applicants. First-time applicants will be given priority and a modest payment for preparation and participation. Applications must be completed and submitted by July 18, 2008 (postmarked). A recent C.V. must accompany all applications. Individuals who have conducted funded research for more than 5 years, are considered established investigators and/or are former Summer Institute participants are ineligible. Applicants must be U.S. citizens, nationals or permanent residents. To request an application or additional information, please contact Ms. Jamie Gulin at 301-496-0765 or by e-mail at gulinj@nia.nih.gov.
THE NEW YORK TIMES
BESTSELLER EVERY BABY BOOMER
SHOULD KNOW ABOUT

“Jakobson Ramin’s insightful and well-researched journey through memoryland offers some valuable lessons.”
—Scientific American Mind

“An enlightening and rather reassuring... book on fading memory in midlife.”
—Jane E. Brody, New York Times

“Ramin asserts that steady mental stimulation... physical activity and social interaction are all key to keeping the brain young. A wholly encouraging plan for mental fitness.”
—Kirkus Reviews

This lively investigation of midlife memory erosion seamlessly weaves personal narrative and journalism, humor and empathy, everyday examples and scientific facts in the quest to find out what every boomer worries about night and day: Is it the fog of an aging brain or is something more serious going on?

www.carvedinsand.com
Now Available in Paperback
Wherever Books are Sold

To request Cathryn Jakobson Ramin for a speaking engagement, please contact the HarperCollins Speakers Bureau at speakersbureau@harpercollins.com

HARPER
www.harpercollins.com
Geriatrician: The VA Maryland Health Care System is recruiting for a full-time academic geriatrician with joint faculty appointment in the Division of Gerontology University of Maryland School of Medicine.

Candidates must be board certified in Internal Medicine and Geriatric Medicine, and have a strong record of clinical and educational accomplishments. Salary and faculty appointment are commensurate with experience and skills. Applicant(s) selected for this position will be eligible to apply for an award up to the maximum limitation under the provisions of the Education Debt Reduction Program.

Candidates should forward resume, letter of interest and three references to Human Resources Department, PO Box 1045, Attention Elaina Medlam, Perry Point, MD21902. Questions regarding the application procedure, call: 800-949-1003, ext 5195; academic inquires to Dr. Andrew Goldberg at 410-605-7183. The VA Maryland Health System and University of Maryland, Baltimore encourage women and minorities to apply and are AA/EEO/ADA employers.