



Long Term Care Advances

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Duke University Center for the Study of Aging and Human Development

THE LEADERSHIP IN AN AGING SOCIETY PROGRAM: ENTERING A SECOND DECADE

From the Editors:

As we begin the second decade of the Leadership in an Aging Society Program, we take note of two key events related to the Program's future: We are pleased to announce the creation of an endowment by Louise and Frank Chut dedicated to supporting Duke undergraduate interns. We are deeply grateful to the Chuts for their recognition and support of the Program. Please read more about them and their gift inside this issue. The second event is the transition of the Senior Leadership Initiative to the UNC Institute on Aging, where it is managed by Bill Lamb. Senior Leaders in that program still participate in a variety of Leadership Program events including the Leadership Seminar. While challenges remain, these two events bring us closer to assuring the future of both the student and senior leadership aspects of the original Leadership Program.

Before September 11, we had indicated to several friends of the Leadership Program, that this was the year of undergraduates, psychology majors and New York City. Ten of eleven interns were undergraduates, four were psychology majors, and for the first time more students interned in NYC than in Washington, DC. Post September 11, we think you will find, as we have, a particularly poignancy in reading the accounts of interns relating their experiences in both those cities written only a few weeks before 9/11. And we are pleased and proud to relate that, from our more recent conversations with those students, they continue to be enthusiastic about the potential to make a difference with respect to issues facing an aging society. Our special thanks to the Council for Senior Centers and Services of NYC, the Washington Policy Office of the Alzheimer's Association and the National Citizens' Coalition for Nursing Home Reform.

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CHUTS CREATE ENDOWMENT TO SUPPORT INTERNS

On November 8, 2001, at the Annual Meeting of the Leadership in an Aging Society Program Advisory Group, George L. Maddox announced that Frank J. Chut, Sr, Esq., and Dr. Louise Chut have created an endowment to support involvement in the Program by Duke undergraduates. **The “Louise C. Chut, PhD, MPH, Endowment Fund for the Study of Aging and Human Development”** will be used to support an undergraduate intern participating in the program each year.

The Chuts, residents of Pittsboro, first came in contact with the Leadership Internship Program in 1999 when Dr. Louise Chut became a Senior Leader with the Program. Through her contact with students at the Leadership Seminar and through hearing presentations by interns at the 2000 Annual Meeting, Dr. Chut was “impressed” by the potential of Duke students to make a difference with respect to issues facing an aging society. After making an initial contribution, the Chuts decided to proceed with an endowment as an enduring way to support the Program.

Dr. Chut, who is retired from an academic career as an associate professor in Health Administration at Kean University in New Jersey, is a freelance journalist who is the author of a weekly column in the *Carteret News-Times* on “Staying Healthy” and contributor to *Triangle MD News* and *Eastern Carolina MD News*. Frank Chut is retired from a career as a food and drug law specialist with Schering-Plough Corporation where he was a vice-president.

On announcing the generous gift of the Chuts, Dr. Maddox noted that they join the Gabel Family “in choosing an investment that unites the generations in looking toward the future with promise.”

PRESENTING THE YEAR 2001 INTERNS

NEETI BATHIA, May Graduate, Biology, Duke University
Mentors: Dr. Thomas Lynch, Jennifer Morse, Christine Vitt
Site: Duke Clinical Psychology

For my LTC internship, I worked at Project ALIVE, a clinical research study, directed by Dr. Thomas Lynch, aimed at determining the effectiveness of Dialectical Behavior Therapy (DBT) in older adults suffering from depression. DBT uses a combination of antidepressant medication, a group coping skills class and individual therapy to combat depression and other mental illnesses. Project ALIVE focuses particularly on using DBT in depressed patients that also suffer from comorbid personality disorders. Patients with this combination of mental health problems are hard to treat, and DBT may be among the best strategies for dealing with such patients.

During my time at Project ALIVE, I had the flexibility to work on a number of different projects. I was able to learn a great deal about mental illness classification in the elderly when I worked on an entry for the upcoming MacMillan Encyclopedia for Aging. However, my major focus on the project was recruitment and screening, as I was trained to administer the Hamilton Rating Scale for Depression and parts of the Duke Depression Evaluation Scale to prospective subjects. In addition to becoming familiar with clinical psychology procedures, working on this aspect of the project also gave me the opportunity for a great deal of patient contact.

I also came to understand more about each patient individually since I handled all of the patient filing and appointment scheduling, which helped me see the big picture of their treatment. To cap that off, I also assisted the study psychiatrist, Dr. John Beyer, on his days in clinic by guiding his patients around the medical center, administering their study assessments, and answering their questions.

Finally, I attended and took minutes for our weekly lab meetings. In these meetings, I was able to learn about and discuss other studies involving depression in the elderly that were in their beginning stages at Duke, such as a study involving depression in elderly cancer patients and one that examined how family members living with depressed elderly persons handled the situation. In addition, problems that affected our research, such as the negative stigma associated with getting help for mental illness in the elderly population, were discussed in length at these meetings.

Overall, my time at Project ALIVE helped me gain steps in several areas of interest to me along with providing valuable information that I will continue to use in my career path. I was able to understand more clearly one of the larger problems facing our nation's elderly population.

TRACY BRYAN, May Graduate, Health Policy & Administration,
UNC-CH

Mentor: Dennis Streets

Site: North Carolina Division of Aging

My placement for the summer was at the North Carolina Division of Aging with Dennis Streets as my mentor. Not only did I learn about the activities of the Division of Aging, but I also received a full picture of how the entire state serves the elderly from the AAA regions, to the AARP, to the Ombudsman services, to the Department of Insurance, to the Senior Tarheel Legislature, to the rural caregiver. I also saw how the University of North Carolina System and private colleges and universities help address issues relating to the elderly. My main project was to help with the coordination and implementation of the National Family Caregivers Support Program in North Carolina which was exciting because North Carolina can be creative in its response.

I also had the pleasure to work closely with several other employees of the Division. I did a literature review for a grant proposal on helping grandparents raising high-risk grandchildren written by Harold Berdiansky and Susan Sabre. My research consisted of finding model programs in other States, identifying problems that kinship care faces, and finding ways to cope with these problems. I needed to find quotes and summarize the literature on any model for success. I gathered information from area libraries and agencies and observed the various parties involved. I watched the budget and program implementation being created for the grant proposal. Harold and Susan made the process look so simple, but I found that grant writing is very intense. I also updated the Caregivers Support Website with the oversight of Yoko Crume. My goal was to make the page more user friendly.

During my time at the Division, I polished my leadership, listening, word processing, research, and management skills this summer and was fortunate to attend several training events. One such event was the Respecting Choices (end-of-life issue) training course offered jointly by NC AARP and the Carolinas Center for Hospice and End of Life Care.

One the highlights of my internship was being able to attend the 2001 North Carolina Summer Symposium on Aging in Wilmington. Before that event, I also learned about the construction of the program for the Symposium by attending a video-conference in Chapel Hill. While at the Symposium, I moderated some programs and staffed an exhibit for the Division of Aging. It was wonderful to see the academic, provider, and community sides of aging come together for the same cause. While at the Division of Aging, I had pieced together a picture of the various players involved in North Carolina's aging services, and at the Symposium I was able to actually meet the players.

Dennis Streets was my mentor. I not only enjoyed the professional information that he passed to me, but I also learned from the personal advice and advocacy for the aging population that was shared. ***It has been so rewarding to be surrounded by people who fight everyday for our elderly population. This experience has confirmed my desire to work in long term care. Even when faced with budget cuts, the vision of the Division of Aging remained.*** I feel so lucky to have worked in an environment where everyone cared so much for the elderly

population. When things got tight and jobs were on the line, employees voiced their concern for the preservation of service dollars. Their priority was for the elderly.

I found that being a good leader is more than well developed skills, experience, or the number of degrees you have earned, but that a good leader must have a passion that makes him or her lead. Every employee in the Division of Aging was some sort of leader whether traditional due to job title or nontraditional through program development and networking skills.

I enjoyed my summer at the Division of Aging. I am thankful for all the support, encouragement, knowledge, and opportunities. I left with more knowledge and respect for the state's role in aging. It has been a pleasure and an honor to be affiliated with the Division of Aging

AUTUMN EDENFIELD, Senior, English, Duke

Mentors: Dr. Thomas Lynch, Jennifer Morse, Christine Vitt

Site: Duke Clinical Psychology

Through working at the geriatric depression lab run by Dr. Tom Lynch, I received a truly interdisciplinary experience. I worked on publications, interviewed patients, did literature research and collaborated with other members of the lab team on their projects. I even completed a few of my own projects, one of which was an interview for our patients to explore perceptions of public attitudes toward aging and mental health, as well as mental health care insurance coverage. I encountered many issues concerning policy and stigma and their influences upon decisions among the elderly to seek mental health care.

One of my internship experiences was to contribute to an entry on psychotherapy in the elderly in the upcoming Macmillan Encyclopedia for Aging. Through my research and writing, I came across many disparities in policy. Many elderly do not choose to seek out mental health care because of long-time stigma against mental illness in the public, which especially pervades older generations. Many primary care physicians do not view mental health as important as physical health and are more reluctant to refer patients to mental health care professionals. Some primary physicians simply may find it difficult to refer patients, because there are so few mental health care professionals trained with an adequate background in geriatrics, who truly understand the special circumstances and challenges presented with working with an older population. Also, many health care providers, including some mental health care providers, view depression simply as a part of old age or also view older patients as less likely to respond to psychotherapy in general. Most psychotherapies have been proven effective for many psychological problems; however, there is very little research applying these therapies specifically to older populations. ***Research studies, such as that run by Dr. Lynch, are truly pioneering work; this kind of research just has not been done previously.***

Another policy pitfall I encountered is mental health care insurance coverage. I read an article discussing that Medicare covers 80% of physical health care costs, but only 50% of mental health care costs. Many private health care providers apparently offer similar coverage with the disparity between physical and mental

health care coverage. This is yet another deterrent against older people seeking treatment for mental illness. Even when they receive proper referral to an adequately trained mental health care provider, and feel sufficiently socially secure to seek out a mental health care professional, they simply may not be able to afford the treatment available.

Independent of my growing awareness of issues intertwining geriatric mental health policy and social attitudes, I also focused some of my career goals during my internship. I plan to attend medical school, and may even pursue a field involving geriatric medicine. During my internship, I was trained to give Hamilton Depression Scale Interviews, and I thoroughly enjoyed the patient contact as well as improving my interview and interpersonal skills. The patient contact also reinforced my genuine fondness of working with geriatric patients. However, I am planning to take off at least one year before medical school and would like to continue to work within the aging network, either working at a medical center, a policy agency, or a publication, in order to broaden and amplify all that I learned during my summer 2001 internship.

MEREDITH JARBLUM, Junior, Sociology, Duke U. Medical Center
Mentor/Coordinator: Sandy Crawford Leak
Site: Duke Leadership in an Aging Society Program

As a summer intern with the Duke Leadership in an Aging Society Program, I was assigned a project to explore different careers in the field of aging. ***The goal is to create a web feature based on my research to be a resource to other students, particularly undergraduates, interested in exploring the many possible careers in aging and long term care.*** This web feature will include profiles of various professionals, their advice to students looking to get involved, and some of their opinions about the field of aging and long term care as we move into the future. The feature will be based the compilation of my summer's work.

To implement my project I spent time in the Leadership Program offices at Duke and in New York City interviewing professionals in both those areas. At Duke my interviews included many well known researchers: Dan Blazer, MD, Linda George, PhD, Deborah Gold, PhD, Gerda Fillenbaum, PhD, Harold Koenig, MD, Larry Branch, PhD, and Erdman Palmore, PhD. While based at Duke, I also interviewed Mary Altpeter, PhD, of the UNC Institute on Aging; Steve Fishler of the Forest at Duke Retirement Community; Joan Pelletier of the Durham Council for Senior Citizens; and Gina Upchurch of Senior PharmAssist as well as intern alumni Julie Prince Bell, Cory Chen, Michelle Kitchman and Patrick Lietka. In New York, I interviewed Judah Ronch, PhD, of the Brookdale Center on Aging; John Carnesecchi of the Center to Advance Palliative Care at Mt. Sinai Hospital; Nora O'Brien of the International Longevity Center; and Bobbie Sackman at the Council for Senior Centers and Services.

While interviewing the long term care professionals, I asked them about their expectations of the field of aging as we move into the future. I also asked them to offer advice to students looking to get involved in the field of aging and long term care. The web feature will have profiles of the professionals I interviewed along with quotes from them on advice and the future of aging. It will also include a "links" section of other sites that might be helpful to students. (Editors note: Meredith Jarblum is spending this semester abroad. Visit our website, www.ltc.duke.edu, in 2002 to view the final product of her web feature.)

KATE MILLER, Senior, Public Policy, Duke
Mentors: Jennifer Zeitzer, Bonnie Hogue
Site: Alzheimer's Association, Washington Policy Office

My experience at the Alzheimer's Association Washington Policy office was invaluable in learning both about public policy as well as elderly issues that affect individuals with Alzheimer's disease and their families. Throughout the course of the internship, I helped the State Policy Clearinghouse research a couple of specific topics and followed federal policy legislation on Capitol Hill.

I focused much of my time surveying the states on two issues, dementia and driving and assisted living. As family members are increasingly forced to face the realities and danger of their loved ones driving with dementia, the issue has become a top priority for the Association. States have begun passing a range of laws regarding physician reporting of demented patients to the state licensing agencies, and the Association was confronted this summer with the need to take a position on what laws states should pass regarding driving and dementia. My research of the states' laws enabled the Association to understand and take a position on this issue.

For the second project, I started an issue kit on assisted living to be distributed to the local Alzheimer's Association chapters. The kit surveys state innovations and recent laws on assisted living and outlines how to advocate for assisted living regulations. While some states have passed more comprehensive assisted living regulations such as California, others are just beginning the process of advocating for special facilities or dementia units and comprehensive regulations for facilities caring for Alzheimer's disease and dementia patients. Regulations include staffing, staff training, patient assessments, environmental regulations, and disclosure laws.

In addition to the projects for the State Policy Clearinghouse, I also helped the federal policy analysts with the Association's billion dollar campaign goal and following the policy issues on the hill. The Association's top priority is its campaign to encourage the government to allocate \$1 billion to the NIH for research funding beginning by increasing the current amount allotted by \$200 million this year. I was able to sit in on a conference call discussing the Association's strategies towards accomplishing this goal, which was particularly interesting for me because I work in a lab conducting Alzheimer's research at Duke. In addition, I was able to attend a MCAC (Medicare Coverage Advisory Committee) executive committee meeting of HCFA in Baltimore that discussed whether Medicare would cover PET scans to be used as diagnostic tests for Alzheimer's disease.

Fortunately, this was an exciting summer to be interning on the Hill and following elderly issues. Other topics that I followed on the hill include stem cell research, genetic nondiscrimination, caregiver support programs, and long term care. Following the issues involved attending congressional hearings, briefings, and meetings on the various topics held in both the Senate and the House of Representatives. The Alzheimer's Association was initially hopeful that in the tax cut package, there would be tax breaks granted to caregivers. However, after the first package tax cuts did not include such a break and with the current speculation that there is no longer a large surplus, the caregiver tax credit may be much harder

to pass in the near future. There were two hearings this summer on long term care that discussed the various long-term care facilities and services offered and evaluated the efficiency of the current Medicaid waiver system.

I also attended several meetings of coalitions that the Alzheimer's Association is a member of that really helped demonstrate how individual nonprofit organizations join together in order to have a greater voice when communicating with Congress. I was able to learn how the Alzheimer's Association may not necessarily support all actions by the coalitions with which it is involved; therefore, it is necessary to follow the strategies being discussed in order to choose which letters or activities to play an active role in.

Interning with the Alzheimer's Association helped me to realize that I have a strong interest in health policy and elderly issues, specifically dementia, long term care, and Medicare reform. I am now confident that the best way for me to make a difference and truly advocate for elderly issues is through policy, either working for a non-profit organization, the government, or the private sector. My mentors, Jennifer Zeitzer and Bonnie Hogue, as well as the entire Alzheimer's Association Public Policy staff, were the reasons that made this internship so enriching and educational. Not only did they give me advice on continuing my education beyond an undergraduate degree, but they were responsive to my interests and provided me with interesting projects or tasks. I was able to learn about federal policy making while I worked with Bonnie and Jennifer, but I also had the opportunity to work with a lawyer who works for the Alzheimer's Association policy office to explore a law profession in policy advocacy. This internship has provided me with a much better understanding for health care policy, and as a result I am confident that a career advocating for senior health services or exploring health care reform would be an ideal career for me.

RACHEL MINESS, Senior, Psychology, Duke

Mentors: Rick Schwartz and Jenna Fish

Site: Council of Senior Centers and Services of New York City

My summer at the Council of Senior Centers and Services of New York City, Inc. was truly an enlightening and thought-provoking experience. I learned much about the field of aging, and was able to meet interesting and knowledgeable people in this arena as well.

My main project for the summer was visiting senior centers throughout New York in order to develop a profile of the services they offer, the types of seniors who attend the programs, and to see how the centers are run. Before my first visit, I had no idea what to expect--actually, I thought I would see mostly frail elderly, sitting around in front of a television or doing some other non-physical activity. Yet that is not what I found at all. The seniors seemed young and energetic. They were eating lunch and could not wait to speak to me. They were playing cards and having lively discussions. At another center, I got to see a class where the seniors were doing exercises with weights. Many center directors mentioned that yoga and tai chi are popular classes. This showed me that seniors can be very active and that they want to be active. After speaking to many seniors while completing this project, I realized that they would rather be moving around and doing some sort of exercise than sitting in their homes with nothing to do but be lonely.

Many centers offer intellectual stimulation for seniors as well. They hold lecture series, have current events classes, and some have open forums for the seniors to voice their concerns about their lives and about the center. I found that the most effective programming tool is to know the type of classes seniors want and then to offer them if possible. Getting seniors to actually come into a center is often the most difficult part, and once they are there, you have to keep them interested and active by offering classes and activities that appeal to them. I found that centers where the director was open to suggestions and really followed through on requests from seniors were often the most lively and had the best-attended programs.

Due to the nature of my project, I was able to have direct contact with many executive directors and program directors from various types of senior centers. I visited a multitude of centers in order to get a broad view, and this allowed me to speak with different kinds of leaders within the center hierarchy. This was a perfect tie-in to the Leadership in an Aging Society program because I did get to see many of the directors in action with seniors. After making these trips, I feel that a key ingredient of success in this field is enthusiasm. Of all the programs I visited, the ones that were the best-run and best-attended were those where the director actually liked going to work. The directors also knew the names of every single senior at their center, and were excited to see them and greeted them as they passed. These directors often realized that their salaries were not comparable to the amount of work they were doing, but because they truly enjoy their jobs and enjoy seeing smiles on seniors' faces, they continue to do what most of them have been doing for over ten years.

Delegation of responsibility was also key in these directors' successes. No good leader can do everything himself, and these directors realized that early on. They have given tasks to different staff members and even many seniors in the center. Seniors are often liaisons between other seniors and management. They bring the seniors' wants and needs to the director in order to have all of their voices heard. Directors who were trying to do too many jobs at once were usually tired and burned-out, and most were not enjoying themselves at work. While directors who did give out responsibilities to others still had an enormous job to complete, they knew that with help, the job would get done and they were including others in the task who were in turn getting valuable experience and could feel like they were part of a team.

I also learned a great deal about seniors themselves. There was an ongoing debate in my office about seniors' reasons for attending centers, with some believing that they go for the meal they receive, and others feeling that they go for the activities and classes offered. However, after visiting so many centers, I came to the conclusion that they mostly go for the companionship such a program can offer. Many have found friends in the other members of the center--people who share similar backgrounds, pasts, and interests. Some have discovered hidden talents that are encouraged by others, and they are willing to try new things.

Another project I worked on this summer was collecting salary and turnover information from different senior centers. The goal of collecting this information was to see salary ranges for different positions in order to advocate for increased salaries for senior center employees. Due to my work on this project, I was in

contact with Melanie Hartzog of the Human Services Council, who was helping that organization conduct its own salary survey. This study includes many different arenas, such as child care and homeless shelters. After collecting all of this information, the final goal is to come up with salaries that are comparable across different fields, such as a social worker in a hospital and a social worker in a senior center. Although I was not there to see the end of the project, Melanie and the Council have promised to keep me apprised of all new developments.

This summer, while a great learning experience, has actually confused me even more in my career plans! Even though I was in the Programming Department at the Council, I shared an office with the legal advocate from the Policy Department, and through her, I was able to catch a glimpse of the advocacy work done in the office. This made me think about the implications of senior policies on such important issues as housing and prescriptions. Although this was not my original career path, it may prove to be an interesting detour for me. However, I have still kept my initial and strong interest in direct contact, and I am now leaning heavily toward counseling. Perhaps now I could be a social worker in a senior center, or maybe even be a senior center director.

ELIZABETH NELSON, Senior, Health Policy & Administration,
UNC-CH

Mentors: Sarah Greene Burger and Alice H. Hedt

Site: National Citizens' Coalition for Nursing Home Reform

My experience with the National Citizens' Coalition for Nursing Home Reform (NCCNHR) provided exposure to many of the key issues and players in long term care policy. NCCNHR's work includes research, policy recommendations, information distribution, and advocacy. Through my work this summer, I gained insight into the regulations affecting long-term care and the historic and upcoming issues that will determine new changes in policy and practice.

The first major project I worked on was the Complaint Improvement Project. This project was the final part of a study being conducted by the Center for Health Service Research and Analysis (CHSRA) and had been subcontracted to NCCNHR. In earlier parts of the project, the complaint investigation process had been divided into seven parts (eg intake, triage, and investigation), and the state ombudsmen rated the sub-processes on their effectiveness. I was responsible for contacting and interviewing the state Licensing and Certification agencies. I spoke with the program directors to gather more in depth information about the development, implementation, and requirements of their particular sub-processes. After completing all interviews, I summarized the data into a single document to be used by the lead CHSRA researcher. Through my activities with this project, I learned a lot about federal regulations concerning nursing home inspections. I was also able to identify variations among states and the strengths and weaknesses in particular states. I also became familiar with the state regulatory agencies.

In January of 2000, The Ombudsman Resource Center (ORC) produced a report on the Personal Needs Allowance given to Nursing Home Residents on Medicaid. There is a federal minimum PNA of \$30, but additional increases vary

from state to state. I was asked to provide an update to the original report. I gathered current allowance information for each state through State Ombudsmen and the Medicaid Agencies. Then I did follow up interviews with states that had passed an increase within the last year. The goal was to identify examples of successful advocacy efforts that could be utilized in other states. In addition to analyzing the PNA for Nursing Home residents, I also gathered data on the allowances for assisted living facilities, and veteran allowances. I analyzed the data and prepared a report to be distributed by the ORC.

Because of NCCNHR's relatively small size, I was able to work on many different projects covering all areas of the organization's work. One of these projects was doing research to find studies to support the hypothesis that there is poor care provided in nursing homes that results in increased costs. The research will be used preparing materials for the NCCNHR annual meeting themed: The High Cost of Poor Care. I also produced several documents for the Residents' Rights Week packet, which is published annually by the ORC. This year's theme is: Opening the Door: A Resident's Right to Visitation. Finally I worked on planning a session for NCCNHR's annual meeting (which I will be fortunate enough to attend) on the Pioneer Network.

My career interests are in long-term care administration; I am interested in the provision of care and implementation of policy and procedures to improve quality of care at the facility level. During the course of my internship I developed skills that will be valuable to my career such as confidence interacting with experts and professionals, synthesis of information to be used by others, and mechanisms necessary to keep an organization running. ***Through my experiences with NCCNHR and living in Washington, DC, I learned the importance of coalition building. I also became aware that there are no simple solutions for the problems facing the long-term care industry; my goal to improve quality of care and life for nursing home residents will require strength and determination on my part.***

JULIESSA PAVON, Senior, Psychology, Duke
Mentor: Lisa Gwyther, MSW, and Edna Ballard, MSW
Site: Duke Family Support Program

Over the past several years I have developed a large interest in Alzheimer's Disease and related issues. My goal for the Leadership in an Aging Society internship was to focus on a major component of my experience with issues on aging. The missing component was the actual patient and family interaction. My internship placement with the Duke Family Support Program enabled me to work alongside family caregivers on an individual level, as well as with caregivers on a more global level. My mentor, Lisa P. Gwyther, MSW, was instrumental in furthering my understanding of the important role that caregivers have in caring for Alzheimer's patients.

The major focus of my internship with the Duke Family Support Program was to work on the community outreach component of a research study titled "Caregiver Stress, Health and Serotonin Genes". The Duke research team, led by Dr. Redford Williams, is one out of ten multidisciplinary research teams that will focus on one of medicine's highest priorities; understanding health disparities

among individuals and groups at risk. Specifically, the research project that I was involved with is investigating husbands and wives caring for spouses with Alzheimer's or other dementia at home or in nursing facilities in North Carolina. The goal of the project is to determine how genetics, personality type, medical history, physical environment, and social support affect biological and behavioral responses to stress, in order to identify characteristics that may lead to disparities in the course of major diseases among caregivers. Witnessing the initial portion of the study revealed important knowledge of what is necessary to design an effective study.

The amount of teamwork and collaboration that went into the recruitment phase was truly a response to the unmet needs of many elderly caregivers in the community. In working along side Mrs. Gwyther, I was able to attend the NIEHS grant meeting for all the research grantees and compose an article about the study that was included in the statewide-circulated Caregiver newsletter. As part of the recruitment effort I was also able to attend various local Senior Centers with Edna Ballard, MSW, whose professional skill and experience allowed me to realize the importance of reaching out to a diverse elder community population. In doing so, we informed the community not only about the study, but also about Alzheimer's Disease. ***One particular experience stands out in my mind as I recall when a member of a senior center approached me to tell me, "This is exactly what we need, it's about us. Perhaps there is hope." These words continue to motivate me today. For me, this experience with community outreach reinforced that the word leadership also translates to mean service.***

One of the most exciting aspects of the internship was actually seeing the success of the recruitment. We were able to enroll a number of participants in the study during the time that I was there. As participants enrolled, a research clinical nurse, Gail Cook, RN, and I made several home visits to see the caregivers' physical environment in order to assess the impact of environmental stress on each caregiver. The home visits were really a time when I was able to listen to the caregiver's story about their role as a caregiver, and to place in a context the demands and the toll of caregiving in their lives. The caregivers were very diverse in terms of race, gender, and environment. As I listened, these diverse perspectives allowed me to recognize the diversities and complexities of the caregiving experience. These participants were then asked to come on a clinic visit at Duke University Medical Center. During the clinical rounds, I was able to interact directly with the caregivers by walking them through the various tests, EKGs and physicals. Furthermore, I was also given the opportunity to perform an Anger Recall Test on the participants as part of the research protocol.

Throughout the course of the internship, I was able to gain incredible exposure to other issues related to aging and caregiving. As part of a project, I was able to compose a feature for a journal on caregiving web site resources, and in the process I enjoyed the opportunity to investigate the type of Internet information that is readily available to caregivers. Furthermore, I was able to attend various meetings with Mrs. Gwyther, including the state Area Agency on Aging meeting to discuss the National Family Caregiver Support Program and its implementation within the state of North Carolina. Attending such meetings highlighted for me the substantial caregiving needs around the state and that indeed it is a monumental task to create a comprehensive system that can assist such a diverse population of

caregivers. ***In gaining exposure to both the clinical and policy aspects of caring for those with dementia, I was truly able to draw an immediate connection between policy initiatives that focus on improving community services and the direct effect that improvements could have on the elder community.*** In addition, I accompanied my mentor on various Care at the End-of-Life seminars on topics that were closely related to many aging concerns, such as medicine's focus on how to improve the quality of life at the end of life for many suffering from chronic illnesses. I truly benefited from hearing the various perspectives of professionals on these issues and engaging in active dialogue. Additionally, the internship offered me the opportunity to shadow two geriatric physicians, and as a pre-medical student, this was a very valuable experience in that it exposed me to a variety of elderly patients, including those with late stage dementia and those that were "successfully" aging. Along with the shadowing, I received tremendous awareness of numerous current research topics in aging by attending the Geriatric Grand Rounds at Duke University Medical Center.

Being involved with this type of clinical experience had several advantages for me. It has truly reaffirmed my interest to be involved in clinical research in the field of geriatric medicine. I benefited immensely from the direct patient and family interaction because it gave me a new definition of quality care for the aging; that which goes beyond being comfortable, but one that makes life meaningful and worthwhile. Through the guidance of my mentors, my circle of knowledge was expanded to encompass many diverse issues on aging. The internship was as much a learning experience as it was an experience to learn how to learn, which I soon realized is a critical step in forming a successful research experience.

YEAR 2001 GABEL AWARDEES

The Duke Leadership in an Aging Society Program named, Juliessa Pavon and Lauren Willer, two outstanding Duke undergraduates, as Gabel Interns for 2001. Both are candidates for certificates through the Human Development Program directed by Dr. Deborah Gold.

Juliessa Pavon is a senior psychology major with pre-med interests from Winter Park, Florida. Currently a research assistant for the Duke Center for Health Policy, Law and Management and a member of the National Society of Collegiate Scholars, in the summer of 2000, she was an advocacy intern for the Greater Orlando Chapter of the Alzheimer's Association. Lauren Willer, is a May graduate psychology major from Rockville, Maryland. A Thomas J. Watson Memorial Scholarship awardee, she has had a number of research assistant and volunteer experiences related to aging including a research apprenticeship with Dr. Judith Hays on moral development. For her International Baccalaureate diploma in high school she wrote her extended essay on the psychological causes of depression in the elderly.

The Gabel Family Endowment was established in 1998 by the family of Frederick D. and Kathleen Roberson Gabel to support mentored internships opportunities and leadership development for Duke students who have the potential to be the next generation of leaders to address the complex issues facing an aging society. Those issues include care and services for older adults with Alzheimer's Disease.

APARNA VENKATRAMAN, Graduate Student, Public Policy, Duke
Mentor: Susan Harmuth
Site: The North Carolina Department of Health and Human Services

Having completed an assignment on long-term care work force issues in the past academic year, an internship project in a similar area seemed to be the ideal opportunity to see my classroom policies in action. Through the Duke Long Term Care Resources Program, I completed my internship under the guidance of Susan Harmuth, health systems analyst with the North Carolina Department of Health and Human Resources, who is actively involved in studying recruitment and retention issues concerning paraprofessional direct care workers.

As an intern, my main task was to survey various state-level initiatives in developing a progressive career path for direct care workers. Various studies have shown that one of the reasons for the rapid worker turnover that our nursing homes and other adult care services are currently experiencing is the lack of avenues for career growth. Direct care workers, such as certified nursing assistants and personal care aides often start and remain in the same job level throughout their careers, a factor resulting in a reduced incentive to continue as caregivers. The rapid turnover, however, means a decrease in the quality of care for the nation's senior citizens, a state that is projected to exacerbate with the growth in the number of the old-old (age 85 and over) who need more services and with the aging of the baby boomer generation. Several states are focusing on undertaking state-level initiatives to halt and, indeed, reverse this phenomenon. By talking to various state policy makers as part of the survey process, I got a first-hand understanding of the measures undertaken to build a career path for direct care workers.

Further, my project involved cleaning and assimilating the data obtained to form a crisp, coherent report that would serve as an information source for various stakeholders, including providers, clients, workers, and policy-makers. Cleaning the data was an arduous task with the days being filled with relentless chasing of and numerous follow-ups with state officials. ***Probably, the most important thing I took away from this experience was the phenomenal amount of patience and perseverance that is needed of a successful policy researcher. The report preparation stage demanded full use of analytical and communication skills, parts of the tool-box I had developed as a graduate student. However, there was one important difference. In this case, the audience was practically the entire nation's long-term care policy-makers as opposed to the targeted professors in a class report. This definitely demanded a careful crafting of statements in the report, a skill I could have got only through such an internship.***

I also had an opportunity to participate in a national teleconference on paraprofessional work-force issues (not limited to career ladder initiatives) sponsored by the Agency for Healthcare Research and Quality, the federal body that links researchers to policy-makers. It was indeed a unique experience as I got a chance to talk to a senator from Massachusetts, a professor from Harvard, and several other eminent leaders in long-term care who are currently paving the way for innovations in long-term care work-force development and who serve as role-models for aspiring policy people like myself.

Additionally, my mentor encouraged me to attend the ongoing budget hearings in the North Carolina State Assembly. I was particularly interested in the Health and Human Services portion of the budget, and attended several committee meetings to follow the proceedings. Attending these meetings brought a realization of the lengthy and complex nature of policy-making, given the sharply contrasting interests of various stakeholders and the numerous compromises and trade-offs that need to be made.

I plan to build on my experience in workforce issues by completing a master's project in the area. I thank Susan Harmuth for steering me through the learning process and for the support and encouragement she provided.

LAUREN WILLER, May Graduate, Psychology

Mentor: Eleanor McConnell, RN, PhD

Site: Duke School of Nursing

This summer I worked as a research assistant and project director for Dr. Ellie McConnell at Duke University School for Nursing. My placement for this internship exposed me to several aspects of gerontological research through learning about Dr. McConnell's ongoing research projects. Dr. McConnell is an assistant research professor at the School of Nursing. Her research focuses on improving care for frail elderly nursing home residents.

Dr. McConnell is the primary investigator on an NIH-funded project called "Improving Disability in Nursing Home residents with Dementia". It is currently in the third year, which is the beginning of the intervention phase. The first intervention is a Diabetic Foot Care program to target residents at risk for diabetes-related foot problems. This program will be a "run-in" step to observe how nursing home staff (nurses and nursing aides) can implement a system designed to improve conditions for the residents. Advanced practice nurses will go into the nursing homes and instruct on the need for the special foot care and the method with which it should be done. This process will smooth the way for the next intervention, which will be a mobility related program for residents with dementia. This summer, I attended meetings with the advanced practice nurses during which they collaboratively developed the teaching material. It was important to consider the literacy level and familiarity of the target audience with the subject. I made formatting changes and created forms that will be utilized for data collection once the program begins. I was also included in several site visits to local nursing homes that may house the "run-in" program, the potential sites for the larger project. The recruiting visits to nursing home administrators made me realize the importance of finding research sites that operate without a lot of problems common in long term care: staffing shortages, deficiencies reported from inspections, and changes in leadership that cause instability.

Another important assignment of my internship was to write a draft of a business plan for Dr. McConnell's development of a Long Term Care Consortium. The consortium will be an organization to unite long-term care service providing agencies with researchers affiliated with Duke School of Nursing and the Aging Center. Researchers at Duke have already successfully used long-term care facilities as research sites. However, a formalized network of service agencies that

are amenable to being research sites will be beneficial for future studies. The consortium will provide the structure for the pooling of resources and establishment of protocols to refine methods of long-term care research. Based on a model of a non-profit organization's business plan, I wrote a document that discusses the advantages of formalizing the consortium. I also created a database of nursing homes and their information and recent survey reports. This will be useful for future consortium activities as well as current studies.

As director of the gerontological nursing program at Duke School of Nursing, Dr. McConnell has been funded by the Fuld Foundation to offer the program online to rural sites in North Carolina (Asheville and Wilmington). This is a big undertaking that will involve converting the course material into online format, and locating clinical placement sites for the students to learn from advanced practice nurse preceptors. I went with her to Asheville at the end of the summer to the Mountain Area Health Education Center (MAHEC) to get input about developing clinical sites. I was impressed by the AHEC organization and its involvement to enhance the continuing medical education programs in rural regions. We also visited the Asheville Veterans hospital and Willow Ridge Nursing home in Rutherfordton, North Carolina. ***This tour of several long term care facilities in the western part of the state allowed me to see differences in LTC sites based on factors such as personnel, ownership of the facility, availability of updated equipment, and theories of giving care.***

I learned a lot through this tremendous internship experience. I enjoyed working for Dr. McConnell in the summer after my graduation from Duke. It was an opportune time for me to get involved in research because I am considering graduate school in the future. The internship format allowed me flexibility to talk with several people who have careers developing innovative care in geriatrics. I was able to speak with Dr. Deborah Gold, a sociology professor in the Aging Center at Duke and Lisa Gwyther, a social worker and researcher in the Aging Center at Duke. I met with Yoko Crume and Heather Burkhardt, who are social workers at the NC Division on Aging. At the UNC School of Social Work in Chapel Hill, Florence Soltys agreed to answer many of my questions about her work and possibilities for me in the field of aging. For the upcoming year, Dr. McConnell has hired me to continue working on her projects as a project coordinator for the Disability in Nursing Home Residents with Dementia study, and as Administrative coordinator for the Fuld Distance-based Gerontological Nursing program. This internship provided me with a rewarding experience for the summer, the opportunity to get career counseling from people that work in gerontology, and also led to a full time job for the rest of the year!

***LEARN MORE ABOUT
THE LEADERSHIP IN AN AGING SOCIETY PROGRAM
AT www.ltc.duke.edu***

HELEN ZAYAC, Senior, Psychology, Duke
Mentors: Bobbie Sackman, Jenna Fish and Julie Allyn
Site: Council of Senior Centers and Services of New York City

When I first went to visit the staff of CSCS, I was a little bit shocked by how few of them there are and by how many publications they gave me. How could a hand full of people put together so much information on seniors and senior services and advocate for millions of dollars for these services? After a visit to city hall and to a meeting of the Human Services Council, I soon realized that this is the definition of a non-profit: working with small resources to help a larger group.

One of the amazing things about the senior citizens of New York City is that they are such a diverse population. Through my visits to various centers throughout the boroughs, I was able to witness the uniqueness of each group first hand. Similarly, I was able to see the diversity of services offered to meet the needs of these seniors. For example, thanks to the advocacy of CSCS, some centers in the city offer a 6th meal that seniors can buy for a nominal fee and bring home for the weekend. In other places there are NORCs, or Naturally Occurring Retirement Communities, where a group of seniors has aged in place and needs a unique set of services and programming to meet their new needs.

One of the most interesting programs I visited was a NORC in a low-income housing development. In 2 square blocks there were hundreds of seniors but no senior center, and a ton of un-met needs. The NORC center was centralized in the development so the seniors could be aware of all the new services available to them. They have computers and art classes, bilingual teachers, and intergenerational programming. A nurse comes 3 times a week to provide care to the population and has on occasion saved the lives of people who unknowingly had extremely high blood sugar levels. She also started a weight-loss program for the overweight seniors which has had tremendous success and now includes a weekly swimming program. This NORC has opened up many opportunities for this previously ignored population.

In addition to the unique population and services I met a number of unique people. The Board of Directors of CSCS is made up of some of the leading people in the aging field. We had lunch with Marvin Tolken who taught us about the demographics of aging and the baby boomers. I also had the opportunity to meet a number of officials at the state level who came to ask CSCS for help to determine the future of senior centers. The staff of CSCS is also a very committed group of individuals who work extremely hard for the seniors of New York City.

Logistically, I learned about the work world. Everything, especially things involved with the government, take a long time to do. I worked on a power point presentation for a state politician for a week only to have him cancel at the last minute and leave my work unused. I'll never work more than 20 minutes away from where I live because commuting is just a waste of time. I really liked having my project (a booklet) at the end of the summer as something that I worked on and can say is my own.

On a broader level, I saw the field of aging as a huge and expanding field with many opportunities for improvement. Some of the senior centers worked

extremely well and had great participation, and others did not. In many ways, the traditional senior center is changing because the aging population is changing and the needs and wants of these new seniors are different. With the aging of the baby boomers, the entire demographic will be changed, leaving gaps between current services and future needs. I see this as an opportunity to get involved in the aging field while it is still new and expanding, and also because few are doing anything to help the seniors. There is nothing like CSCS anywhere else in the country, which is unfortunate because they do a tremendous amount of work and help to unite senior services. I think now that I want to go into the field of aging, to advocate or to design programming, or to counsel, or maybe to plan for the future. The opportunities are endless.

Christine Vitt Named 2001-2002 Fellowship Recipient

Leadership in an Aging Society intern alumna Christine Vitt has been selected to receive one of three AARP Andrus Foundation fellowships awarded nationally by the Association for Gerontology in Higher Education (AGHE). Nominated by Thomas Lynch, PhD, her faculty mentor in Clinical Psychology, Ms. Vitt will receive \$15,000 in support for the 2001-2002 academic year.

Selection criteria for the award are based on the quality of academic work, strong faculty recommendations and the student's commitment to working in the field of aging. In recommending her for the award, George Maddox, PhD, director of the Duke Leadership in an Aging Society Program, characterized her as an "exceptional young scholar who has a bright future in gerontology."

Ms. Vitt will use the support to work on her dissertation which focuses on psychosocial symptom disclosure during elderly-doctor patient interactions in primary care.

For the summers of 1999 and 2000, Ms. Vitt, through the Leadership in an Aging Society Program, interned with Senior PharmAssist, where she was mentored by Gina Upchurch. She also was the recipient of a Glaxo Wellcome LTC Career develop award for the academic year 1999-2000.

Her undergraduate work was done at Rutgers where she was Phi Beta Kappa and did honors work on depression in the elderly with Ellen Idler, PhD, and Howard Leventhal, PhD.

For More Information:

***On Applying to the UNC Institute of Aging
Senior Leadership Program***

visit their website at

www.aging.unc.edu

**The North Carolina Division of Aging
Named Leadership in Aging Awardee
for Dedication to Mentoring**

At the Year 2001 Leadership in an Aging Society Convocation, on November 8, the North Carolina Division of Aging was presented with a "Leadership in Aging" award by the Duke Long Term Care Resources Program. The Division was honored for contributions to mentoring the next generation of leaders to address the issues facing an aging society.

Accepting the award for the Division of Aging, which is directed by Karen Gottovi, was Dennis Streets, director of planning for the Division, and a frequent mentor for Leadership Interns. In conferring the award, Dr. George L. Maddox, director of Duke LTC, noted, "Since the first year of the Leadership Program a decade ago, the Division has gone the extra mile to provide students meaningful internship experiences, but the involvement has not stopped with accepting summer placements. The Division has also provided shadowing opportunities; acted as policy memo and capstone project clients; hosted policy seminars; and offered tangible career development and networking advice to students. Indeed, the involvement has not only been with current students, but also with intern alumni, senior leaders and mid-career professionals. And Karen Gottovi, Dennis Streets and Mary Bethel, have led the Division in that commitment."

Leadership Interns at the Division have addressed such topics as family caregiving, prevalence rates for Alzheimer's Disease, elder rights, nursing home quality, and grandparents as parents.

Past recipients of the Leadership in Aging Award include Ann B. Johnson, Senator Terry Sanford, Tom Howerton, Jack Preiss, Bonnie Cramer, Marlene Chasson, Maria Henson and Vance Frye.