

## THE MISSIVE

The Long-Term Care Ombudsman Program



#### November & December 2011

Dear Ombudsman Colleagues, As you know we had a busy October certifying 2 classes of new Ombudsman for King County.



#### THE NOVEMBER CLASS

I want to (see picture) thank them for joining our effort and adding to the strength of our program. Another class begins this week and that will complete our certification trainings for the year pushing our number of Certified Ombudsman to nearly 100!

Kudos for our very own John Barnett for his AARP Staying Sharp presentations to 4 local ombudsmen meetings in October.

We are powering towards the end of the year when we ask all Ombudsmen to look

at any outstanding complaints that remain open and determine if they can be closed by the end of the year. At the end of the year the report to the Administration on Aging goes out after the State Ombudsman aggregates the data for the year, so we want to be sure and show off our work. You should be receiving a report that details your work for the year fro your local staff person sometime this month and it will list any outstanding cases. Leaving worst news for last, I'd like to let you know that we still are looking at significant cuts to our program as are many programs in the nonprofit business. As you know the Legislature is convening for a special session on November 28 to look at the Governor's proposal for cuts and if those cuts all come to fruition, the results will spell tragedy for many poor, aged, and/or disabled citizens.

Ombudsmen could testify also....your testimony as Volunteer Ombudsman would be best. Please call or email with your ideas or suggestions....206-694-6842 or Vickie@solid-ground.org

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Patricia Hunter has asked that we find residents and families who would be willing to tell their stories of how the Ombudsman Program has helped them...in a small way or big way. We need written testimonials and people willing to testify at the Legislature (we could arrange for transportation). Ombudsmen could testify also....your testimony as Volunteer Ombudsmen would be best. Please call or email with your ideas or suggestions.... 206-694-6842 or

Vickie@solid-ground.org

I'm so proud of the work of our program powered by all of you!
Thank you many times, Vicki



# The Staff Blackboard

#### From the Eastside Ombudsman Desk By Cheryl Kakalia

The next East Ombudsman meeting will be held on Tuesday, November 22. As you may recall, the 4th Thursday of November is Thanksgiving so we will meet the Tuesday before.

The 2012 East Ombudsman volunteer meetings will be the 4th Thursday monthly. At Eastgate Public Health Building.

### From the North Seattle Ombudsman Desk By Sammi Hopkins

Hi everyone! Welcome to twelve <u>NEW</u> Ombudsmen! We have been working frantically to get everyone introduced to their new assignments in North Seattle and I am looking forward to an exciting New Year! The 2012 Seattle Ombudsman Volunteer meeting will be the 1st Tuesday monthly.

### From the South King Ombudsman Desk By Lexor Green

Hi All my fellow Ombudsmen:

I am so proud to have so many good Ombudsmen on my team. The monthly meeting the participation was great, the room was packed and every one was happy to be there. I am looking forward to a great new year.

The 2012 South Ombudsman Volunteer meetings will be monthly on the 3rd Wednesday at the Kent Senior Center!



### From the South Seattle Ombudsman Desk By Rose Floyd

West BH, for being such a quick start in getting to know and assist residents as a newly certified ombudsman. Thank you Julia Byrne-Gossett, Washington Center NH, for the spirit of generosity you bring to the ombudsman program. Thank you Sylvia Peterson, Leon Sullivan, for pitching in to help in the office and being a caring advocate for residents. Thank you to all the volunteer ombudsmen that I have to privilege to be inspired by; learn from; support and be supported by.

"The last **Saturday Volunteer Meeting** is on **December 3**<sup>rd</sup> **from 10:00 – 12:00** at Solid Ground Headquarters – 1501 N. 45<sup>th</sup> Street, Seattle, Wa 98103. The Saturday Volunteer Meetings for 2012 will be confirmed and included in the 2012 Year-at-a-Glance calendar in next month's newsletter."



#### From the Administrative Desk By Leanna Gorski

A Big thanks to all of you that have sent your Volunteer Activity Sheets in early or on time! This helps so much with compiling the data and sending our report to the state office by their deadline.

I'm trying my best to keep up with all the processing of all the newly certified ombudsmen. Our dynamo, Juanita, has added a new energy to the office as well as a new crop of wonderful volunteers.

Please don't hesitate to email or call me with requests for supplies or questions you may have. I'm always here for **YOU!** 

The office will be closed November 24 and 25 for Thanksgiving.



Mount Saint Vincent in West Seattle

# Saturday, Dec 10th!

AFH Outreach begins at 9am
Holiday Pot Luck at Noon
Volunteer Appreciation 2-3pm
Rose promises to bring her famous Swedish
Meatballs too!
Come one come all!

White Elephant Gift Exchange & Raffle

Cookie Exchange

 Bring 5 dozen Holiday Cookies or Bars to exchange if you want to participate in Cookie Exchange.

#### **POT LUCK ENTREE**

• Bring your favorite holiday pot luck entrée to share too.



# Boomers' aging spotlights nationwide geriatrics shortage

In this sleepy, riverside town in northeast Florida, 86-year-old Betty Wills sees the advertisements of obstetricians and gynecologists...

By MATT SEDENSKY

The Associated Press

PALATKA, Fla. — In this sleepy, riverside town in northeast Florida, 86-year-old Betty Wills sees the advertisements of obstetricians and gynecologists on the main road's billboards and has found specialists ranging from cardiologists to surgeons in the phone book.

But there's not a single geriatrician — a doctor who specializes in treating the elderly — in all of Putnam County, where a fifth of the county's 74,000 people are seniors.

"I looked," Wills said. "I didn't find one." It's a nationwide shortage and it's going to get worse as the 70 million members of the babyboom generation — those now 46 to 65 — reach their senior years over the next few decades.

The American Geriatrics Society says today there's roughly one geriatrician for every 2,600 people 75 and older. Without a drastic change in the number of doctors choosing the specialty, the ratio is projected to fall to one geriatrician for every 3,800 older Americans by 2030.



#### **Boomers' aging spotlights nationwide geriatrics shortage cont...**

Compare that to pediatricians: there is about 1 for every 1,300 Americans under 18.

Geriatricians, at their best, are medicine's unsung heroes. They understand how an older person's body and mind work differently. They listen more but are paid less than their peers. They have the skills to alleviate their patients' ailments and living fuller, more satisfied lives.

Though not every senior needs a geriatrician, their training often makes them the best equipped to respond when an older patient has multiple medical problems.

Geriatricians have expertise in areas that general internists don't, including the changes in cognitive ability, mood, gait, balance and continence, as well as the effects of drugs on older individuals. But with few doctors drawn to the field and some fleeing it, the disparity between the number of geriatricians and the population it serves is destined to grow even starker.

"We're an endangered species," said Dr. Rosanne Leipzig, a renowned geriatrician at Mount Sinai Medical Center in New York. Geriatricians rank among the lowest-paid medical specialties, with a median salary of \$183,523 last year, according to the Medical Group Management Association, which tracks physician pay. That sounds like a lot, but many other specialties pay two or three times more, while the average doctor graduates with \$160,000 in student-loan debt.

Just 56 percent of first-year fellowship slots in geriatrics were filled last academic year, according to a University of Cincinnati study, while the number of physicians on staff at U.S. medical schools' geriatric programs has generally been trending downward.

Many young doctors aren't receiving even basic training in caring for older patients. Only 56 percent of medical students had clinical rotations in geriatrics in 2008, according to the study. Various efforts around the country have aimed to increase both those choosing the geriatrics

to increase both those choosing the geriatrics specialty and the level of training all doctors get in treating older patients.

The federal health overhaul law also includes provisions aimed at increasing geriatric care. Last year, under the law, 85 grants totaling \$29.5 million funded a range of geriatrics training programs for doctors, dentists, mental-health professionals and other medical workers.

For now, though, the shortage continues. "The shifting demographics is causing other primary-care physicians to focus more on frail, older adults, but they do not have the training or experience to manage complex older adults with multiple chronic diseases," said Dr. Peter De-Golia, director of the Center for Geriatric Medicine at University Hospitals Case Medical Center in Cleveland.

Karen Roberto, director of the Center for Gerontology at Virginia Tech, said doctors who aren't trained in geriatrics might have a tendency to discount an older person's problems as normal symptoms of aging, when in fact they can be treated. She receives calls from people around the state looking for geriatricians, but oftentimes can't offer a recommendation. "Older adults need providers with comprehensive knowledge of their problems and concerns."

For Wills, she moved with speed around the Edgar Johnson Senior Center, cooking lunch and sweeping the floor before her line-dancing class began.

Wills joked about having outlived a number of her doctors, and how Jack Daniels sometimes is the best medicine. She wasn't sure a geriatrician would have all the answers, but she thought they might understand a woman of her age better than other doctors. She was unsuccessful finding one in her county.

"They depend on tests; they depend on machines; they depend on pills," she said.
"Sometimes, listening to you is better than hooking you up to machines." *The End Submitted to the Newsletter by Rose Floyd* 

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