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The Northwest Geriatric Education Center Fall 2005, Vol. 13, No. 4

**INAUGURAL GERIATRIC HEALTH PROMOTION  
TELEHEALTH SERIES A HUGE SUCCESS**

A major goal of the Northwest Geriatric Education Center (NWGEC) is to provide rural healthcare and social service professionals with state-of-the-art knowledge in geriatric health promotion and disease prevention. Traditionally the NWGEC accomplishes this through full-day workshops in rural Washington State where NWGEC teaching faculty present on topics of interest to local practitioners. Building on this successful workshop approach, the NWGEC recently piloted an expansion of its health promotion educational efforts through an interactive telehealth lecture series.

To do this, the Center partnered with the Eastern Washington Area Health Education Center (EWAHEC). The EWAHEC provides service to a wide variety of health practitioners in twenty counties of eastern Washington and is actively engaged in providing continuing education through a variety of modalities including: on-site, didactic trainings, independent study, and distance education.

The NWGEC and EWAHEC, working with the University of Washington TeleHealth Services and Inland Northwest Health Services (INHS) NW TeleHealth Service network, produced a ten-part telehealth series, "*Geriatric Health Promotion for Rural Health Care Providers.*"

This interactive telehealth series consisted of ten 90-minute lecture/question and answer sessions, each based on a well-established NWGEC curriculum module and presented by a NWGEC teaching faculty. A poll of Eastern Washington practitioners determined the topics presented to best address their needs. The topics presented were: Aging Family Issues, Dementia, Depression, Challenges of Stress Management, Elder Mistreatment, Preventing Falls, Diabetes Mellitus - New Treatment Strategies, Skin Care Interventions for Aging Skin, Optimizing Medication Use in Older Adults, and, Physical Activity - Multicultural Perspectives.

Each presentation was produced in Seattle by UW TeleHealth Services and then distributed through NW TeleHealth to healthcare and social services practitioners at up to 28 rural healthcare facilities throughout Eastern Washington and Northern Idaho. Series participants were able to obtain continuing medical or continuing nursing education credits.

The Geriatric Health Promotion Telehealth series provided a total of 483 participant hours of continuing education to 322 participants at 17 remote sites in Washington and Idaho. Participants evaluated the series overall as very good to excellent, with an average rating of 4.3 on a scale of 1-5, with 5 being excellent. All individual presentations were similarly well received. Evaluations also indicated that the series addressed a definite continuing education need and will have positive impact on future geriatric healthcare practice, as the vast majority of Telehealth participants stated that participation in the series would cause them to change how they practice geriatric health care in the future. A limited follow-up survey supported that changes were indeed being made and practices improved, with practitioners reporting a wide variety of actual practice changes, e.g.: "...now ask specific questions if suspect mistreatment"; "...changed

*Continued on page 2*

*Continued from page 1*

approach...ask simple questions rather than assume.”; “...have added questions to get at depression.”; “...slowed down my evaluations to improve communication.”; and, “...checking more carefully on long-term care diabetics’ feet and between toes.”

Capitalizing on this initial success, the NWGEC and EWAHEC plan to produce similar Geriatric Health Promotion telehealth series on an annual basis. The NWGEC also has long-term plans to expand the series’ telecast area to include rural sites in Western Washington, Alaska, Montana, Wyoming, and possibly Southern Idaho.

Stay “tuned” for future reports on the progress of this exciting NWGEC continuing education effort.

### **Immunizations For The Elderly**

Immunizations can prevent 40,000 elderly deaths from flu and pneumonia each year, as well as 200,000 hospitalizations costing over \$3 billion. National prevention goals to dramatically increase immunization levels in the elderly include initiatives for the Hispanic and African-American communities, where the elderly are not vaccinated as frequently as whites. Local community organizations are involving churches, physicians and pharmacists, senior centers and nursing homes to encourage minority seniors to get flu and pneumonia shots. For more information on a Web conference on this topic, go to [www.healthystates.csg.org/Events+and+Conferences](http://www.healthystates.csg.org/Events+and+Conferences).

### **Taste and Smell Diminish with Age**

Thirty percent of older Americans between the ages of 70 and 80 and two out of three older Americans over age 80 experience problems with their sense of smell. Problems with taste, although less common, also frequently occur in older adults. Now accurate, up-to-date information about the important senses of smell and taste is available in a senior-friendly format at <http://www.nihseniorhealth.gov>. Visitors to the site can learn about how these senses work, how smell and taste decline with age or illness, and what older adults can do to cope with the loss of these senses.

Although the senses of smell and taste do decline with age, anyone who experiences significant loss of smell or taste or a sudden change in one of their senses should seek medical attention. Loss of smell or taste can be indicative of an underlying medical condition and should not be ignored. NIHSeniorHealth provides a valuable resource of information on these important issues. Because smell and taste are closely linked in the brain, many people mistakenly believe they have a problem with taste, when they are really experiencing a problem with their sense of smell. Problems with smell or taste may cause certain foods to lose their appeal, causing a person to eat too much of the fattier foods and gain weight or too little of the more healthful foods and lose too

much weight. Because people frequently try to compensate for diminished smell or taste by adding too much sugar or salt to make food taste better, loss of these senses can cause problems for people with heart disease, diabetes, stroke, and other illnesses that require sticking to a specific diet. In addition, the sense of smell often serves as a warning system, as in the case of a fire or gas leak, so people with total or partial loss of smell are almost twice as likely to have certain types of accidents as people who have normal smell. *HealthyAging-List@listserv.cdc.gov*

### **Senior Surfing**

One of the fastest growing age groups using the Internet, older Americans increasingly turn to the World Wide Web for health information. In fact, 66% of “wired” seniors surf for health and medical information when they go online. NIHSeniorHealth was designed especially with seniors in mind. Based on the latest research, it features short, easy-to-read segments of information that can be accessed in a variety of formats, including various large-print type sizes, open-captioned videos, and an audio version. *HealthyAging-List@listserv.cdc.gov*

### **Just for Laughs**

Senior personal ads seen in Florida newspapers (Who says seniors don’t have a sense of humor?):

**Long Term Commitment:** Recent widow who just buried fourth husband, and am looking for someone to round out a six-unit plot. Dizziness, fainting, shortness of breath not a problem.

**Mint Condition:** Male, 1932, high mileage, good condition, some hair, many new parts including hip, knee, cornea, valves. Isn’t it running condition, but walks well.

**Foxy Lady:** Sexy, fashion-conscious blue-haired beauty, 80’s, slim, 5’4” (used to be 5’6”), searching for sharp-looking, sharp-dressing companion. Matching white shoes and belt a plus.

### **NWGEC’s 2005 WORKSHOP SCHEDULE**

The NWGEC’s Geriatric Health Promotion workshop schedule for the current year is nearing completion. Traditionally the Center gives a workshop in Spokane, two more in Eastern Washington, two in Western Washington, and co-sponsors one in Alaska with that State’s GEC. The dates and locations of the NWGEC’s 2005 workshops as currently scheduled are:

Port Angeles (fourth visit)	March 11, 2005
Moses Lake (second visit)	April 25, 2005
Anchorage (fourth annual)	June 9-10, 2005
Wenatchee ( new location)	Sept. 12, 2005
Centralia (new location)	Sept. 16, 2005
Spokane (third visit)	Sept. 30, 2005