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SECOND YEAR ANNIVERSARY FINDS NWGEC'S DISTANCE LEARNING PROGRAM A WELL-RECEIVED SUCCESS

The NWGEC's Distance Learning Program in Geriatric Health Promotion (DLP-GHP) just turned a very successful two years old. The goal of the program is to provide community-based healthcare and social service providers with state-of-the-art information in geriatric health promotion and illness prevention in a convenient, individualized, self-paced manner.

The DLP-GHP is a 40-hour self-study program in which participants choose to master 10 topics from the Center's extensive Geriatric Health Promotion curriculum module series of 31 separate titles, all available on-line at the Center's website: www.nwgec.org. Choosing topics allows participants to tailor their learning experience for their individual needs and interests. Modules contain state-of-the-art information as well as health promotion strategies and techniques, case studies, resources and references. Many also contain assessment forms, rating scales and other materials to assist providers in establishing efficacious health promotion programs. Participants study a module then answer and submit self-study questions before moving on to their next chosen module. Participants receive a Certificate in Geriatric Health Promotion upon successful completion of 10 curriculum modules.

Recently, the DLP expanded to allow program registrants the opportunity to obtain CNE credit. In fact, the opportunity to earn CNE credits extends beyond the 40-hour certificate program and participants can earn CNE credit for all the curriculum modules they complete, including any beyond the 10 required by the certificate program.

Since its inception, 36 practitioners have registered for the program. Of those, 15 have completed the program to-date. The most popular curriculum modules: Dementia, Depression, Evaluating and Treating Behavioral Problems in Dementia, Drug Use and Misuse, Nutrition, Elder Mistreatment, Oral Health and Osteoporosis. The majority of program participants are from rural Washington State, with several from Alaska and a few from Idaho, Wyoming, California and Texas.

Program graduates rated various aspects of the program on a numerical scale of 5 (excellent) to 1 (poor). Their average evaluations were:

Organization of materials -	4.9
Clarity/comprehensiveness of information -	4.4
Appropriateness of self-study questions -	4.7
Usefulness of module identified resources -	4.6
Relevance to your practice/work setting -	4.6
Extent module will influence practice/work -	4.4
Overall rating of the NWGEC DLP -	4.7

Program graduates' written comments were in accord with their numerical evaluations. Typical comments: "Excellent", "Modules were quite well written... information was clear and the resources were quite helpful", "...provide a wealth of information at a practitioner's fingertips", "I am using some of the specifics...", "Using the new screening tools...", "I have shared many of the tips with residents and hope to provide an educational seminar..."

These evaluations by program graduates are quite encouraging and indicate that the DLP is an unqualified success. Ongoing efforts to expand the DLP include the periodic addition of new, often participant-requested, modules and more vigorous advertising of the program to encourage new participants both from Washington and throughout the country.

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NWGEC REGIONAL RESOURCE CENTER

The NWGEC's Regional Resource Center offers a wide variety of books, DVDs and videotapes on geriatric health promotion and intervention topics that are available for loan, free of charge. Many of the Center's most recent acquisitions focus on rural and ethnic health topics, which have been the major foci of our workshops and outreach for the past four years.

A small sampling of the topics available include: Alzheimer's disease, Day Care, Grief and Loss, Dementia, Depression, Developmental Disabilities, Diabetes, Elder Abuse, Exercise, Nutrition, Preventing Falls, Rehabilitation, Substance Abuse, Stress and more.

Various training videos, many with accompanying manuals, are also available for loan. These videos are ideal for in-services and are also available for individual viewing. As examples: on the topic of Ethnic Diversity in Health Care, we recently acquired the following: *The Culture of Emotions – Issues in the Assessment and Diagnosis of Culturally Diverse Individuals; A Cultural Competence and Diversity Training Program* and *Community Voices: Exploring Cross-Cultural Care Through Cancer*; for fall prevention, there is *A Matter of Balance: Managing Concerns about Falls*; and for staff members in long term care, *Quality of Life: An Introduction.* One video that is particularly popular with Resource Library users is *A Day in the Life of Nancy Moore - Caring for the Alzheimer's Resident.*

The Resource Center's webpage lists the majority of the materials currently available, http://www.nwgec.org/Educational_Resources/Regional_Resource_Center.htm, typically annotated with brief descriptions. New materials are steadily being added as the website is regularly updated. The next major website update will add a complete annotated list of available book titles. In the meantime, please feel free to contact us with any inquiries. If you don't have Web access, hardcopy lists are available.

This is a valuable resource that is at your service! Resource Center users who live in the Seattle area and have visited the Center are typically surprised at the quantity and quality of materials available, and are "so glad to know it is here." One recent user, who borrowed various books and videos several times over the past year, has just completed her Master's degree in Whole Systems Design for her work in the Hispanic community and said the materials gave her extremely valuable and useful information for her thesis.

So, please check out the NWGEC Resource Center's webpage soon. You may find just what you've been looking for!

COMPLEX LEISURE ACTIVITIES HELP KEEP THE BRAIN SHARP IN THE ELDERLY

A 21-year study of mental decline in old age, led by the Albert Einstein College of Medicine, found that performing mentally challenging activities, such as reading, playing a musical instrument, doing crossword puzzles, playing board games and dancing, lowers seniors' risk of developing Alzheimer's disease and other forms of dementia by as much as 75%. In addition, another study from the Karolinska Institute found that people who remain physically and mentally active run a lower risk of developing Alzheimer's. According to Hugh Hendrie of the Indiana University Center for Aging Research, physical activity

can trigger the production of brain cells, which can take over for damaged neurons. He also noted that social activities reduce a body's levels of stress hormones, which can damage brain cells. *USA Today, 1/25/05*

SUBSTANCE ABUSE INCREASING AMONG OLDER ADULTS

A largely unforeseen consequence of the aging of America is the increased number of older US adults who are addicted to pain medications, marijuana, cocaine and other substances. Alcohol and prescription drugs are the most common substances abused by adults ages 50 and older. The number of older adults who entered treatment for heroin abuse increased from 7,000 in 1992 to 27,000 in 2002; for cocaine, addiction increased from 3,000 to 13,000 over the same period. According to USA Today, the "largely hidden" issue "crossed ethnic lines and is seen in suburbs, cities, and rural communities," as baby boomers who "often embraced more casual attitudes about marijuana and other drugs" might decide to "not abandon their drug use or . . . return to it to cope with loneliness and boredom." "There's such a huge increase in the number of folks 55 and older happening that we're seeing a lot more people in that group using illegal drugs," says Marvin Seppala, chief medical officer of the Hazeldon Foundation, an alcohol and drug rehabilitation center in Center City, MN. Also, in family members, "There's kind of a laissez-faire attitude. 'Why deal with that? He's already 75. Who cares if he keeps using?'" Seppala says. "And the truth is it could hurt significantly." *Jones, USA Today, 1/21/05*

NEVER TOO OLD TO QUIT

The DHHS estimates that 9.3% of Americans 65 or older smoke cigarettes. Many of them became addicted during the era when tobacco's link to death and disability was not concrete. As a result, some seniors believe that they are invulnerable - if it hasn't hit them yet, it is not going to. Others believe the damage is already done. "Both of these beliefs are wrong. It's never too late," according to Dr. R. Davis, an AMA Trustee. According to the AMA, physicians should screen adults for tobacco use and provide cessation counseling at every patient encounter. Experts say guidelines and resources now available are the best ever. *amednew.com, 2/16/2005*

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
Chehalis (new location)	May 21, 2005
Anchorage (fourth annual)	June 9-10, 2005
Wenatchee (new location)	Sept. 12, 2005
Spokane (third visit)	Sept. 29, 2005