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**SPOKANE 2004 KEEPING ELDERS HEALTHY WORKSHOP
A HUGE SUCCESS**

The Spokane Regional Health District auditorium was the October 22nd site of an extremely successful workshop, "Keeping Elders Healthy: Strategies for Healthcare Providers." More than 80 healthcare providers, most of them working in rural Eastern Washington and Northern Idaho, attended.

The well-received, daylong event consisted of six presentations: Managing Type 2 Diabetes, Recognition and Treatment of Depression, Drug Interactions and Side Effects, Herbal and Nutritional Supplements, Oral Health, and Seven Habits of Healthy Living. Participant evaluations of the workshop were overwhelmingly positive. Their overall rating of the program was 4.75, and their evaluation of the quality and usefulness of the course materials was 4.52 (both on a 1-5 scale). Perhaps of greater importance, 91% of the participants who evaluated the workshop reported that because of their participation they would change how they practice geriatric healthcare "somewhat", while 51% said it would change how they practice "considerably".

The workshop was a collaborative effort between the NWGEC, the Eastern Washington Area Health Education Center/WSU Extension and the Spokane Regional Health District. Plans are already underway for another such event in the fall of this year.

NWGEC TELEHEALTH DISTANCE LEARNING PROGRAM BEGINS

January 6th saw the first successful telecast by a NWGEC instructor in the Center's Geriatric Health Promotion Telehealth Series. Geriatric healthcare providers at 13 remote sites in Eastern Washington participated in this interactive telehealth event.

The NWGEC is collaborating with the Eastern Washington Area Health Education Center (EW-AHEC)/WSU Extension to produce this ten-part Geriatric Health Promotion series. It consists of ten 90-minute lecture/question and answer periods, each based on a NWGEC's curriculum module and presented by a NWGEC teaching faculty member. Each presentation is produced in Seattle through the University of Washington School of Medicine's Telehealth Services and cabled through the Inland Northwest Health Services (INHS) telecommunications network to healthcare practitioners at rural healthcare facilities throughout eastern Washington and northern Idaho. Series participants can receive CME or CE credit.

The 2005 Telehealth Series offers presentations on the following topics:

January 6	AGING FAMILY ISSUES
January 20	DEMENTIA
February 3	DEPRESSION
February 17	THE CHALLENGES OF STRESS MANAGEMENT
March 3	PHYSICAL, EMOTIONAL AND FINANCIAL ABUSE
March 17	PREVENTING FALLS
April 7	DIABETES MELLITUS - NEW TREATMENT STRATEGIES
April 21	SKIN CARE
May 5	DRUG USE AND MISUSE
May 19	PHYSICAL ACTIVITY - MULTICULTURAL PERSPECTIVES

Should this year's series prove to be the success its initial reception from the rural healthcare community indicates it will be, the NWGEC plans to continue to work closely with the EW-AHEC to produce future series covering other topics in Geriatric Health Promotion. The Center has long-term plans to expand the series' telecast area to include rural sites in Western Washington, Idaho, Alaska and Wyoming. "Stay tuned" for future reports on the progress of this worthy, ongoing endeavor.

VA STUDY FINDS RURAL VETERANS IN POORER HEALTH

A study published in the October American Journal of Public Health shows that Veterans who live in rural areas are in poorer health than their urban counterparts, validating recent and ongoing VA efforts to expand health care for rural patients.

The new study is the first nationwide comparison of the health status of rural versus urban VA patients. The researchers used a questionnaire that measures eight areas of physical and mental health. The average physical health score among rural veterans was around 33, compared to 37 for urban veterans. The disparity was somewhat less marked in mental health: rural veterans scored 44.5, compared to 45.6 for urban veterans. The average score for all U.S. adults, young and old, is 50 for both the physical and mental component. *Veterans tend to be in worse health than the general U.S. population, partly because on average they are older. The average age of VA patients in the study was 63.* The finding that rural veterans are in poorer health persisted even after researchers adjusted for socioeconomic factors that may tend to be different among rural and urban veterans, such as race, education or employment status.

The study included veterans who had used VA healthcare between 1996 and 1999. VA had then just begun setting up Community Based Outpatient Clinics (CBOCs) to provide primary care closer to home for rural veterans. Today there are nearly 700 CBOCs in VA's nationwide system, and recent recommendations from VA's Capital Asset Realignment for Enhanced Service (CARES) initiative call for the establishment of more than 150 additional CBOCs.

From the National Rural Health Association eNews Vol. 5; No. 19

NIH-NIA STUDY FINDS DANGER IN MEDICATION UNDERUSE

Middle-aged and older Americans with heart disease who cut back on their prescribed medications because of cost were 50% more likely to suffer heart attacks, strokes, or angina than those who did not report cost-related medication underuse, according to a new study funded in part by the NIA-NIH. This comes from the first nationally representative longitudinal study to demonstrate that patients with serious chronic illnesses experience adverse health events when they restrict their use of prescription drugs due to cost. The downturns in patients' health were observed over a relatively brief (2-3 year) period, suggesting that cost barriers to prescription drug use may have important short-term effects on older patients' health and well-being.

The study included 7,991 middle-aged and older Americans. All participants reported using prescription medication, and 546 reported that they had taken less medication than prescribed because of cost. After controlling for risk factors for poor health outcomes, 32% of adults who had restricted medications because of cost pressures reported a significant decline in their self-reported health status during their follow-up interviews compared to 21% of adults with no cost-related underuse. Self-reports of health have been found to strongly predict other serious life events, including mortality, according to the

study. In addition to cardiovascular declines, older individuals who restricted medication use because of cost had increased rates of depression. Researchers found no health differences among people with arthritis and diabetes who said they had restricted drug use due to cost. Community-dwelling people over 65 paid an average of \$410 for their drugs in 1999, and adults with multiple, chronic diseases paid twice as much, according to a cited study.

Gerontology News, August, 2004

EXERCISE THE KEY TO PREVENTING FALLS

Falls are the leading cause of fatal and non-fatal injuries in people 65 and older in the United States. Individuals of any age can fall any time and any place but the majority of falls by the 65 plus group occur in the home during everyday activities. The number of falls and the severity increases with age. The most common injuries are serious head injuries, wrist, spine, leg and hip fractures. A major cause is the deterioration of bones and muscles resulting in lack of body and muscle strength. The cost of falls in the elderly is enormous because of the high death toll, disabling conditions and necessary treatment in hospitals and rehabilitation centers. It is estimated that the average cost of falls in the US is over \$20 billion a year.

There is a pattern of falling among the elderly: fear of falling, then the injury followed by hospitalization, decreased independence and mobility that often results in relocation to a nursing home. This may be the beginning of a complete life change. Most falls can be prevented. As we age, our bodies have the tendency to lose muscle mass and bone strength. The answer to this is exercise and change of life style. The change must include the body and also the state of mind. A moderate exercise program strengthens the major muscle groups of the body, and a very important part of the success of such a program is a change in attitude from "I can't do this" to "I can do this." A good exercise program for the elderly should include all the major muscle groups of the body. Neglecting certain groups can lead to strength imbalances and postural problems. Always check with a physician.

Lifelong Health and Fitness, Volume 5, No. 1, 2004

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 annual)	March 11, 2005
Moses Lake (second visit)	April 25, 2005
Wenatchee (new location)	TBA
Chehalis (new location)	TBA
Anchorage (fourth annual)	June 9-10, 2005
Spokane (third visit)	October, 2005