

The NEWSLETTER

of the South Carolina Center for Gerontology

FALL 2001

A Consortium of Clemson University, Coastal Carolina University, The Medical University of South Carolina, South Carolina State University, The University of South Carolina, Winthrop University, and Lander University

DIRECTOR'S MESSAGE

My previous message focused on important policy directions at the federal level, including reauthorization of the Older Americans Act and funding of the National Family Caregiver Support Program. In this message, I will focus on significant educational activities and initiatives in South Carolina.

From August 5-10, the South Carolina Department of Health and Human Services, Office of Senior and Long Term Care Services, sponsored the twenty-fifth annual Summer School of Gerontology, again hosted by Winthrop University. This special anniversary year acknowledged the continuing success of the Summer School in providing job enrichment for nearly 500 persons who attend each year. This year's organizing theme, *The Many Faces of Aging: Celebrating our Future-Embracing our Past*, truly reflected the growth and development of aging network programs and services in our state.

Under the leadership of Dr. Esther Forti, the College of Health Professions at MUSC received funding from the U.S. Public Health Service to create the South Carolina Geriatric Education Center. Section 753(a) of the Public Health Services

Act authorizes grants to accredited health professions schools to improve the training of health professionals in geriatrics; develop and disseminate curricula relating to the treatment of the health problems of elderly individuals; support training and retraining of faculty to provide instruction in geriatrics; support continuing education of health professionals who provide geriatric care; and provide students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers. Further details of this statewide collaborative effort are contained in this newsletter.

Dr. Forti and her capable staff have chosen for the Geriatric Education Center (GEC) the highly relevant educational theme of *Healthy Aging: Preparing for the Best to Come!* The GEC will focus on the needs of older, rural South Carolinians, strengthening our community-academic partnership, and utilizing distance education as a learning and teaching tool.

Consortium members include the Medical University of South Carolina, South Carolina State University, Coastal Carolina University, the University of South Carolina, and the South
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New Geriatric Education Center for South Carolina

The College of Health Professions at the Medical University of South Carolina is pleased to announce that it has received a federal grant award to establish a statewide South Carolina Geriatric Education Center. This statewide initiative is funded for 5 years by the U.S. Public Health Service, Health Resources and Services Administration and is designed to improve the quality of life for older South Carolinians. The Center has established formal collaborations with various colleges at the Medical University of South Carolina, the South Carolina Area Health Education Consortium, University of South Carolina, Coastal Carolina University, and South Carolina State University. The priority goal of the South Carolina Geriatric Education Center (SC-GEC) is to develop, expand, and sustain collaborative efforts across the state to provide educational and training programs in geriatrics and gerontology for faculty, students, and practicing health and social services providers.

MUSC President, Dr. Ray Greenberg, stated that "South Carolina must train its health professionals in geriatrics in order to meet the increasing needs of the state's growing elderly population. The South Carolina Geriatric Education Center will partner universities with communities so education and training in aging issues can take place at the grass roots level across the state. This will become a model for geriatric training in South Carolina as well as for the nation." Dr. Danielle Ripich, Dean of the College of Health Professions and Co-Director of the new Center, adds that each collaborating organization "will bring unique strengths, expertise, and established educational programs to the Center. Our activities will promote the values of diversity and cultural competency, professional ethics, life-long learning, and outreach to rural and medically underserved communities." Dr. Esther M. Forti, Assistant Professor at MUSC and rural health specialist is the Director of the SC-
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Carolina Area Health Education Consortium.

With leadership provided by Dr. G. Paul Eleazer, the University of South Carolina School of Medicine was awarded a four-year, \$2 million grant from the Reynolds Foundation to prepare physicians capable of addressing the health needs of geriatric patients. As a national leader in geriatric education, USC was one of ten schools to receive a Reynolds grant for geriatric health education. Another article in this issue describes an educational venture of the USC School of Medicine: a senior mentor program. The program seeks to strengthen the preparation of future physicians for geriatric practice by pairing first year medical students for the duration of their four year education with persons in their 60s, 70s, and 80s. Ellen Roberts, Ph.D. and G. Paul Eleazer, M.D., administer this innovative curriculum initiative.

Readers will find a variety of other articles in this newsletter dealing with matters of great concern to older adults and those who provide programs and services through our aging network. For the first time, I have given special attention to the impressive development of learning-in-retirement centers in South Carolina. These programs are highlighted as they reflect the increasing interest of older adults in personal growth and development through continuing education and lifelong learning opportunities. Other articles describe a growing array of resources that will be useful to older adults, service providers, and those who develop policies and programs. Indeed, South Carolina can proudly state that the *best is yet to come* for our older citizens.

Gerald L. Euster, D.S.W.

Center continued from pg.1

GEC. Dr. Forti states, "As we experience an increase in our older adult population, this is a golden opportunity to prepare our health and social services providers with training and education to enhance the quality of life of older South Carolinians. Given the rural nature of South Carolina, distance education will enable more providers to become current with caring for older adults. And with decreases in funding streams, collaboration among universities and service agencies allows for shared resources." Dr. Forti added that the Program Coordinator for the new Center is Ms. Kathy Miles, N.H.A., who brings 24 years of experience in developing and managing services for older adults and professionals in the field of aging.

The SC-GEC chose the theme of "*Healthy Aging: Preparing for the Best to Come!*" with the priorities of Health Promotion and Mental Health, Diversity and Ethnogeriatrics, End-of-Life and Palliative Care, and Outreach to Rural and Medically Underserved Communities. Major activities of the Center will include developing a web page that will act as a clearinghouse with links to other aging resources throughout the state and nationally, designing an aging health career program for minority high school students, delivering regional rural community forums on aging issues with a statewide Aging Summit, and creating

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A Service of The Gerontological Society of America

Honors

Amella, E.J. (Medical University of South Carolina) Merck/John A. Hartford Foundation for Geriatric Nursing Fellow, New York University Institute for Geriatric Nursing, June, 2001 (\$6,000 award); National Organization of Nurse Practitioner Faculty/Division of Nursing, DHHS- Validation Panel, Nurse Practitioner Competencies Project, 2001; Alzheimer's Association (national) - Research proposal reviewer, 2001; Northeastern University, Boston - Consultant, Acute Care Nurse Practitioner - Geriatric Specialty, HRSA - BHP Advanced Nurse Education grant; Research Recognition Award for 2001, Gamma Omicron Chapter - Sigma Theta Tau International; Healthcare Pathway Advisory Board, North Charleston High School

WebCT courses for a statewide certificate program in geriatrics and gerontology.

Community-academic partners participating in the new Center include the South Carolina Department of Health and Human Services, Bureau of Senior Services, South Carolina Primary Health Care Association and its community health center members, Department of Social Services-Adult Protective Services, South Carolina Center for Gerontology, community mental health centers, State Office of Rural Health, Area Agencies on Aging, State Office of Minority Health, chapters of the Alzheimer's Association, Councils on Aging, South Carolina Alzheimer's Resource Coordinating Center, and South Carolina DHEC-Diabetes Control Program. Other universities and community agencies are beginning to ask to be included in this statewide initiative. Consortia members and participating organizations will have representation on the statewide Geriatric Education Advisory Council which will provide recommendations to the Center. The South Carolina Geriatric Education Center will be located in the MUSC College of Health Professions, Office of Research located at Harborview Office Tower, Charleston.

For more information on the Center, persons may call (843) 792-2419.

SC Seniors Receive Prescription Drug Help

More than 33,000 seniors are getting help with prescriptions through South Carolina's state program called SILVERxCARD. Aware of the agonizing choices some seniors must make when it comes to buying food or medication, the South Carolina State Legislators approved the SC seniors prescription drug benefit in 2000. SilverRxCard started in January 2001. The plan to provide prescription drug coverage to seniors age 65 or older was one of the major initiatives of SC Governor Jim Hodges, who was elected governor in 1998. SilverRxCard is funded by the tobacco settlement that was awarded to the Palmetto State through a class action lawsuit.

To become eligible, a person must meet the following qualifications:

- You must be 65 or older.
- You must have lived in South Carolina for the past six months.
- You must have no other prescription drug coverage.
- You must have an income between \$8,591 and \$15,032, if single; or \$11,611 and \$20,317, if married.

Open enrollment is in October of each year. If a citizen currently qualifies for SILVERxCARD, but applies after the deadline, he or she would have to wait until the next open enrollment during the following year to enroll. If a citizen meets the eligibility requirements after the open enrollment deadline, he or she can apply for enrollment within 31 days of that particular qualifying event.

Applications for SILVERxCARD are available at local pharmacies, doctors' offices, libraries, legislative delegation offices, and local Councils on Aging (COA). The COA has trained staff to assist in filling out applications correctly. If you have any questions about the program, call Consultec toll-free at 877-239-5277.

Contributed by Ray Sharpe, SilverRxCard Program, Coordinator at the SC State Budget and Control Board's Office of Insurance Services. Reprinted with permission.

Talking With Your Doctor: A Guide For Older People Newly Revised!

Doctor-patient communication is one of the most important aspects of getting good health care. In the past, the doctor typically took the lead and the patient followed. Today, a good patient-doctor relationship is more of a partnership. The National Institute on Aging (NIA) has updated its very popular booklet, **Talking With Your Doctor: A Guide For Older People**, to help older people communicate successfully with their doctors.

Talking With Your Doctor: A Guide For Older People covers five main topic areas: choosing a doctor you can talk to, tips for good communication, getting started with a new doctor, talking about your health, and discussing sensitive subjects. It includes suggestions for involving family and friends in the health care process and a list of additional resources.

Single copies of the guide are available free by calling the NIA Information Center, toll-free, at

1-800-222-2225.

Announcing a New Website for Disability and Aging Services in South Carolina

<http://www.scsis.org>. South Carolina Services Information System (SCSIS) placed its statewide database of disability and aging services on the web and closed the toll-free number on June 20, 2001. Also available on the site:

- Conference/Training Calendar
- Over 600 Links to Related Web Sites
- Family Support Information
- 6,000+ Public, Private & Non-Profit Providers
- Disability and Aging Acronyms
- Autism (Treatment & Therapies) Information
- Used Equipment Exchange
- Search by County, Service, Condition, Agency
- Update or Add Your Information On-Line

This website is made possible by a generous grant from the Sisters of Charity Foundation of South Carolina. Center for Disability Resources, Phone: (803) 935-5264. USC School of Medicine, Fax: (803) 935-5342. SCSIS, Email: scsis@cdd.sc.edu

University of South Carolina School of Medicine

Medical school lands second major geriatric health education grant.

With South Carolina's graying population expected to double in size in 25 years, faculty and students at USC's School of Medicine soon will receive more comprehensive training in serving the needs of geriatric patients.

A four-year \$2 million grant from the Reynolds Foundation to the School of Medicine will fund a series of initiatives aimed at producing a new generation of doctors better able to diagnose and treat health issues of the elderly. The grant comes on the heels of a \$100,000 award to USC from the Association of American Medical Colleges (AAMC) for geriatric medical education.

"These two grants move us up in terms of being leaders among medical schools in geriatric education," said Paul Eleazer, a professor in internal medicine and geriatrics at the medical school and principal investigator of the project. "We were one of only 10 schools to receive the Reynolds grant and among 20 to receive the AAMC grant."

As part of the grant, 15 USC medical school faculty members will develop specific expertise in their respective disciplines in caring for older patients. After their development period, these faculty will develop medical student and resident education modules. In addition, practicing physicians will be invited to continuing education conferences focused on geriatric care.

During the four-year period of the grant, it's expected that 525 medical students, 152 residents, and 80 community-based physicians will receive specialized training in geriatric care.

The education modules will cover topics such as:

- end-of-life care, cultural issues in aging, interviewing the older patient, and elder abuse
- special considerations for physical exam in older persons
- physiology of aging and preventive health
- pre-operative and post-operative assessment and care of older patients
- depression and mental status evaluation of older patients.

"While USC's medical school has been a leader in offering geriatrics as a specialty," Eleazer said, "medical students in all disciplines will benefit from having specialized training to understand geriatric medical needs."

The push to educate medical students about the nuances of geriatric health care is being driven by changing demographics: South Carolina's 60 and older population is expected to reach nearly 1.3 million by 2025. Nationwide, the number of Americans 65 and older is expected to hit 70

million by 2050.

"Just as the health issues for children are different from adults, the medical needs of older people are different," Eleazer said. "There are some diseases that are unique in older people. In addition, many of the illnesses seen in middle-aged adults, such as congestive heart failure and breast cancer, are managed or treated differently in older people."

"Their psychosocial issues are more complex, too, and physicians must be aware of these differences to provide quality care."

Reprinted with permission from Chris Horn, University of South Carolina *Times*.

USC Sumter Opens Center for End of Life Care

Betty Harvey believes that talking about end-of-life issues and making decisions about death and dying are simply a part of good medical care. But she also knows that many people are reluctant to talk about death because it can be so emotionally unsettling. "It's an easy discussion to postpone," said Harvey, USC Sumter director of distance and continuing education. "The time for families to talk about death and end-of-life issues is while each family member is healthy and able to make informed decisions."

USC Sumter's Center for End of Life Care will help families address these sensitive topics. Harvey is the impetus behind the new center. She became interested in end-of-life issues while watching "On Our Own Terms," Bill Moyers' report on death and dying that aired on educational television.

She then attended a "Respecting Choices" certification program in Charlotte, N.C. The program was sponsored by the Carolinas Center, an organization that continues to support Harvey's efforts in South Carolina.

"We are the first educational institution in our state to begin working at raising public awareness on advanced care, end of life, grief, death, and dying," said Harvey, center director. "We're not out to change anything. We just want to help folks become more aware and improve on what was being done."

Approved May 29 by the S.C. Commission on Higher Education, the center will provide leadership and professional and community education toward improving end-of-life care in five counties: Sumter, Lee, Clarendon, Kershaw, and Williamsburg.

More specifically, the center will focus on improving end-of-life care decisions and will foster collaboration among segments of the community, including hospitals, nursing homes, hospice programs, healthcare and

legal professionals, members of the faith community, public officials, and private citizens. The center will facilitate educational programs and public awareness campaigns.

Another important component of the center is its educational efforts. The center offers a 14-hour advance care planner (ACP) certification course. Advance care planners become skilled at listening to patient fears and concerns, offering support through the decision-making process, and communicating the patient's wishes to family members and the healthcare team.

"Having these conversations with the patients and their families is important," Harvey said. "I am hopeful that in the future hospitals will have an office with an ACP in it, or an attorneys' office or doctor's office may have an ACP on retainer. In the past, most of this work has been done pro bono, but there is a trend now that people may move into that as a paid profession."

The center also will offer continuing education courses and relicensure credit courses for lawyers, social workers, and other professionals. Another important component of the center's efforts is collaboration and resource-linking within existing structures, such as the local Council on Aging and area churches.

"For example, right now I'm working on an article for the Sumter Chamber of Commerce, encouraging businesses to include talking about end-of-life care when they are doing orientation for new employees," Harvey said.

"Maybe the University will start doing this as they explain long-term care insurance during new employee orientation. We're also trying to encourage professors to incorporate this into the curriculum in programs where it is appropriate."

Article appeared in July 12, 2001 *USC Times*.
Reprinted with permission.

Coastal Carolina University

New Continuing Education Facility Announced for Coastal Carolina University

Since its earliest years, Coastal Carolina University has recognized the need to provide diverse learning opportunities for working adults and retired citizens.

With the inception of the "learning in retirement" Third Quarter Program in the late 1980s, Coastal made a strong public commitment to these goals. In 1998, through the generosity of the Jackson Company, Hall Development, and HTC, Coastal's Lifelong Learning Society moved into a two-classroom converted manufactured home, appropriately named "The Society House." When membership increased four-fold to more than 900, the need for a larger and permanent home for these programs became a real necessity.

To make this a reality, Coastal Carolina University and a cadre of civic-minded patrons joined together in a remarkable public-private cooperative effort. Mr. H. Dale Williams, through his own generosity and personal fund raising efforts, has committed \$500,000 to this project.

As a result of this coalition, in May 2001, the Division of Extended Learning and Public Services (and the Lifelong Learning Society classes), moved into the second floor of Coastal Carolina, University Hall (new Welcome Center). This is a full two years ahead of everyone's most optimistic dreams!

In recognition of his generosity and commitment to this project, the second floor will be named the "H. Dale Williams Center for Extended Learning." The university's Board of Trustees met on January 12 to formally recognize Mr. Williams' support.

The new 9,600 square foot "high tech" facility contains a large assembly room, "Senior Resource Center," two computer labs, five classrooms, conference room, kitchen, and ample office space for the staff. All classrooms and the Senior Resource Center are connected to the Internet.

Resources

Because We Care: A Guide for People Who Care

<http://www.aoa.gov/wecare/contents.html>. An online resource guide to the growing number of Americans who are caring for an older family member, adult child with disabilities, or older friend. This *Guide* provides information and suggestions to make caregiving easier and more successful—whether you are the caregiver or person who ensures that your family member or friend receives the best possible care from others.

Information provided: Where can we turn for help? What services can help us? How can I care for both of us? How can I improve our quality of life? What housing options are available? When your care receiver lives with you. Living day to day. How can we afford long-term care? How do I hire a home care employee? Living with Alzheimer's Disease. How can I make my special needs child's future secure? Who will care if I am not there?

New Profile of Older Americans Issued

<http://www.aoa.dhhs.gov/aoa/stats/profile/default.htm>. This year, "A Profile of Older Americans," prepared by the Administration on Aging, is available only in an online version. The AOA Web site provides several ways to print a copy of the latest edition.

Coastal Carolina University is one of the very few higher education institutions in the United States that has a facility principally dedicated to a "learning in retirement" program such as the Lifelong Learning Society.

To complete this transition, we have the challenge to raise additional funds to finish equipping and furnishing the facility. As soon as this money is secured, we will begin to raise sufficient funds to provide an endowment for maintenance and future programming. The total campaign will guarantee that the H. Dale Williams Center for Extended Learning will be open and serving learners of all ages for years to come. Mr. Williams has enthusiastically agreed to spearhead the campaign effort.

The Division of Extended Learning and Public Services at Coastal Carolina University is a comprehensive continuing education operation, managing programs such as the Lifelong Learning Society, Bachelor's Degree in Interdisciplinary Studies, professional development workshops and seminars, specialized technologies certification, contract training, travel study, Coastal Youth Academy, leisure learning, Command Spanish, credit and non-credit distance learning, high school dual credit, and SuperSonic Summer Enrichment for Children.

If you would like to provide assistance or need more details, please contact Dr. Peter Balsamo, Dean of Extended Learning and Public Services, at 843-349-2648 or via e-mail (balsamo@coastal.edu).

Coastal Carolina University Division of Extended Learning and Public Services: Elderhostel

Elderhostel is a travel/study program for persons who are at least age 55 (or a participating spouse meets age requirements). This residential program, held throughout the world, provides stimulating courses of study in an academic environment as well as field experiences, tours and entertainment. The local program is held at Hampton Inn, Broadway at the Beach. Local residents are invited to attend with a reduced commuter fee as day-students.

Courses of study during Fall 2001 include:

September 23 to 28:

Carolina Coast: Sights, Sounds and Stories
Deep Water Wonders and Fascinating Fish
Ethical Thought: From the Ancients to
Modern Man

October 14 to 19:

The Arts Come Alive
Stories of the South

October 28 to November 2:

Step Back in Time: Southern Coastal History
Wonders of the Wetlands: Explore Rivers,
Swamps and Marshes

November 4 to 9:

Vintage Writers
Romancing the Music

For more information contact Audrey Johnson at 843-349-2544.

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of the South Carolina Center for
Gerontology is published at the
University of South Carolina

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Resources

Alzheimer's Disease Education and Referral (ADEAR) Center

Two new resources may be helpful in your work:

Acute Hospitalization & Alzheimer's Disease: A Special Kind of Care

is a booklet for physicians, nurses, hospital and emergency room personnel, emergency medical technicians, and other professionals who interact with patients in the hospital setting. It is designed to help meet the needs of hospital patients with Alzheimer's disease who may have a high degree of confusion, anxiety or agitation.

Hospitalization Happens: A Guide to Hospital Visits for Your Loved Ones With Memory Disorders

is a brochure for Alzheimer's disease caregivers that may help relieve some of the stress when preparing for an expected or unexpected visit to the hospital. It includes helpful instructions for packing the bag, interacting with emergency room personnel, planning an expected hospital stay, and working with hospital staff.

Both materials are printed in large, easy-to-read type and made of water resistant paper in case they get wet at the hospital. **Acute Hospitalization & Alzheimer's Disease** is available from the ADEAR Center for \$2.50 and **Hospitalization Happens** for \$1.50.

Please make your check, money order or purchase order payable to The ADEAR Center. Checks must be drawn on US banks. Cash or credit cards cannot be accepted. The price includes shipping within the US and Canada. For information on shipping costs to other countries, please call the ADEAR center at 1-800-438-4380.

Lifelong Learning Society

Education and Enrichment for Active Adults

Fall Semester 2001

Coastal Carolina University's Lifelong Learning Society, a retirement educational program, was the recipient of the 1999 "Exemplary Model Program" award from the Network for Older Adult Learners of the Association for Continuing Higher Education (ACHE). Through the Division of Extended Learning and Public Services, the Lifelong Learning Society fulfills its mission to provide opportunities for intellectual stimulation and cultural and social growth for adults through quality academic offerings and other programs consistent with the academic goals of Coastal Carolina University and within the scope of offerings found in a university setting.

Membership: An annual membership fee of \$25 (\$15 for Spring semester only) entitles members to special features and benefits of the University. Only Lifelong Learning Society members are eligible for the Society's courses.

Locations: Classes are held at our main campus and at several extension sites throughout the area. They are identified as follows:

CCU-Conway

Classes are held in the H. Dale Williams Center for Extended Learning on the second floor of the new University Hall on the Coastal Carolina University's main campus.

Myrtle Beach

Webster University on Oleander Drive, off 48th Avenue North.

North Strand

Sleep Inn, 909 Highway 17, Little River.

North Myrtle Beach High School on Sea Mountain Highway, in North Myrtle Beach

North Myrtle Beach Recreation Center

South Strand

Horry Telephone Cooperative (HTC) Office Building, on Highway 17 Bypass at the entrance to Indigo Creek Golf Course in Murrells Inlet.

Registration: Registrations are accepted by mail, telephone (843) 349-2665 or facsimile (843) 349-2981

Benefits: The Lifelong Learning Society membership fee entitles members to special features and benefits:

- Lifelong Learning Society courses. (Non-members are not eligible to register).
- Members receive a Coastal Carolina University student photo ID card. *There is a \$10 replacement fee for lost cards.*
- Free parking pass for campus parking (\$12 value).

- Use of the University's Kimbel Library. Members will have checkout privileges (including audiocassettes and videos) and use of extensive reference services.
- Free admission to athletic events.
- Free or student rate admission to University-produced cultural events at Wheelwright Auditorium.
- Discount movie tickets for Regal and Carmike Cinemas.
- Use of the H. Dale Williams Center for Extended Learning computer labs for practice.
- Discount for online courses.
- Student discount on HTC Internet plans, as long as active membership is maintained.

The Lifelong Learning Society now has use of a Chat room!

South Carolina Center for Gerontology POLICY BOARD

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Association for Gerontology in Higher Education

28th Annual Meeting and Educational
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“Teaching and Learning about Aging through Interdisciplinary, Intergenerational, and International Programs”

February 28- March 3, 2002
Hilton Pittsburgh & Towers

- **Come** be a part of AGHE’s leadership in gerontology and geriatrics education!
- **Share** with and learn from peers about how to collaborate, to entertain new perspectives, and to consider new options in teaching, learning about, and serving our diverse older population.
- **Join** in the discussion, resource exchanges, and other interactive sessions that encourage learning, sharing, and working together.
- **Participate** in interactive sessions that focus on the knowledge and skills our students will need for careers in aging now and in the years to come.
- **Discuss** the challenges we face in the new century as we teach, learn about and serve increasing numbers of older adults throughout the world.

Pittsburgh: A city where three rivers meet, rich in diversity, with a 21st century tempo and a small-town friendly temperament. What a great place to delve into issues of intergenerational learning, international alliances, and interdisciplinary programming.

Registration and lodging information will be mailed in November 2001. For further information, please contact:

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USC Beaufort

Creative Retirement Center Lifelong Learning

<http://www.sc.edu/beaufort/crc/crc.htm> The Creative Retirement Center (CRC) is a member-led organization established in October 1992, under the auspices of the University of South Carolina Beaufort’s Continuing Education Division. With offices and activities on both the Beaufort and Hilton Head Island campuses of USC-Beaufort (USCB), CRC is patterned on similar institutes at over 100 universities throughout the United States.

The USCB Creative Retirement Center is based on the concept of lifelong learning and provides active retirees with expanded opportunities for continued growth, development and experience. Affiliated with Elderhostel Institute Network, CRC is a combination school, brain trust and talent bank. CRC is a forum for networking with others of retirement age who share the notions that learning should be a lifelong pursuit, that expertise gained during the working years should be shared with peers and the community at large, and that “retirement” need not mean withdrawal in any sense. The Creative Retirement Center is unique and unlike any other seniors organization. The focus of CRC is toward further enriching minds through continued learning while investing some of life’s experiences toward the betterment of our community.

For more information on the Creative Retirement Center, please call or visit the CENTRAL CRC office.

CENTRAL CRC OFFICE - USCB

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Research and Demonstration Project of All-Inclusive Care for Elderly Veterans

Dorn Veterans Health Administration Medical Center (VA) and Palmetto SeniorCare (PSC) in Columbia have received one of three major federal research and demonstration grants to implement and evaluate integrated, all-inclusive long-term care (AIC) for frail elderly veterans. Competition for these grants was highly competitive (over 45 applications were submitted nationally), and the Dorn VA/PSC application received the top rating on peer review.

Locally, the three-year pilot draws a commitment of more than \$4.1 million of funding earmarked in the federal VA Millenium Act of 2000. Dorn VA and PSC will implement and evaluate an AIC model in which PSC (a division of Palmetto Health and a Program of All-Inclusive Care for the Elderly (PACE) provider) will provide a full array of services to eligible elderly veterans on a prepaid, capitated basis. Under federal regulations nationally, PACE provides to nursing-home certifiable participants all Medicare/Medicaid-required care including but not limited to: care coordination, acute care, nursing home and home care, day health, respite, social work, nursing, occupational, physical, and speech therapy, personal care, homemaker choice, drugs, lab, x-rays, diagnostics, nutrition, transportation, and all reasonable, necessary medical services (including primary, preventive, and specialty care). Until now, PACE has largely served a dually eligible (Medicare/Medicaid) population. In this pilot, the Department of Veterans Affairs pays the Medicaid portion of full capitation for eligible, randomly allocated veterans. PSC also receives the Medicare share of the full capitation as is done for its current participants. PSC expects to build to an average daily census of 65-70 frail, disabled veterans, and to have cared for over 110 over the course of the pilot. Post-grant transition will provide for maintenance or expansion of the program locally.

A key objective is containment of high-cost institutional and related services through high quality community-based care. Clinical outcomes – including improvement of AIC participants' health-related quality of life, functional status, community tenure, and participant/caregiver satisfaction—will be evaluated. (Comparison groups will be comprised of clinically eligible veterans who decline to enroll in PSC and those living outside of PSC's legal catchment (Richard/Lexington counties). Economic assessment includes cost, cost-effectiveness (if appropriate), and fiscal decision analyses.

The AIC Leadership Team is comprised of Christine Tully, MD, Director, Extended Care Service at Dorn VHAMC, Associate Professor, Geriatrics, USC; Judith Baskins, RN, Program Director, Palmetto SeniorCare President, National PACE Association; and Daryl Wieland,

PhD, MPH, Research Director— Geriatrics, Palmetto Health, and Professor.

Alzheimer's Disease - A Greater Threat to Certain Ethnic Groups Than to Whites

African-Americans and Caribbean Hispanics may be at greater risk of developing Alzheimer's disease than whites, according to investigators at Columbia University and the New York State Psychiatric Institute. They recently reported that the number of newly diagnosed cases of Alzheimer's disease (AD) was twice as high in African-Americans and Caribbean Hispanics as it was in whites during their 7-year study in New York City, but the question remains, why?

AD, the debilitating brain disease that robs people of their memory, independence, and ability to enjoy life, affects an estimated 4 million people in the United States. This number is expected to increase as baby boomers grow older. To complicate matters, the percentage of African Americans and Hispanics over age 65 is rising faster than the percentage of whites. If these groups are indeed at greater risk for AD, they could contribute significantly to the number of people suffering from AD in the future. Therefore, understanding the reasons for their increased risk is especially important.

The study results were reported by Dr. Richard Mayeux, senior investigator, and his colleagues. They recruited 1,788 residents in the Washington Heights and Inwood communities in New York City. Thirty-four percent (34.1 %) described themselves as "African-American, non-Hispanic," 23.4 % as "White, non-Hispanic," and 42.5 % as "Hispanic," most of whom were from the Caribbean.

The group was followed for 7 years. Every 2 years the participants were interviewed, and their health status was assessed. After each evaluation, specialists including neurologists, psychiatrists, and neuropsychologists discussed each individual and reached agreement about the presence or absence of dementia and, if present, the type of dementia—probable or possible Alzheimer's disease, vascular dementia, or others.

During the study period, probable or possible AD developed in 156 residents. The new cases occurred at a rate of 1.9 % per year for whites, 4.2 % per year for African-Americans, and 3.8 % per year for Caribbean Hispanics. The investigators then looked at only probably AD, but the rate differences between ethnic groups remained.

The cumulative risk of developing Alzheimer's disease over the duration of the study was 5.4 % for whites, 10.5 % for African-Americans, and 9.8 % for Caribbean Hispanics. Although this study does not provide the reason for this increased risk, it does rule out several possibilities.

For example, adjusting for level of education, diabetes, hypertension, heart disease, or stroke did not significantly change the increased risk of African-Americans and Caribbean Hispanics for developing AD.

Previously Mayeux and his colleagues found that the apolipoprotein E4 (APOE4) allele, the gene associated with an increased risk of AD among whites, does not have the same effect in African-Americans and Hispanics. Members of these two ethnic groups without the APOE4 allele were 4 and 2 times, respectively, more likely to develop AD than were whites. The presence of APOE4 did not increase their risk further. (See *Minority Research and Training News*, Fall 1998, p.3 and *JAMA*, 279 (10): 751-755.)

According to Mayeux, Gertrude H. Sergievsky Professor of Neurology, Director of the Sergievsky Center, and Co-Director of the Taub Institute for Research on Alzheimer's Disease and the Aging Brain, "we tried several ways to see why the rates were higher for these groups than for whites, but couldn't come up with a satisfactory explanation. Because of our earlier results, we decided to focus on families with more than one member affected by AD." He continued, "we chose Dominican Republic Hispanic families because the average family there has 3 or 4 living siblings, as opposed to the 1 or 2 siblings in African-American or white families."

Now, Mayeux's team is in the middle of a 5-year study of pairs of siblings in up to 450 families in the Dominican Republic. They are obtaining DNA samples from the participants and starting cell lines in order to search for any genes that might be responsible for the higher incidence of AD in Caribbean Hispanics. So far, 300 families in the Dominican Republic and in New York City, each with 2 or more members with AD are enrolled. Genome scans have begun. Mayeux is hopeful that his research will, in time, explain why some ethnic groups appear to have an increased risk of Alzheimer's disease. "There may prove to be a unique gene, cluster of genes, or perhaps a mutation that increases the AD incidence in a specific population, such as Caribbean Hispanics. This, in turn, may enhance our understanding of AD risk in African-Americans, who share some genetic background with Caribbean Hispanics."

Tang, M.X., Cross, P., Andrews, H., Jacobs, D.M., Samll, S., Bell, K., Merchant, C., Lantigua, R. Costa, R., Stern, Y., and Mayeux, R. (2001). Incidence of AD in African-Americans, Caribbean Hispanics, and Caucasians in Northern Manhattan, *Neurology*, 56(1) 49-56.

Reprinted with permission from LINKS: Minority Research and Training. Spring 2001. Publication of The National Institute on Aging, National Institutes of Health.

Friends of the A-Team

Many of you know that Friends of the A-Team applied for the Alzheimer's Resource Coordination Center (ARCC) Respite Grant earlier this year. Well, they were selected as one of eleven groups to receive this most

sought after grant. The Friends of the A-Team is excited about this grant because they will be able to provide scholarships for individuals needing respite services.

Friends of the A-Team is a nonprofit organization founded to provide financial support and volunteer services to the A-Team Day Services Center, which is a dementia-specific day program designed to assist caregivers in coping with the changes in family members with Alzheimer's Disease or related dementia.

For those of you in the community who have not heard, on March 1, 2001, the A-Team opened an area of the building specifically for respite services. The respite program has been designed to meet the needs of individuals who are not able to participate in the day-to-day activities of a traditional day program. Since cognitive awareness decreases as the disease progresses, the respite program will not place unrealistic demands on these participants.

Friends of the A-Team is also in the process of developing a standing fund-raising committee. The primary purpose of this committee will be to function only in a fund-raising capacity for the organization in order to continue supporting the A-Team Day Services Center.

If you have not heard of the A-Team Day Services Center, it has been in operation for the past fourteen years. It was the first dementia specific day center in South Carolina and has been a local and national model for many other day centers.

If you are aware of a caregiver in the community who might benefit from a few hours of respite, please refer them to the A-Team. Individuals will be accepted on a first come first served basis. In order to receive detailed information about the respite services provided by the A-Team Day Services Center, please contact the Center at (803) 898-1490.

Information was reprinted with permission from A-Team Day Services Center, Director's Desk, July/August 2001.

AGING GRANTS

Amella, E.J. (Medical University of South Carolina) "Seniors with Seniors" DHHS - HRSA/ Bureau of Health Professions, Principal Investigator, 7/01 - 6/02, \$25,000. The grant is to provide more gerontological content in undergraduate nursing curriculum.

Brown, T.E. (USC School of Medicine) AT&T Family Care Development Fund Project: Elder Service Network (ESN) Phase II, Investigator.

Eleazer, G.P., (PI), **Wieland, D.**, **Hirth, V.**, **Richeson, N.**, **Thornhill, J.** (co-PIs) (USC School of Medicine) D.W. Reynolds Foundation, 2001-2004, "A Comprehensive Program to Strengthen Physicians' Training in Geriatrics."

Haight, B.K. (Medical University of South Carolina), Investigator, **Edlund, B.**, Co-Investigator. Advanced Practice in Gerontologic/Complementary Care - HRSA - Division of Nursing (\$757,593), 3 years funded.

Howe, D., **Remmes, B.**, **Caskey, K.** (USC School of Medicine) SC Alzheimer's Resource Coordination Center, Program for Alzheimer's Services, SC Department of Health and Human Services. "Alzheimer's Caregiver Education Program," August 2001-August 2002.

Alzheimers Support Groups

Alzheimers Association affiliated support groups are for family caregivers and others interested in learning more about Alzheimer's disease and how to cope. The meetings are free and everyone is welcome. **For program information and to verify meeting date, time and location please call the chapter office at (803) 772-3346 or 1-800-636-3346.**

AIKEN COUNTY

Cumberland Village, 3215 Wise Creek Lane. Meetings are held the second Tuesday of every month at 7 p.m.

Geri Finn (803) 641-8444

Trinity Lutheran Home (respite offered), 213 Laurens Street, NW. Meetings are held the third Thursday of every month from 1:30-2:30 p.m.

Cindy Raybauld (803) 648-5447

BATESBURG-LEESVILLE

Wittenburg Lutheran Church, Parish Hall, 233 North Lee Street. Meetings are held the third Wednesday of each month from 3:00 - 5:00 p.m.

Pastor David Butler (803) 532-4636.

CHESTERFIELD COUNTY

Salem-Pageland Presbyterian Church, Fellowship Hall, 201 S. Maple Street, Pageland, SC. Meetings will be held on the second Tuesday of each month starting at 6:00 p.m. Rev. Matthew Rich (843) 672-7313. **(New Group)**

COLUMBIA AREA

Atria at Forest Lake, 4551 Forest Drive. Meetings are held the second Tuesday of each month at 12:00 p.m.

Ann Abel (803) 790-9800. **(New Group)**

Complimentary lunch is provided at meeting.

C.M. Tucker Jr./Dowdy Gardner Nursing Care Center, Educational services classroom. Roddy Pavillion. 2200 Harden Street. Meetings are held the last Wednesday of each month from 1:30-3:00 p.m. Bruce LaFleur (803) 737-5312.

Wildewood Downs, 1001 Wildewood Downs Circle, (look for 731 Polo Road entrance into community). Meetings will be held the last Tuesday of the month from 7:00-8:30 p.m.

Andrea Banco (803) 787-5115.

Palmetto Richland Memorial Hospital, Medical Park 9, room 250. Meetings are held the second Monday of each month from 7:00-9:00 p.m. The focus of this group will be transition and placement issues.

Dr. Michelle Liken (803) 777-7186.

Kathwood Place, 4520 Trenholm Road. Meetings are held the last Thursday of each month from 7:00-9:00 p.m. Andrea Harrelson (803) 772-3346.

Benzie T. Rice Home, 100 Finlay Road. Meetings are held the third Thursday of each month at 6:45 in the Multi-Purpose Room.

Michelle LeMoine (803) 691-5765.

Clare Bridge Assisted Living, 990 Columbia Avenue, Irmo. Meetings are held the third Monday of each month from 7:00-9:00 p.m.

Sheila Cook (pager) (803) 654-0176.

Presbyterian Home of South Carolina (respite offered), 700 Davega Drive, Lexington. Meetings are held the fourth Tuesday of each month from 10:30-12:00 p.m.

Fran Bragan (803) 796-8700.

CHAPIN/WHITE ROCK

Palmetto SeniorCare, 109 Wartburg Road, White Rock. Meetings are held the third Wednesday of each month from 10:00-11:00 a.m.

Georgia Troficanto (803) 732-6670.

The Lowman Home, White Rock. Meetings are held the third Thursday of each month from 3:00-4:00 p.m. in the Daily Life Center at the Lowman Home.

Jennifer Rawlings (803) 732-8710.

CLARENDON COUNTY

Manning United Methodist Church, Lake Marion Support Group. 17 East Rigby Street, Manning. Meetings are held the third Monday of each month at 2:00 p.m. Betty Wellock (803) 478-4820.

KERSHAW COUNTY

Kershaw County Council on Aging, 906 Lyttleton Street, Camden. Meetings are held the second Thursday of each month from 2:00-4:00 p.m.

Donna Outen (803) 432-8173.

LANCASTER COUNTY

Senior Citizen Building, 300-A W. Gay Street. Meetings are held the fourth Thursday of each month from 2:00-3:00 p.m.

Cheryl Baker (803) 285-6956.

LEE COUNTY

Pilot Club of Bishopville Home, 120 Barnett Drive, Bishopville. Meetings are held the fourth Thursday of each month from 7:00-9:00 p.m.

Annie McElveen, (803) 437-2415.

NEWBERRY COUNTY

Newberry County Council on Aging, Dave C. Waldrop Senior Center, in the library. 1300 Hunt Street, Newberry. Meetings are held on the second Tuesday of each month from 2:00-3:00 p.m.

Janet Ballentine, MSW, (803) 276-8266.

ORANGEBURG COUNTY

Orangeburg Area Mental Health Center, Integrated Geriatric Services, 2319 St. Matthews Road, Orangeburg. Meetings are held the third Thursday of each month from 10:00-1:30 a.m.

Ada Legree, (803) 536-1571.

The Methodist Oaks, 1000 Live Oaks Drive, Orangeburg. Meetings are held the third Tuesday of each month from 3:00-5:00 p.m. Sandee Gingrich, (803) 534-1212 ext. 170.

Magnolia Place at Longwood Plantation, 1687

Longwood Plantation. Meetings will be held the second Tuesday of the month from 7:00-9:00 p.m. Michelle Ford, (803) 535-0250.

SALUDA COUNTY

Horizon Adult Care and Learning Center, 101 R.L. Sawyer MD Drive, Saluda. Meetings are held the first Thursday of the month from 2:00-3:00 p.m. and then from 7:00-9:00 p.m. John Tate, (864) 445-0146.

SUMTER COUNTY

Toumey Hospital, First floor outpatient conference room, Sumter. Meetings are held the second Thursday of each month from 7:00-9:00 p.m. Larry Nichols, (803) 481-5545.

YORK COUNTY

Park Avenue Adult Day Care Center, 359 Park Avenue, Rock Hill, SC. Meetings are held the first Tuesday of each month from 10:30-11:30 a.m. Ann Barton, (803) 327-7448.

Sonshine Alzheimer's Care, 1765 India Hook Drive, Rock Hill, SC. Meetings are held the first Tuesday of each month from 7:00-9:00 p.m. Sam Simpson, (803) 366-9572.

Eden Gardens at Rock Hill, 1611 Constitution Blvd. Meetings are held the third Thursday of each month at 6:30 p.m. Geri Tucker, 1-800-282-9202.

Older Adults and Mental Health: Issues and Opportunities

This report highlights major issues in the field of mental health and aging. The focus is on community-based services that can be utilized by a wide range of elders, including older persons in good mental health, for whom outreach and education might be helpful; older persons who are experiencing acute stress or crisis; and those with severe mental disorders. It is a companion document to *Mental Health: A Report of the Surgeon General* (USDHHS, 1999a). See the Administration on Aging website at <http://www.aoa.gov/default.htm>. To download the complete report or the executive summary, go to <http://www.aoa.gov/mh/report2001/default.htm>.

American Foundation for the Blind National Aging Program

The focus of this program is to increase the availability of vision-related rehabilitation and other supportive services to the growing population of older people experiencing vision loss, in order to help them maintain or regain their independence.

The National Agenda on Vision and Aging's Goal 1 group is working on improving the self-advocacy skills of older people who are visually impaired. Its working group has developed *Self-Advocacy: A Cornerstone for Independence*, a training curriculum. Twenty-four agencies have been involved in training using the curriculum either in person or via teleconference. If you would like to review a copy of *Self-Advocacy: A Cornerstone for Independence*, or if your agency would like to pilot test the curriculum with a group of older visually impaired people, contact Alberta L. Orr, AFB New York City, (212) 502-7634, alorr@afb.net; or Pris Rogers, AFB, (423) 921-8456; pris@afb.net. A companion manual, *Empowering Families*, is also available.

Goal 2 of the National Agenda on Vision and Aging is concerned with improving public awareness about age-related vision loss and vision rehabilitation services. The Goal 2 group is partnering with the National Eye Institute (NEI), National Institutes of Health, to accomplish this goal. Goal 2 working group members are distributing the poster *Do You Have Trouble Reading?*, along with the health fair card and the NEI booklet, *What You Should Know About Low Vision*. These materials are designed to encourage older people who are beginning to experience vision problems to see an eye care professional, and to ask about vision rehabilitation services. The card and poster have space for a

New Report

Improving the Quality of Long-Term Care

This new report from the Institute of Medicine looks at the quality of care and quality of life in long-term care, including nursing homes, home health agencies, residential care facilities, home care by family members, and others. It also includes recommendations on setting and enforcing standards of care, and strengthening the caregiving workforce. The complete report and an Executive Summary can be searched and downloaded from the National Academy Press website at <http://books.nap.edu/catalog/9611.html>.

local agency to list contact information.

Members are working to increase outreach to the Latino population. A Spanish radio PSA has been produced and distributed to more than 400 Spanish radio stations to promote low vision services. The poster, health fair card, NEI booklet, and AFB information packet for older people who are blind or visually impaired are now available in Spanish. Supplies of these materials are available by contacting Judy Scott, AFB Dallas, (214) 352-7222, jscott@afb.net, or individual copies may be obtained from AFB's Information Center, (800) 232-5463, afbinfo@afb.net.

Working group members of Goal 3 – Advocacy Efforts to Increase Federal Funding for the Title VII, Chapter 2 Program of the Rehabilitation Act (Independent Living Services for Older Individuals Who are Blind) – are getting ready for another year of legislative advocacy, this time seeking \$26 million for the Chapter 2 Program for FY 2002. Advocates from across the country are still needed to join the effort on behalf of older visually-impaired people across the country. For more information or to get involved in Goal 3 activities, contact Alberta L. Orr, AFB New York City, (212) 502-7634, alorr@afb.net; or Judy Scott, AFB Dallas, (214) 352-7222, jscott@afb.net.

The Goal 4 working group – which focuses on creating opportunities for employment for older people who are visually impaired – just completed its brochure, *Consider Older Workers Who Are Visually Impaired*. The brochure is designed to be used separately or as an insert in AFB's already-developed employment materials, *Are You Looking For A Few Good Workers?* For copies of the brochure *Consider Older Workers Who Are Visually Impaired*, contact Alberta L. Orr, AFB New York City, (212) 502-7634, alorr@afb.net.

The Goal 5 working group has also just completed a draft of a curriculum on older workers who are visually impaired for use by vocational rehabilitation counselors, *Successful Placement of Older Consumers With A Visual Impairment: A Training Curriculum*. If you would like a copy, or if you would like to review the curriculum for us, contact Alberta L. Orr, AFB New York City, (212) 502-7634, alorr@afb.net; or Pris Rogers, AFB, (423) 921-8456; pris@afb.net

If you would like to get involved in any of these working groups, or for more information about the National Agenda, contact Alberta L. Orr, AFB New York City, (212) 502-7634, alorr@afb.net; or Judy Scott, AFB Dallas, (214) 352-7222, jscott@afb.net.

Discovering the Secrets to Senior Living

In January 2001, USC School of Medicine students embarked upon a new venture for both them and the school:

a senior mentor program. The program pairs up first-year students, for the duration of their four years at the school, with people in their 60s, 70s, and 80s. “The mentoring project is an amalgamation of two concepts we’ve been studying over the past year: working with geriatric patients and giving first-year students some patient experience even if it’s only on a minimal level,” said Assistant Dean for Clinical Curriculum, Dr. Joshua T. Thornhill. Thornhill and Assistant Dean for Clinical Assessment, Dr. Nancy Richeson, act as the program’s course directors.

The project is funded by a grant from the Association of American Medical Colleges as part of monies the AAMC received from the John Hartford Foundation designated to enhance geriatric curricula. In addition to Thornhill and Richeson, Dr. Ellen Roberts, director of undergraduate geriatric medical education, is the program’s facilitator and Dr. G. Paul Eleazer, associate professor of internal medicine and director of the Division of Geriatrics, is the principal investigator for the grant.

Between the years 2030 and 2035, the number of people age 65 or older will account for more than half of the country’s population, according to estimates by the U.S. Census Bureau. “About 95 percent of these students will find themselves taking care of older people in their practices,” Eleazer said. “It’s a priority with the AAMC to prepare medical students for that.”

Eleazer emphasized that understanding geriatric medicine is only part of the equation. “Students must also understand issues that older people face as they interact with the health care system. They need to see it from the older person’s perspective.”

The USC School of Medicine is one of the first medical schools in the United States to implement a senior mentor program, Roberts said. She has a long-standing interest in aging and is both pleased to work with the project and eager to see its results.

Students must meet with mentors at least once a month, but they can elect to meet more often if they wish. The first meeting was a luncheon for students and mentors to get to know each other. Subsequent meetings, which last about an hour, generally take place in mentors’ homes.

During each of four initial sessions, medical students completed surveys that encompassed topics such as the physiology of aging; general health and activities of daily living; intimacy, friendship, and aging; and medical history and mental status. At the conclusion of each session, students take their mentor’s blood pressure reading.

The response from seniors asked to participate in the program has been overwhelming. “We asked people we knew personally from our practice and sent out letters inviting them to participate,” said Eleazer. “Then word got out. We had other people call wanting to join and I received a few referrals from other doctors.” As a result, the program has more volunteers than available slots, obliging program directors to compile a waiting list.

Fred and Lorraine Meding act as mentors to students Darin Passer and Liz Lambert. “Fred and Lorraine take the

time to research and educate themselves about their health care,” Lambert said. It’s one of the reasons Fred volunteered for the program. “People keep putting things off and you can’t do it where your health is concerned. If you’ve got a problem you’ve got to attack it,” he said.

Both Medings realize they must prepare for conditions that sometimes accompany aging, noting the longevity both their families enjoy. “One of my grandmothers lived to be 88 and the other to 85. One of Fred’s aunts was still working when she was 90. He asked her what she was going to do when she retired and she said, “Take care of old people.”

Students Erin Keisler and Ken Fox are paired with Doug and Fritzie Maddock. The Maddock’s daughter is a nurse and they have always had an interest in medicine. When the opportunity presented itself to participate in this program, they moved quickly.

“The first meeting was delightful,” Doug Maddock said. “There was a lot of anticipation wondering which students were ours and then we got to meet them. Our motivation was just to help out and watch Ken’s and Erin’s progress. And what we find out during all this may help other older people down the road.”

“It’s also wonderful to interact with these very bright young people,” Fritzie added. “And as they complete their medical training, we expect to have two personal physicians for our own!”

In February, faculty involved in administering the senior mentor program held a follow-up meeting with students to gauge the program’s progress. “We tried to anticipate problems and issues, but we realized we couldn’t anticipate them all. We need feedback,” Thornhill said.

When Eleazer asked the students if they liked the program, the answer was a unified and resounding *yes*. Though in the initial briefings doctors had prepared students for encountering circumstances ranging from personality conflicts with their mentors to the possibility of elder abuse in mentor homes, none reported any problems.

Faculty members anticipate that personal connections between mentors and students will initially mirror grandparent/grandchild relationships. “Though I’m interested in seeing whether it transfers from a social relationship to doctor/patient over time,” Eleazer said.

To set the stage for that eventuality, program administrators have readied students for a myriad of medical possibilities over the next four years. “Some of the mentors are going to go into the hospital or suffer dementia or even die. It’s part of what students need to learn. Visiting mentors in the hospital or attending funerals will be important to the mentor’s family members and a valuable learning experience for students,” Eleazer said.

The educational merit may be a bit more quantifiable than the exciting prospects many of the program’s participants foresee. As Fred Meding summed it up, “We don’t know where we’ll end up in the next four years. They will see changes in us, but we’ll see changes in them, too. Who knows what we’ll find out?” -Sam Morton Reprinted with permission from Office of the Dean, USC School of Medicine.

Books

Olson, M. (Medical University of South Carolina) Healing the Dying, 2nd Edition. NY: Delmar Press, 2001.

Suggs, P., McGann, P., Eleazer, G.P., & Wieland, D. Geriatric Assessment: An Educational Model for Health Providers. Winston-Salem: Wake Forest University Baptist Medical Center, 2001.

Journal Articles

Liken, M.A. (USC Nursing) Managing transitions and placement of caring for a relative with Alzheimer’s Disease. Home Health Care Management and Practice, 14(1); Critical incidents precipitating institutionalization of a relative with Alzheimer’s. Western Journal of Nursing Research, 23(2), 163-178, 2001; Caregivers in crisis: Moving a relative with Alzheimer’s to assisted living. Clinical Nursing Research, 10(1), 53-69, 2001.

Book Chapters

Amella, E.J., & DiMaria, R. (Medical University of South Carolina) “Feeding Behavior.” In G. Maddox (Ed.). Encyclopedia of Aging (3rd ed.), 389-391, New York: Springer, 2001;

Amella, E.J., & DiMaria, R., “Nutrition.” In G. Maddox (Ed.) Encyclopedia of Aging (3rd ed.), 643-645, New York: Springer, 2001; **Amella, E.J.**, “Eating and Feeding Behaviors.” In M.D. Mezey & M.M. Bottrell (Eds.) Encyclopedia of Elder Care, 230-231, New York: Springer, 2001.

Euster, G.L. (University of South Carolina) “Retired Professional Athletes in the United States: Organizational and Individual Commitment to Community Service Activities,” in Quality in Later Life: Rights, Rhetoric and Reality, Proceedings of the British Society of Gerontology, Tester, S., Rowlings, C., and Turner, S. (Eds), University of Stirling, Scotland, September 2001.

Presentations

Amella, E.J. (Medical University of South Carolina), **Resnick, B.** (University of Maryland), & **Shaughnessy, M.A.** (University of Maryland). “Influence of methods on findings from cognitively impaired older adults,” Symposium - Research with Older Adults: Overcoming the Challenges. Thirteenth Annual Scientific Meeting, Eastern Nursing Research Society, Atlantic City, April 2001.

Eleazer, G.P., Wieland, D., Boland, R., Doshi, R. (USC School of Medicine) “Geriatric education in United States medical and osteopathic schools: Results of a national survey.” American Geriatrics Society Annual Meeting, Chicago, May, 2001.

Euster, G.L. (University of South Carolina) “Reminiscence and Life Review: Therapeutic Interventions for Older Adults.” The Saturday Series, University of South Carolina, College of Social Work, January 2001.

Liken, M.A. (University of South Carolina) "Placement and transition issues among family caregivers of a relative with Alzheimer's Disease." Alzheimer's Respite and Resource Center, Hilton Head Island, 2001.

Wieland, D., (USC School of Medicine) "Update on the Program of All-Inclusive Care for the Elderly (PACE)." University of Louisville/Passport Health Plan, Louisville KY, January 2001; **Wieland, D., Tully, C.** (USC School of Medicine) **Ritchie, C.** (University of Louisville), Coordination and Advocacy for Rural Elderly (CARE)." Southern Gerontological Society Annual Meeting, Lexington, KY, April 2001; **Wieland, D.**, Chair, Health Services Research Paper and Poster Sections. American Geriatrics Society Annual Meeting Chicago, May, 2001.

AGING NEWS, REPORTS, AND RESOURCES

The National Aging Information Center

<http://www.aoa.dhhs.gov/NAIC/Notes>. The National Aging Information Center (NAIC), housed at the U.S. Administration on Aging (AoA) since 1997, is a central source for a broad range of programs and policy materials, statistical data, and consumer information on aging. NAIC responds to hundreds of inquiries, maintains a collection of published and fugitive literature, provides a searchable database of products developed through contracts and the Title IV Research and Demonstration Programs and publishes an on-line directory of Internet resources called, "Aging Internet Information Notes."

NCOA & NISC Form Alliance with SeniorSurfers

<http://www.ncoa.org/news/surfers>. NCOA and NISC have formed a strategic alliance with SeniorSurfers to make available computer training and other services to senior centers and other community-based service organizations throughout the U.S. SeniorSurfers provides computer and Internet training and support specifically designed for adults 55+. "The National Institute of Senior Centers is very enthusiastic about this innovative partnership with SeniorSurfers because it will enable many more senior centers to provide state-of-the-art computer training and to attract new participants to their programs," said Dr. Eugene Smiley, Chairperson of NISC. "We chose to partner with SeniorSurfers because of their commitment to the empowerment of seniors, helping them join the Internet age through peer training," stated NCOA President & CEO Jim Firman.

President Bush Appoints Commission to Reform Social Security

<http://www.whitehouse.gov/news/releases/2001/05/20010502.html> On May 2, President Bush named a Presidential Commission to recommend ways to strengthen Social Security's financing and to reform Social Security by providing personal savings accounts to younger workers on a voluntary basis. Former Senator Daniel Patrick Moynihan and Richard Parsons, Co-Chief Operating Officer of AOL/Time Warner, were named Co-Chairs of the 16-member, bipartisan Social Security Commission. The Commission's report is due in Fall 2001.

Quality Protocol for Medicaid HCBS Waiver Programs Issued

<http://www.hcfa.gov/medicaid/protol%2D2.pdf> The Health Care Financing Administration (HCFA) has issued a new protocol for use by regional offices in reviewing state Medicaid Home and Community-Based Services Waiver Programs. The protocol provides standardized and comprehensive procedures for assessing the quality of care and services through the waiver programs. The six sections covered are: Assuring Waiver Participants Health and Welfare; Reviewing Plans of Care; Qualified Providers; Determining Level of Care Needs; State Administration and Authority; and Financial Accountability.

Senate Aging Commission Examines Elderly Abuse

<http://aging.senate.gov/hr69.htm> On June 14, the Senate Special Committee on Aging, led by Sens. John Breaux (D-LA) and Larry Craig (R-ID) held a hearing on elder abuse and neglect, the difficulty in distinguishing cases of abuse, and the need for more funding to address these issues. Witness recommendations included increased training for health professionals and others; a multidisciplinary team approach for detection and investigation of abuse, neglect, and exploitation; increased funding for the Title XX SSBG program; and increased prosecution for crimes against older adults.

Falls Prevention Program Best Practices

<http://www.cdc.gov/ncipc/falls>. The Centers for Disease Control is offering a publication on fall prevention best practices entitled, "US Fall Prevention Programs for Seniors." Through direct contacts in all 50 states and DC, researchers identified 290 community-based falls prevention programs. The 18 programs selected for publication have in common the promotion of home modifications to prevent falls in older adults and a comprehensive educational component about preventing falls. In the publication, each program is briefly described and assessed including its strengths and weaknesses.

RX: Prescription Drug Coverage for All

www.kff.org or call 1-800-656-4533 for publication #6002. A July report for the Henry J. Kaiser Family Foundation shows that seniors and middle-aged adult focus groups believe that a prescription drug benefit should be available to all seniors, not just to those in most need. Most are very satisfied with Medicare and "presume and prefer" that a new drug benefit would be administered within the framework of the current program.

Report Cites Increase in Nursing Home Abuse

<http://www.house.gov/reform/min/nursinghomesabuse.html> A nationwide report by the Special Investigations Division for Rep. Henry Waxman (D-CA) has found that nearly one-third of nursing homes were cited for a violation involving abuse between January 1999 and January 2001, that many of these abuse violations caused actual harm to residents, and that the number of abuse violations is increasing.

Older Workers Playing Larger Role

<http://www.rand.org/labor/DRU/DRU2582.pdf>. A RAND study finds that approximately 15 percent of individuals over the age of 65 are employed. Due to the apparent reversal in the trend toward early retirement and the aging of the U.S. population, these individuals are becoming an increasingly important part of the labor force. The study found that the labor supply is concentrated among the most educated, wealthiest, and healthiest elderly. Despite this, the authors find that the wages of the elderly are low.

New Resource Directory Available

<http://www.aoa.gov/directory/default.htm> and <http://www.nih.gov/nia/health/resource/rd2001.htm>. Savvy seniors and those who care about them can call 1-800-222-2225 or 1-800-222-4225 (TTY) for a free copy of the Resource Directory for Older People, a comprehensive listing of services and organizations compiled by the National Institute on Aging (NIA) and the Administration on Aging (AoA). The directory contains listings of almost 300 public and private organizations. "The recently updated resource directory is like a Yellow Pages specifically for older people," said Dr. Richard J. Hodes, the NIA director. "We are pleased to join forces with the Administration on Aging on this project."

NCOA Public Policy Issue Briefs Available

<http://www.ncoa.org/advocacy/issuebs/>. NCOA has made seven new issue briefs available on its advocacy website. They summarize important policy issues and NCOA positions and can be used to educate policy makers, seniors and the press. Please use them in meetings with legislators. Three briefs address OAA appropriations issues, Medicaid Home and Community Services and the Title XX Social Services Block Grant program.

NCOA-NADSA Agree to Long-Term Alliance

http://www.ncoa.org/nadsa/mem/ncoa_nadsa.html. NCOA and the National Adult Day Services Association have agreed to a long-term strategic alliance to promote the field of adult day services. Under the agreement, NADSA will become an independent, full-service trade association that also delivers the benefits of NCOA membership to NADSA members.

Information provided by the National Council on the Aging, Inc.,
[NCOA Week](#).

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