Previously we talked about South Carolina’s SeniorSMART™ Center of Economic Excellence. The Center’s work has three major themes: SMARTBrain™, SMARTHome™, and SMARTWheels™. Recently SeniorSMART™ speakers presented a series of lectures about these themes at Grand Rounds for Palmetto Health. Researchers in the SmartHOME™ are currently testing a new fall detection system at Still Hopes Retirement Community. The Mobility Clinic, a SeniorSMART™ clinic, in collaboration with Palmetto Health and the University of South Carolina, is translating research from the laboratories into practice.

Currently there are nearly 80,000 South Carolinians with Alzheimer’s disease. Between 2000 and 2025, the prevalence of Alzheimer’s disease in the state will increase by 49%. More than 75% of these individuals are cared for at home by family members. Respite care has been an important intervention in reducing caregiver stress and enhancing caregiver health. According to a recent study of participants receiving respite care in the state, 96% of the respondents agreed that respite care enabled them to better manage their caregiving situation. South Carolina’s Alzheimer’s Association has once again received $1 million from the Department of Mental Health to offer respite services for family caregivers. Through the Association’s program, caregivers are awarded a $500 voucher to pay for respite services. Such support for caregivers is especially needed in these tough economic times!

As you know, health literacy refers to “the degree to which individuals are able to obtain, process, and understand health information and services to make appropriate health decisions” (Healthy People 2010). Health literacy, no doubt, is fundamental to quality of care. The Palmetto State Geriatric Educational Center offers an interdisciplinary faculty training/retraining program in health literacy each year. The program covers a wide range of fundamental topics, including the impact of literacy and health literacy on patient care, assessing health literacy, effective strategies to enhance geriatric patient health literacy, integrating health literacy into health professions curriculum, and advocacy for policy change. The program is free and also
offers CEU credits. I had the opportunity to participate in this program recently and found it informative and interesting. I hope you also will be able to take advantage of this program. For more information, please contact Ms. Joyce Gossard (Joyce.Gossard@uscmed.sc.edu).

Best regards,

Rita J. Chou, PhD, MSSW
Hartford Geriatric Social Work Faculty Scholar
Assistant Professor
College of Social Work
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Aging News

Carroll A. Campbell Neuropathology Lab- The Brain Bank

As the Baby Boomers continue to age, the number of Americans suffering with age-related neurological disorders such as Alzheimer’s and Parkinson’s disease is expected to skyrocket, tripling the numbers seen today. Even though there is still no cure for any of these terrible diseases, remarkable progress has been made in understanding neurodegenerative disorders over the past 25 years.

Because the etiology of these disorders is still not fully understood, there is an acute need for studies of brains from patients with both Parkinson’s and Alzheimer’s disease. In addition, there is a need for brain tissue from healthy older adults, for comparison and for studies of normal aging-related changes in the brain. The generous donation of brain tissue from thousands of donors around the country has helped establish many of the underlying causes of degeneration of the brain related to aging, but much work remains to be done before we can hope to develop treatment avenues that truly work. Based on the significant momentum that has been built in the field of Alzheimer’s and Parkinson’s disease research here at MUSC, a Neuropathology Laboratory (“brain bank”) was established in 2009 where donated brains from the entire state can be processed and studied.

The Neuropathology Lab is named after former South Carolina Governor Carroll A. Campbell, Jr. who served as Governor from 1987 to 1995 and, at the age of 61, was diagnosed with
The Brain Bank cont. from pg. 2

Alzheimer’s disease. The Neuropathology Laboratory is housed at the Medical University of South Carolina in Charleston, SC under the direction of Dr. Kumar Sambamurti and Dr. Lotta Granholm-Bentley.

The primary goals will be:
- To develop a tissue repository to collect human nervous system tissue for research purposes
- To cultivate the neuropathology facilities necessary for diagnosis of dementias and other neurological disease
- To participate in active research trials to better understand the mechanisms of brain disease, especially Alzheimer’s and Parkinson’s disease

Older Adults Have Oral Health Needs Too

Older Adults are living longer and keeping more of their natural teeth. But very few older adults are getting the dental care they need. Oral health needs of the older adults are often overlooked and neglected. A 2008 survey of South Carolina dentists and hygienists attending a continuing dental education symposium revealed that 72% of providers feel that there is high level of unmet dental need for older adults.

Top Barriers to Care
- Physical limitations of patients
- Transportation to dental office
- Inability to pay out-of-pocket fees
- Lack of private dental insurance

What Is South Carolina Doing?

The South Carolina Oral Health Advisory Council and Coalition has recognized the need to address the oral health challenges of this population. In April 2008 the Coalition formed the Older Adults Workgroup, a group of people charged with developing a plan to improve the system of oral care for older adults.

Advice for Older Adults
- Visit the dentist regularly
- Brush twice a day with fluoride toothpaste
- Floss daily
- Drink fluoridated water
- Avoid sugary drinks and foods
- Eat well-balanced meals
- Avoid tobacco
- Limit alcohol

Some Strategies Identified for South Carolina’s Future
- Increase awareness of the oral health needs for older adults.
- Develop educational materials and training presentations.
- Identify older adult advocates that could serve as education disseminators of the materials.
- Improve access to oral health care for older adults.
- Develop business models for long-term care facilities and federally qualified health centers.
- Assess the feasibility for reaching long-term care residents with mobile dental programs.
- Examine the usefulness of implementing a patient navigator program for older adults.
- Continue to assess and evaluate the oral health of South Carolina’s older adults.
- Conduct a needs assessment of how long-term care facilities meet oral health care needs of residents.
- Conduct focus groups to determine challenges on accessing care and to capture the educational needs.
Older Adults  cont. from pg. 3
How Can You Get Involved?

Join the Older Adults Workgroup as they begin to work towards some of the strategies identified for South Carolina’s future. Please call the number below for the date and time of the next meeting.

South Carolina Department of Health and Environmental Control Division of Oral Health  
www.scdhec.gov/health/mch/oral/index.htm  
803-898-0724

Lupus and Osteoporosis

Did you know that systemic lupus erythematosus (SLE) and osteoporosis both disproportionately affect women compared to men? Actually, SLE is more common among female ethnic minorities, particularly African Americans (AA). Did you know that although osteoporosis is more common among Caucasian women, there is a growing awareness that a large proportion of AA women with SLE also develop osteoporosis with an increased risk of fracture? In fact, the increasing prevalence is multifactorial in part due to the effects of corticosteroid therapy used to manage their SLE, vitamin D deficiency, and lack of emphasis on preventative measures. Both conditions have tremendous impact on the individual’s life, their families, and society.

Despite the trend of increased risk, impact, and burden of osteoporosis among AA women with SLE, there is a lack of awareness, knowledge, or prevention strategies for AA women. Therefore, Hazel L. Breland, PhD is conducting and actively recruiting African American females between the ages of 35-65 who have been diagnosed with SLE (lupus) and are at-risk for developing osteoporosis. The overall objective of the “Lupus and Osteoporosis Education/Prevention Intervention” pilot study is to develop a culturally sensitive education/prevention intervention designed to reduce the burden of osteoporosis among AA women with SLE.  

(Five Steps to Bone Health accessed from the National Osteoporosis Foundation, http://www.nof.org/osteoporosis/index.htm)

FIVE STEPS TO BONE HEALTH AND OSTEOPOROSIS PREVENTION

1. EAT RIGHT: Get your daily-recommended amounts of calcium and Vitamin D.
2. EXERCISE: Engage in regular weight bearing and muscle strengthening exercise.
3. MAINTAIN A HEALTHY LIFESTYLE: Avoid smoking and excessive alcohol consumption.
4. TALK TO YOUR HEALTHCARE PROVIDER: Talk to your healthcare provider about bone health.
5. GET TESTED: Have a bone density test and take medication when appropriate.

Palmetto Health Geriatric Research

Currently recruiting for the following studies:

- Alzheimer’s Study
- 24 hour Ambulatory Blood Pressure Study
- Gait and Balance, Gait and Chronic Disease, Gait Signature Study
- MRI Driving Study
- Senior Mentor Program
- Civic Engagement Study
- SeniorSmart, SmartWHEELSDriving Health Inventory Study
- Effects of Quercetin on Mental Well Being, Cognition and Exercise Capacity in Older Adults

For more information please contact Michele Neese, RN at (803) 434-4439
Alzheimer’s Disease Supportive Services Program Grant: Focus on Underserved Populations

The Alzheimer’s Association SC Chapter is fortunate to partner with SC Lieutenant Governor’s Office on Aging, the Trident Aging and Disability Resource Center, and the Medical University of SC Alzheimer’s Disease Clinical Core Research Group through the Alzheimer’s Disease Supportive Services Program, which has received second year funding. Under Administration on Aging’s leadership and in collaboration with the Aging Network, the ADSSP National Resource Center, and a variety of state and community partners, the ADSSP supports the creation of responsive, integrated, and sustainable service delivery systems for individuals with ADRD and their family caregivers across the United States.

The main goal of the program is to improve access to home and community-based services for individuals with Alzheimer’s disease and related dementia by targeting underserved minority and rural populations in Charleston, Berkeley, and Dorchester counties. Objectives are to implement strategies that build familiarity and trust among underserved minority populations; provide outreach and screening in the Trident region; provide outreach and education through Family Consultants who are congregants of local churches; provide screening by MUSC-ADCCRG; and provide respite vouchers to families who provide care for loved ones with Alzheimer’s disease and other dementias. Additionally, expanded outreach will be conducted through primary care physicians to provide education and training and facilitate referral of patients to the case manager for assistance with identified needs, to include advanced directives and information on long term care insurance. This is especially crucial to those patients in early stage Alzheimer’s disease, so they are able to be a part of the decision-making process for themselves.

Expected outcomes are increased access to services and information; increased consumer control; increased trust among families, familiarity and willingness to use services; and effectiveness of interventions in meeting outcomes. It is hoped that lessons learned through this grant project can be replicated in other areas to

Alzheimer’s Respite Contract, Department of Mental Health

The Alzheimer’s Association, SC Chapter is fortunate to once again receive $1 million in designated funds through a contract with the South Carolina Department of Mental Health to provide respite services for family caregivers. The South Carolina Chapter Respite Assistance Program provides relief to caregivers to lessen the physical, emotional and financial burdens associated with Alzheimer’s disease. Through this program, caregivers are awarded a $500 voucher to arrange care through approved home care agencies, adult day care, or temporary placement in a long-term care facility.

Respite care is indicated as a key intervention for helping to reduce caregiver stress and related health risks while increasing the caregiver’s ability to manage the caregiving situation. A recent study of participants receiving respite care in South Carolina indicated that 96% of respondents agree or strongly agree that using respite care made their caregiving situation more manageable. Without intervention, the expectation would be for the caregiver stress level to increase as the disease progresses and the demands of caregiving increase. During the course of the year July 1, 2008- June 30, 2009 the Alzheimer’s Association, SC Chapter issued 2385 respite vouchers, and demand has dramatically increased in the current economic climate.
Purple Ribbon Alzheimer’s Task Force & Report “Conquering the Specter of Alzheimer’s Disease in South Carolina”

The Alzheimer’s Association, SC Chapter is pleased to announce that the State of South Carolina has taken an important step to prepare for an impending public health crisis by developing a comprehensive state plan to address Alzheimer’s disease. The Purple Ribbon Task Force was created by concurrent resolution S.1333 adopted by the General Assembly on June 3, 2008, requesting the Lt. Governor’s Office on Aging convene this body to study the current and future impact of Alzheimer’s disease in South Carolina and to assess the resources for and the needs of persons with Alzheimer’s and related disorders (ADRD) so as to develop a state strategy to address this health issue. In fulfillment of this endeavor the Purple Ribbon Task Force submitted its final report, entitled “Conquering the Specter of Alzheimer’s Disease in South Carolina,” on March 1, 2009.

It has been more than fifteen years since the Blue Ribbon Task Force submitted South Carolina’s first state plan to address Alzheimer’s disease and related disorders. Great strides have been made, but there is still much work to be done to serve the nearly 80,000 South Carolinians with Alzheimer’s disease and their families and caregivers. The Purple Ribbon Task Force adopted a multidisciplinary approach, through representation from the public and private sectors, to formulate recommendations in a holistic approach. The recommendations cover diverse topics and initiatives important to comprehensive services to individuals with Alzheimer’s disease, their families and caregivers.

The incidence of Alzheimer’s disease in South Carolina is expected to increase by 49% between the years 2000 and 2025 with over 75% of these individuals being cared for in the home by an elderly spouse or adult child. Without action, the insightful recommendations of the Purple Ribbon Alzheimer’s Task Force will be futile. The Alzheimer’s Association, together with other advocates of the cause, will seek legislative support in 2010 for the implementation of policy solutions to benefit those affected across the state.

The Alzheimer’s Disease Registry maintains a central information database on individuals with Alzheimer’s disease or related disorders that assists in the development of public policy and planning. It is a comprehensive statewide registry of SC residents diagnosed with Alzheimer’s disease or related disorders (ADRD). As the nation’s most comprehensive registry of its kind, the Alzheimer’s Disease Registry has maintained a record of diagnosed cases of ADRD in the state since 1988. The Registry comprises multiple data sources, including inpatient hospitalizations, mental health records, Medicaid, emergency departments, memory clinics, chart abstracts, vital records, and long-term care evaluations. The Registry is maintained by the Arnold School of Public Health at the University of South Carolina, in cooperation with the SC Department of Health and Human Services, the SC Department of Mental Health, the USC School of Medicine, and the SC Office of Budget and Control.

SC Legislative Amendment to Expand Research Opportunities of the South Carolina Alzheimer’s Disease Registry

The Alzheimer’s Association, SC Chapter is pleased to announce the passage of amendments to the South Carolina Code of Laws, Title 44, Chapter 36, Section 44-36-10, which describes the purpose and functions of
SC Amendment  cont. from pg 6

the South Carolina Alzheimer’s Disease Registry. The revision to the 1992 legislation clarifies the authorized functions of the Registry, allowing the Registry to obtain informed consent from the family caregiver to participate in follow-back surveys. This expansion of data collection will help to assess important issues such as caregiver burden, services utilized, and risk factors, resulting in a more comprehensive statistical database.

Aging Research Day Conference 2010

The South Carolina Aging Research Network hosts an annual Aging Research Day with attendance of over 150 basic, social, and clinical researchers from South Carolina and Georgia as well as students and others interested in aging research. The South Carolina Aging Research Network (SCARN) is an organization “tasked with an initiative to breakdown inter-institutional barriers by promoting collaborative research across the state of SC”. SCARN has several funded research projects such as the Geriatric Education Center and Senior Smart. SCARN consists of all Health Sciences South Carolina (HSSC) members and two appointed SCARN members from MUSC, the Medical University Hospital, University of South Carolina, Clemson University, Palmetto Health Hospital System, and Greenville Hospital System.

Aging Research Day was initiated in 2004 with subsequent meetings taking place annually. This research conference focuses on aging and age-related diseases and can play a major role in raising awareness and disseminating research regarding age-related health issues, not only in South Carolina but throughout the Southeast region of the U.S.

The major goal of this conference is to establish outreach, education, and research programs on aging and age-related disease in order to enhance and distribute knowledge on this important subject to health care providers, students in health-related fields, and older citizens.

Additionally, breaking down inter-institutional barriers by promoting collaborative research across the state of South Carolina will improve the health and economic well-being of South Carolina through a coordinated effort to advance health sciences research and education. Every third year this conference is hosted by MUSC and on February 19th, 2010 MUSC’s Center on Aging hosted the 6th Annual Aging Research Day Conference in Folly Beach, SC. The focus of this conference was age-related disorders, in particular stroke, and was entitled “Stroke: Unbuckling the Stroke Belt”. Thanks to an educational grant and numerous donations from local companies Aging Research Day 2010 was a great success! For more information on Aging Research Day please visit www.musc.edu or www.scarn.org

Recent Grants/Funding


Donley, J. Palmetto Health Physical Rehabilitation and Mobility Clinic. In November 2008, Palmetto Health Division of Geriatrics received a grant for a combined project total of $1.8M to build a Comprehensive Geriatric Mobility Assessment Clinic for community-dwelling elderly serving Columbia, South Carolina seniors. The clinic is a multi-disciplinary team from the fields of geriatric medicine, physical therapy, nursing, exercise science, and social work (2008-2012).

Recent Grants cont. from pg. 7.

Dye, C. (PI). (Clemson University). Subcontract with V.Hirth, PI at USC. Eggert, J. & Davis, S. (Co-Investigators). “Palmetto State Geriatric Education Center”. Health Resources and Services Administration (HRSA) through USC subcontract, (funded). The Institute for Engaged Aging is collaborating with Greenville Hospital System, USC School of Medicine and MUSC Center on Aging 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 the training and retraining of faculty to provide instruction in geriatrics and support continuing education of practicing health professionals (2007-2010).

Dye, C. (PI). Willoughby, D. & Eggert, J. (Co-Investigators). “Helping Rural Elders Transition from Home Health to Chronic Disease Self Management Through Paraprofessional Outreach”. Health Resources and Services Administration (HRSA), DHHS, $373,572. This project, developed in collaboration with SC DHEC and Oconee Medical Center, created and tested a new model for extending home health services to older adults through use of trained lay health advisors (2006-2010).


Eleazer, P., Wieland, D., Dever-Bumba, M. & Stewart, T. Fullerton Foundation Grant: Senior Mentor Programs for the Carolinas. USC team collaborating with UNC-Chapel Hill and Wake Forest University for replication of Senior Mentor Programs(SMPs) at the Schools of Medicine. Addition planning work for National Clearinghouse for SMPs, $180,000 (2009-2010).


Fraser, A. & Amella, E.J. (Co-PI). Cooking Healthy – Eating Smart, USDA, (subcontract from Clemson University) $281,000 (2009-2010).

Hirth, V., Gajadhar, R (Palmetto Health) & Dever-Bumba, M (USC) Chief Resident Immersion Training-Year 2 Boston University/ADGAP funders, $50, 000.

Rivers, D., (Lt. Governor’s Division on Aging); Hoecke, W. C.; Mayfield-Smith, K., & Robinson, S. Lifespan Respite Care grants from the U.S. Administration on Aging (2009).

Sriniwasan, S. SCDMH ENSOR Foundation: $10,000 grant for clinical trial of open-label fixed-dose buspironre for treatment-emergent sexual side effects in schizophrenia (2009).


Wieland, D. (Co-PI), VA-PACE Partnership to Provide A Community-Based, Patient-Centered All-Inclusive Care Home to Disabled, Elderly Veterans, VA T21 Geriatrics and Extended Care Pilot Program, VA Central Office (2010-2012).


Presentations


Bouknight, J., Srinivasan S. & Rudd K. Bottoms Up: Prevalence, Screening, and Implications of Alcohol Use in Older Adults. Presented at Annual meeting of the American Association for Geriatric Psychiatry, Honolulu, HI (March, 2009).


Chandlee, M., Pope, H., & McKeown, R. Understanding the impact of faith communities on social capital: A qualitative analysis. Poster presented at The 62nd Gerontological Society of America Scientific Meeting, Atlanta, GA; and at two local meetings: 1) The Annual Graduate Student Day, University of South Carolina, Columbia, SC. (Local Conference, Awarded 2nd place in its section) 2) The 9th Annual Geriatric Symposium, USC School of Medicine- Palmetto Health Richland (Local Conference, Awarded 4th place overall), Columbia, SC (April, 2009).

Chandlee, M. Pope, H., & McKeown, R. Self-reported functional social support among frequent and non-frequent church attendees and participants of a church-based health promotion program. Abstract accepted for the 6th Annual SC Aging Research Day, Medical University of South Carolina, Charleston, SC (February, 2010).


Eleazer, GP. “20th Annual Challenges in Geriatric Practice “Advances in Geriatrics 2009” at The William and Ida Friday Center for Continuing Education, Chapel Hill, NC (Keynote Speaker) “Advances in Geriatrics (Overview and the Importance of Advancement in These Times)” (March, 2009).

Eleazer, GP. “Elder Abuse and Neglect.” South Carolina Medical Association (SCMA) Annual Meeting and Scientific Assembly, Hilton Head, SC (April, 2009).


Hirth, V., & Eleazer, P. Student Loan Forgiveness for Geriatric Physicians: The South Carolina Experience. American Geriatrics Society, Chicago, IL (April, 2009)


Eleazer, GP. “20th Annual Challenges in Geriatric Practice “Advances in Geriatrics 2009” at The William and Ida Friday Center for Continuing Education, Chapel Hill, NC (Keynote Speaker) “Advances in Geriatrics (Overview and the Importance of Advancement in These Times)” (March, 2009).
**Presentations cont. from pg. 9**

**Pope, H., Chandlee, M. & McKeown, R.** Comparing reported benefits between religious and secular groups: A qualitative data analysis. Poster presented at The 2nd Annual Meeting of the Society for Spirituality, Theology, and Health, Duke University, Durham, NC (June, 2009).


**Spencer, S.** (USC). Assistive technology use among older American Indians: The Native Elder Care Study. 7th Annual Disparities in Health in America Workshop, MD Anderson Cancer Center, Houston, TX (June, 2009).

**Spencer, S.** (USC). Thematic group on aging visit to National Institute on Aging. Guest panelist for the Kellogg Health Scholars Program Webinar “Advocacy 101: Translating health disparities / community-based participatory research into policy – Skills for community and academic researchers” (March, 2009).


**Wieland, D.** Approaches to integrated care to older and disabled veterans in rural areas. University of Utah Division of Geriatrics/VASLC GRECC Research Conference (January, 2009).

**Wieland, D.** Aging patients and populations: Evaluating assessment methods, systems of care, and addressing workforce needs. University of Utah College of Nursing/Center on Aging (June, 2009).

**Wieland, D., Boland, R. & Kinosian, B.** A Program of All-Inclusive Care for the Elderly Improves Five-Year Survival Compared to Alternative Home- and Community-Based Care. Presented at the Academic Health Annual Research Meeting, Chicago (June, 2009).

**Wieland, D. & Baskins, J, et al.** The successes and challenges of delivering PACE in rural areas (plenary panel). 7th Annual Rocky Mountain Geriatrics Conference, “Updates in Geriatrics: Crossing Disciplines and Distance,” Midway, Utah (September, 2009).

**Witte, J., Brooks, J.O., Logan, W.C., & Beeco, R.** Physician interactions with aging patients concerning driving fitness and understanding of reporting obligations and requirements. Presentation at the 2009 Gerontological Society of America 62nd Annual Scientific Meeting, Atlanta, GA (November, 2009).

**Wolfer, T., & Powers, M.** Social work practice in religious congregations. Paper presented at the annual meeting of the National Association of Social Workers—South Carolina Chapter at Myrtle Beach, SC (March, 2009).


**Wolfer, T., Powers, M., & Fahner, A.** Social work in congregations: Its potential role in promoting and supporting respite. Workshop at annual conference of South Carolina Respite Coalition, Columbia, SC (February, 2010).

**Recent Publications**


**Corwin, S.J. et al.** (2009). Attitudes on aging well among older African Americans and whites in South Carolina. Preventing Chronic Disease, 6(4).

**Publications cont. on pg. 11**
Publications cont. from pg. 10


**New Subscribers Wanted**

If you think someone else may be interested in receiving this electronic newsletter, please ask him or her to email: Rita J. Chou rjchou@sc.edu, with his/her full name, occupation/position, and name of organization/agency/business.

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**Other Aging Activities**

**Dr. Paul Eleazer** was selected as the 2010 AGS Dennis W. Jahnigen Memorial Award recipient.

**Kelsey, Susan G.** (USC). Gerontological Society of America, Behavioral and Social Sciences Pre-Dissertation Student Research Award. Presented at the 61st Annual Scientific Meeting of The Gerontological Society of America, November 23, 2008, National Harbour, MD.: Caregiver Perspectives about Transitioning a Family Member with Dementia from Assisted Living to a Memory Care Unit

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**Book Chapters**


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We are excited to present this second electronic Spring/Summer 2010 issue of the Aging Matters Newsletter. We welcome your suggestions and comments. If you wish to submit aging related items for future issues please e-mail them to Rita J. Chou at rjchou@sc.edu

Aging Matters, the newsletter of the South Carolina Center for Gerontology, College of Social Work, Columbia, SC 29208.

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We thank Ms. Nicole Cavanagh for her assistance in the information collection process.

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