

# GEC PIPELINE



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## BIOTERRORISM TASK FORCE

*Bob Roush, PhD, & Nina Tumosa, PhD, NAGEC Collaboratory on BTEPA*

### **National Collaboratory on Bioterrorism and Emergency Preparedness in Aging**

During the first year after the NAGEC Bioterrorism and Emergency Preparedness in Aging (BTEPA) Committee was formed and met at GSA in Boston in November 2002, the group has been very active in promoting curriculum development efforts in this vital area of homeland security. In January 2003, representatives of the committee contacted Ms. Shanna Christrup of Sen. Bill Frist's staff, leading to a meeting with the then-new Majority Leader's staff person on bioterrorism. We subsequently met with Rep. Chris Cox, Chair of the House Oversight Committee of the Department of Homeland Security, and with other members of Congress interested in this area. These formative efforts paved the way for an opportunity to work together when HRSA announced that supplemental grant applications would be accepted on bioterrorism and other topics. In the summer of 2003, several GECs submitted supplemental grant applications in the area of bioterrorism and emergency preparedness. The six GECs with HRSA funding on some aspect of BTEPA are Case Western Reserve GEC, Consortium of New York GEC at NYU, Missouri and Illinois Gateway GEC at St. Louis University, Ohio Valley Appalachian Region GEC at the University of Kentucky, Stanford GEC, and the Texas Consortium of GECs at Baylor College of Medicine's Huffington Center on Aging. At GSA in San Diego this past November, NAGEC presented its first major symposium on the subject. The PowerPoint presentation of this symposium can be seen at <http://www.nagec.org>.

These collaborative efforts led to a meeting of the six HRSA grantees on January 29-30, 2004. Hosted by the Miami Area GEC, 11 persons attended a consensus conference on what health care providers need to know about BTEPA and ways to get that information to them. The conferees were Dr. Barbara Palmisano, Ms. Margy Sanders, and Ms. Eileen Yates of the Case Western Reserve GEC; Drs. Andrea Sherman and Constance Sheehan of the CNYGEC; Dr. Nina Tumosa of the Missouri and Illinois Gateway GEC; Dr. Arleen Johnson of the OVAR GEC; Dr. Melen McBride of the Stanford GEC; and Dr. Bob Roush and Ms. Ann Schneider of the TCGEC. The 11th person was the invited speaker/consultant to the six projects, Dr. Robin McFee, Director of the Center on Bioterrorism and WMD, at the Nova S.E. University School of Medicine.

The two-day conference began with Dr. McFee's splendid presentation on bioterrorism and aging. Dr. McFee stayed with us for the remainder of the conference to hear the progress reports on the projects of the six HRSA-funded grantees and to answer conferees' questions. The third phase of the meeting employed a Nominal Group Technique to elicit responses to questions developed by the group that resulted in a consensus on what health care providers need to know about preparing themselves to work with others in their communities to render quick, effective care to older people in the event they are exposed to weaponized biological, chemical, and/or radiological agents used by terrorists or are traumatized by natural disasters. We also used the NGT approach to seek consensus on how to get the right information to the right persons prior to when it is needed and on criteria for success in doing so.

A complete report of the consensus reached at our meeting will be available soon and will be posted on the NAGEC web site. The report will contain the seven broad categories of core knowledge our collaboratory members concluded that all health care providers should know and react to were their actions ever needed on an area of homeland security that has been somewhat overlooked -- i.e., the care of our vulnerable elders. What NAGEC and HRSA has and continues to address will redress this oversight.

Readers should also know that HRSA recently signed a contract with Dr. Bob Roush to lead a Technical Advisory Group to write a new White Paper Chapter on Bioterrorism and Aging. Other TAG members include George Taffet, MD, Chief of

Geriatrics at Baylor College of Medicine; Dr. McFee; Dr. Tumosa; Ms. Elyse Perweiler, NAGEC President and Associate Director of the New Jersey GEC; and Dr. Nora O'Brien of the International Longevity Center USA in New York City. Ms. Kathy Bond is the Government Project Office overseeing this effort.

## SPECIAL REQUEST

*Joanna Mellor*

### **Elder Abuse Submissions for Journal of Gerontological Social Work**

The *Journal of Gerontological Social Work* is seeking submissions for a special issue on ELDER ABUSE. The special issue is planned as a comprehensive view of current knowledge and practice related to elder abuse. Program interventions, research findings, prevention and intervention strategies, ethical and programmatic considerations, interagency collaboration, policy recommendations, and case studies with implications for social work practice are of interest.

Please indicate interest in submitting an article by contacting Joanna Mellor, Wuezweiler School of Social Work, Yeshiva University at 212-960-0801, [mellor@yu.edu](mailto:mellor@yu.edu).

Draft articles are due May 19<sup>th</sup>, final articles due July 4<sup>th</sup>, 2004. Manuscript guidelines are available at [www.haworthpressinc.com/web/JGSW](http://www.haworthpressinc.com/web/JGSW).

## OHIO VALLEY APPALACHIA REGIONAL GEC

*Arleen Johnson, PhD, Director*

### **Bioterrorism Preparedness Videos Available**

The OVAR/GEC has two videotapes to share on the topic of bioterrorism preparedness for the elderly that resulted from sessions at the University of Kentucky's 2003 Annual Summer Series on Aging conference held June 30-July 2 in Lexington.

*Bioterrorism: Homeland Security for the Aging* features Dr. Scott Lillibridge, Director of the Center for Biosecurity and Public Health Preparedness in Houston, Texas, who provides an overview of current international and national prevention and risk management strategies for addressing bioterrorism and chemical and public health emergencies.

In *Bioterrorism and Aging: Developing Strategies and Resources*, Dr. Lillibridge discusses training and education, health information systems, surge capacity, and regional planning and preparedness as they relate to older persons. A panel of four professionals representing the Geriatric Education Centers, Area Agencies on Aging, Public Health Service, and Long Term Care Facilities address specific aging questions from session participants and make recommendations for developing local planning and preparedness programs.

Each videotape lasts 1½ hours and is available at cost (\$15, includes shipping). For more information contact June Horn (859-257-2657 or [june.horn@uky.edu](mailto:june.horn@uky.edu)).

## MEHARRY CONSORTIUM GEC

*Ruth Ann Garrett, MPH, MEd, PhD, Project Director*

### **Geriatric Fellowships**

Beginning in May, we will offer Geriatric Fellowships as part of the extended Medical Gerontology Certificate Program. Our Neurology Dept (MMC) and the Department of Geriatrics at Vanderbilt will sponsor mini-fellowships for 10 hours; these will be offered to graduates of the Medical Gerontology Certificate Program. Sumi Misra, MD, MPH, Assistant Professor at Vanderbilt University Medical Center, will facilitate and supervise programs on Geriatric syndromes, Home Care, Wound Care, Hospice and Palliative Care, Rehabilitation Medicine (including Occupational and Physical Therapy), and other geriatric related topics will be included. Dr. Misra is a recipient of the Geriatric Academic Career Award, and has credentials in Public Health, Geriatrics, and Palliative Care.

The Department of Neurology Chair, Gary Duncan, MD, and Shagufta Jabeen, MD, Meharry Consortium Geriatric Education Center, will offer 2-4 hours experiential programs in older adult memory assessment for students and attendees. This program will enhance understanding of the MMSE (Mini-Mental Status Exam), as well as recommendations and treatments for memory loss.

## CALIFORNIA GEC

*Janet C. Frank, DrPH, Director*

### **Management Training Program Now Available For Geriatric Health Care Providers**

The California Geriatric Education Center conducted its second “Geriatric Services Management Training” program January 16-18, 2004 in Los Angeles. This two and a half day intensive course examines management and leadership skills, as well as the financial and business elements unique to the practice of geriatrics.

Most geriatric health care professionals enter the field without the benefit of financial, legal or business training, despite the growing responsibilities they have in these areas. This lack of education often works to the detriment of all physicians, but geriatricians face additional barriers related to an increasingly complex government regulatory and reimbursement structure.

Participants were encouraged to think “outside the box” and consider novel approaches to operating geriatric clinics and practices. Application of information and skills learned at the conference is accomplished through a post-course activity focusing on a specific management or business problem in the participant’s daily environment. While plans call for determining the feasibility of incorporating course elements into area medical residency programs, participants recommended all medical schools consider adding a similar curriculum.

Program materials can be obtained by contacting Lucio Arruda of the CGEC at [larruda@ucla.edu](mailto:larruda@ucla.edu) or 310-312-0531.

## GEC OF MICHIGAN

*Marolee Neuberger, MS, Michigan Center for Rural Health*

### **Health Literacy: The Strongest Predictor of an Individual’s Health Status**

There are many challenges in addressing the issues involved in providing care for patients with low health literacy, or those with the inability to read, understand, and act on health information. These individuals are less likely to comply with prescribed treatment and self-care regimens and fail to seek preventive care. They are at higher risk for hospitalization and remain in the hospital nearly two days longer than adults with higher health literacy. Also, they often require additional care that results in annual health care costs that are four times higher than for those with higher literacy skills. According to the Partnership for Clear Health Communication, literacy skills are a stronger predictor of an individual’s health status than his age, income, employment status, education level, racial or ethnic group. This group, a coalition of national organizations, is working together to promote awareness and solutions around low health literacy and its effect on health outcomes.

According to the National Adult Literacy Survey (NALS) completed in 1992 by the U.S. Department of Education, 44% of the adult population of Michigan has low or marginal literacy skills (the national average is 46%). This means that nearly half the adults in Michigan do not possess literacy skills necessary to function in the healthcare setting. In other words, they may not know where to go to seek appropriate care, what to do to prevent illness, how to manage an illness, or how to take their medications. Seniors, low-income individuals, and those with chronic disease have been identified to be at a higher risk for low literacy. Currently, 12.4% of Michigan’s population is over age 65 and is projected to increase to 30.5% by 2020. Additionally, 10% live in poverty as shown by the U.S. Census Bureau (1999-2000 average). Michigan’s “*Critical Health Indicators Report of May 2002*” reports Michigan has a higher rate of people with diabetes, heart disease, and who are overweight as compared to the overall U.S. population. Clearly there is a need to address this growing public health problem of low health literacy in our state.

Better understanding of the issues relating to low health literacy is essential in order to help these patients overcome the barriers they face. Being able to identify patients with low health literacy is a crucial first step, as these patients are often good at using coping mechanisms that effectively hide their problems. They are often embarrassed or ashamed to admit they have difficulty understanding health information and instructions. Creating a patient-friendly environment makes it less likely for patients to feel ashamed about their inability to read and understand relevant health information. Effective communication strategies are therefore critical when health information needs to be exchanged, responded to, and understood by these patients.

Health literacy was the topic of the October 1<sup>st</sup> Geriatric Grand Rounds, co-sponsored by the Geriatric Education Center of Michigan and the Michigan Center for Rural Health. Presenter Feleta Wilson, PhD, RN, Associate Professor at Wayne State University, College of Nursing, has been actively involved in the research of health literacy. She presented an overview on the issues of low health literacy, particularly concerning the geriatric population, as well as strategies for identifying those with low health literacy and ways to address their needs. The grand rounds presentation was broadcast via interactive video teleconferencing to multiple sites throughout Michigan.

For more information on the issue of health literacy, the following internet resources may prove useful:

- Ask Me 3: [www.AskMe3.org](http://www.AskMe3.org)

- Pfizer Clear Health Communication: [www.pfizerhealthliteracy.com](http://www.pfizerhealthliteracy.com)
- American Medical Association: [www.ama-assn.org](http://www.ama-assn.org)

*Janis Yonker, MSA, Co-Director*  
**Dementia Leadership Network**

The Michigan Dementia Coalition, which comprises universities, community organizations, state agencies and consumers, has facilitated the development of a network of primary care physicians (PCPs) to provide leadership in dementia education among PCPs in the state. The PCP Dementia Leadership Network, chaired by GECM Director Larry Lawhorne, MD, has been meeting and working together since December 2001 to develop more effective ways to recognize patients with early dementia, to incorporate effective and efficient diagnostic approaches for them, and to interact and collaborate more effectively with existing community resources. In addition, the Network seeks to develop educational programs and mentoring for other primary care practices across the state, to work with other organizations and associations to improve reimbursement for the provision of services to people with dementia, and to establish links between primary care providers and specialists in the diagnosis and management of dementia.

Specific accomplishments of the Network thus far include:

- Identification and recruitment of additional primary care practitioners to the network
- Examination of common barriers to the recognition and assessment of people with dementia and identification of strategies to overcome them
- Evaluation of models that have been implemented in other states (Wisconsin, Colorado and Illinois) to educate physicians, improve current practices, and establish a statewide network of dementia diagnostic assessment centers
- Identification of key advocacy issues to improve Medicare coverage for evaluation and management of dementia
- Provision of input and recommendations to the State Dementia Plan regarding the delivery of health care services for people with dementia

### **Driving and Dementia**

For people with dementia and their families, the decision of when to stop driving can be very painful. Many older adults count the ability to drive as a key enabler of independence. Not only can dementia reduce abilities that are required for driving, but it can also impair judgment about one's performance.

The Hartford Financial Services Group, Inc., MIT's AgeLab, and Connecticut Community Care, Inc., developed a user-friendly web-based guide ([www.thehartford.com/alzheimers/index.html](http://www.thehartford.com/alzheimers/index.html)) to help people with dementia and their families to decide when it is time to stop driving. Focus areas that they identified include understanding why driving and dementia is a difficult issue, how to assess concerns about driving behavior, monitoring driving, easing a person's transition from driver to passenger, how to seek help, and understanding how family relationships affect the decision. There is also a section that gives advice from caregivers based on their experiences dealing with this difficult situation.

## **OREGON GEC**

*Patricia Ebert, Program Manager*  
**Dementia Care**

The Oregon Health & Science University's Layton Aging & Alzheimer's Disease Center and the Oregon Geriatric Education Center (OGEC) are working jointly to design & implement a statewide program to build a network of Community Clinician Leaders for Dementia Care. These clinicians will be trained in one or one and one-half day sessions and will be asked to present a one-hour education program to local care providers. Our aim is to disseminate effective clinical tools for the diagnosis and treatment of patients with dementia and to link clinicians and caregivers to statewide resources. For further info on this initiative contact: [boisel@ohsu.edu](mailto:boisel@ohsu.edu).

## **VIRGINIA GEC**

### **Health Career Professionals' Interviews Video and DVD**

Lifelong Health Care Initiatives, the Virginia Geriatric Education Center, Department of Gerontology, School of Allied Health Professions, and Virginia Commonwealth University, would like to announce the arrival of the Health Career Professionals' Interviews available to you on Video and DVD. The Video and DVD feature interviews from seventeen health career professionals ranging from Forensics to Psychology. For more information please contact Tomaree Porter at (804) 828-1565 or [tporter@vcu.edu](mailto:tporter@vcu.edu)

## MINNESOTA AREA GEC

### Geriatric Depression Kit requested by more than 350 primary providers throughout Minnesota

Older adults and their health care providers were the focus of a Fall, 2003 information and education campaign designed to improve the diagnosis and treatment of depression in older adults. Directed by the Minnesota Board of Aging and the University of Minnesota's Center on Aging, the project sought to dispel the myth that feeling down or depressed is a normal part of aging.

Complementing the consumer awareness effort led by the Minnesota Board on Aging was a training initiative led by the University of Minnesota Center on Aging/Minnesota Area Geriatric Education Center (MAGEC) and the Minnesota Medical Association (MMA) that gave health care providers assessment tools and self-directed training materials to better detect depressive symptoms in their older patients. Physicians and allied health care professionals were invited to order a Geriatric Depression Tool Kit free-of-charge that includes assessment protocols, medication-prescribing guidelines and plain-language information sheets that doctors could give to their patients.

U of M Center on Aging Director, Robert L. Kane, MD, explained that a National Institute on Health study reported in the June 18, 2003 edition of the Journal of American Medical Association concluded that while real progress has been made in getting people to acknowledge depressive symptoms and seek treatment, family doctors are not as adept as they should be at recognizing and treating depression and mood disorders. Older adults are especially vulnerable to having their depression overlooked as they generally receive their care from family doctors who receive poor reimbursement for mental health treatment and have limited time to discuss emotional health during routine patient exams. The National Institute of Mental Health Estimates More Than 89,000 Older Minnesotans Struggle With Depression. To date, more than 500 Geriatric Depression Tool Kits have been distributed to physicians and nurse practitioners and additional requests are on back order. MAGEC intends to put all the materials on its website within the next few months.

## NEW MEXICO GEC

*Darlene Franklin, MA, Associate Director*

### Interdisciplinary Geriatric Certificate Program

The NMGEC is announcing their Interdisciplinary Geriatric Certificate Program. The certificate is for all health professions with an interest in Geriatrics. The certificate requires twenty hours of core courses in geriatrics and twenty hours of elective courses/workshops to complete the program. Four sessions of core courses (20 hrs) will be offered in Spring and Fall 2004. All sessions planned are for Saturdays. CME/CEUs will be offered for MDs, PAs and NPs.

The first session will be held on March 13, 2004. Topics include: *Normal Aging* - Review and discuss normal aging changes in the body's system; patterns of disease and common health problems for elderly persons; discuss the impact of aging on society and three ways ageism impacts the quality of care for older adults; learn age related changes in sexuality with a cultural perspective. *Geriatric Assessment* - Describe the process for implementing CGA with an interdisciplinary team of physician, nurse, pharmacist, social worker and other health care professionals as available; explain assessment approaches for the five domains included in CGA protocols (physical, psychological, functional, social, and environmental); and review evidence (case-control studies) in the literature (evidence-based medicine) that different types of CGA improve patient outcomes and satisfaction; and is cost effective.

### WANTED: POSTERS FOR GSA

The NAGEC Bioterrorism and Emergency Preparedness in Aging (BTEPA) Committee is organizing an effort to create a cohesive poster session on Emergency Preparedness and Bioterrorism Curricula for the November, 2004 GSA meeting in Washington, DC.

As co-chairs of the NAGEC BTEP Committee, Bob Roush and Nina Tumosa are asking that any GECs who have a BTEPA program who wish to submit an abstract, please contact either Bob at [rroush@bcm.tmc.edu](mailto:rroush@bcm.tmc.edu) or Nina at [tumosan@slu.edu](mailto:tumosan@slu.edu). The hope is to coordinate the submission of all of the abstracts to either the CM or SRPP sections so that the accepted posters are exhibited together.

## 2004 CALENDAR OF EVENTS

<i>DATE</i>	<i>EVENT</i>	<i>LOCATION</i>	<i>CONTACT</i>
March 10 <sup>th</sup> – 11 <sup>th</sup>	The Journey of the Soul: Spirituality in the Second Half of Life	Richmond Marriott Richmond, VA	804-828-1525 <a href="mailto:eansello@hsc.vsu.edu">eansello@hsc.vsu.edu</a>
March 10 <sup>th</sup>	Keeping Elders Healthy: Strategies for Health Care Providers	Olympic Medical Center Port Angeles, WA	Susan Guralnick <a href="mailto:sgural@u.washington.edu">sgural@u.washington.edu</a> 206.685.7478
March 11 <sup>th</sup> – 14 <sup>th</sup>	15 <sup>th</sup> Annual Virginia Geriatrics Conference: Geriatrics in the 21 <sup>st</sup> Century	The Homestead Resort Hot Springs, VA	Desiree Hodges 804-675-5181
March 24 <sup>th</sup>	Grand Rounds – Falling Through the Cracks: Transition of Elderly Patients Across Levels of Care	Stony Brook University Health Sciences Center Stony Brook, NY	Catherine 631-444-8279
March 24 <sup>th</sup>	Transitions of Care – Patient Safety and Quality Assurance	Stony Brook University Health Sciences Center Stony Brook, NY	Catherine 631-444-8279
March 31 <sup>st</sup>	Grand Rounds - Falls	Stony Brook University Health Sciences Center Stony Brook, NY	Catherine 631-444-8279
March 31 <sup>st</sup>	Best Practice in the Nursing Home	Gurwin Geriatric Medical Center Stony Brook, NY	Catherine 631-444-8279
April 1 <sup>st</sup> – 3 <sup>rd</sup>	28th Annual Oregon State University Gerontology Conference: Transitions in Care	Oregon State University Corvallis, Oregon	Patricia Ebert 503-418-2171 <a href="mailto:ebertp@ohsu.edu">ebertp@ohsu.edu</a>
April 2 <sup>nd</sup> – 3 <sup>rd</sup> & 30 <sup>th</sup> May 1 <sup>st</sup>	Faculty Development: Underserved Urban Elders	Charles R. Drew University Los Angeles	Lucio Arruda 310-312-0531 <a href="mailto:larruda@ucla.edu">larruda@ucla.edu</a>
April 13 <sup>th</sup>	Leadership in Tough Times: Creative Responses to Unfunded Legislative Mandates for Gerontology and Geriatric Education (Pre-Conference, ASA/NCOA)	San Francisco	Lucio Arruda 310-312-0531 <a href="mailto:larruda@ucla.edu">larruda@ucla.edu</a>
April 14 <sup>th</sup> – April 17 <sup>th</sup>	2004 Joint Conference of the American Society on Aging & the National Council on Aging	Hilton San Francisco San Francisco, CA	415-974-9600 <a href="mailto:jc04@asaging.org">jc04@asaging.org</a> <a href="http://www.agingconference.org">www.agingconference.org</a>
April 21 <sup>st</sup>	Keeping Elders Healthy: Strategies for Health Care Providers	Yakima Valley Memorial Hospital Yakima, WA	Susan Guralnick <a href="mailto:sgural@u.washington.edu">sgural@u.washington.edu</a> 206.685.7478
April 23 <sup>rd</sup> – 24 <sup>th</sup>	Fifth Annual Geriatrics in Primary Care Conference	The Orleans Hotel & Casino Las Vegas, NV	702-671-2381
April 24 <sup>th</sup>	Best Practices in the Continuum of Care: Mental Health in Older Adults	Double Tree Hotel Little Rock, AR	Soledad Jasin, PhD 501-257-5551 <a href="mailto:jasinsoledadhd@uams.edu">jasinsoledadhd@uams.edu</a>
April 28 <sup>th</sup>	Grand Rounds – Exercise in the Elderly	Stony Brook University Health Sciences Center Stony Brook, NY	Catherine 631-444-8279
April 28 <sup>th</sup>	Geriatric Rehabilitation	Stony Brook University Health Sciences Center Stony Brook, NY	Catherine 631-444-8279
May 11 <sup>th</sup>	Keeping Elders Healthy: Strategies for Health Care Providers	Jamestown S'Klallam Tribal Clinic Sequim, WA	Susan Guralnick <a href="mailto:sgural@u.washington.edu">sgural@u.washington.edu</a> 206.685.7478

May 13 <sup>th</sup>	Alzheimer's Disease: Update on Research, Treatment and Care	San Diego, CA	858-622-5850 <a href="http://www.adrc.ucsd.edu-events-up_events.html">www.adrc.ucsd.edu-events-up_events.html</a>
May 17 <sup>th</sup>	Geriatric Oncology: The Role of the Primary Care Provider (Pre-Conference, AGS)	Las Vegas, NV	Lucio Arruda 310-312-0531 <a href="mailto:larruda@ucla.edu">larruda@ucla.edu</a>
June 10 <sup>th</sup> – 11 <sup>th</sup>	Geriatric Oral Health: The Missing Link to Comprehensive Care	Marquette University Milwaukee, WI	Julie Murphy 800-799-7878 <a href="mailto:julie.murphy@mu.edu">julie.murphy@mu.edu</a>
June 17 <sup>th</sup> – 19 <sup>th</sup>	5 <sup>th</sup> Annual Summer Geriatric Institute - The Elder in Crisis: Managing Geriatric Emergencies	TBA	Darlene Franklin 505-272-4934
July 17 <sup>th</sup>	9 <sup>th</sup> International Conference on Alzheimer's Disease and Related Disorders	Philadelphia, PA	312-335-5813 <a href="mailto:internationalconference@alz.org">internationalconference@alz.org</a> <a href="http://www.alz.org-internationalconference">www.alz.org-internationalconference</a>

In an effort to keep the *Pipeline* Calendar for larger geriatric/gerontology programs, the following are the links to each GECs individual calendar. If your GECs information is incorrect or missing, please contact us.

## GEC CALENDAR LINKS

<b>Arkansas Geriatric Education Center</b>	<a href="http://www.agec.org/calendar/">http://www.agec.org/calendar/</a>
<b>Arizona Geriatric Education Center</b>	<a href="http://www.agec.arizona.edu/scripts/Calendar.asp">http://www.agec.arizona.edu/scripts/Calendar.asp</a>
<b>California Geriatric Education Center</b>	<a href="http://www.geronet.ucla.edu/centers/cgec#cal">http://www.geronet.ucla.edu/centers/cgec#cal</a>
<b>Consortium Of New York GECs</b>	<a href="http://www.nygec.org/calender.html">http://www.nygec.org/calender.html</a>
<b>Delaware Valley Geriatric Education Center</b>	<a href="http://www.uhps.upenn.edu/aging/dvgec/">http://www.uhps.upenn.edu/aging/dvgec/</a>
<b>Duke University Geriatric Education Center</b>	<a href="http://www.geri.duke.edu/index.html">http://www.geri.duke.edu/index.html</a>
<b>Finger Lakes Geriatric Education Center</b>	<a href="http://www.urmc.rochester.edu/flgec/events.htm">http://www.urmc.rochester.edu/flgec/events.htm</a>
<b>Geriatric Education Center of Michigan</b>	<a href="http://www.com.msu.edu/gecm/programs.html">http://www.com.msu.edu/gecm/programs.html</a>
<b>Geriatric Education Center of Puerto Rico</b>	<a href="http://medweb.rcm.upr.edu/ceg/eng/index.html">http://medweb.rcm.upr.edu/ceg/eng/index.html</a>
<b>Geriatric Education Training Alliance</b>	<a href="http://apollo.med.unc.edu/aging/GETA/AHEC_CEU/index.asp">http://apollo.med.unc.edu/aging/GETA/AHEC_CEU/index.asp</a>
<b>Iowa Geriatric Education Center</b>	<a href="http://www.medicine.uiowa.edu/igec/gls/default.asp">http://www.medicine.uiowa.edu/igec/gls/default.asp</a>
<b>Johns Hopkins Geriatric Education Center</b>	<a href="http://www.jhbmc.jhu.edu/geriat/geriat.html">http://www.jhbmc.jhu.edu/geriat/geriat.html</a>
<b>Central Plains Geriatric Education Center</b>	<a href="http://coa.kumc.edu/gec/ks_gec_ce_opp.htm">http://coa.kumc.edu/gec/ks_gec_ce_opp.htm</a>
<b>Long Island Geriatric Education Center</b>	<a href="http://www.hsc.stonybrook.edu/centers/ligecc/monthly_programs.cfm">http://www.hsc.stonybrook.edu/centers/ligecc/monthly_programs.cfm</a>
<b>Meharry Consortium Geriatric Education Center</b>	<a href="http://www.mmc.edu/MMC/Aging/Main/calendar.html">http://www.mmc.edu/MMC/Aging/Main/calendar.html</a>
<b>Miami Area Geriatric Education Center</b>	<a href="http://www.miami.edu/magec/events.html">http://www.miami.edu/magec/events.html</a>
<b>Midwestern Geriatric Network</b>	<a href="http://midgec.midwestern.edu/events.htm">http://midgec.midwestern.edu/events.htm</a>
<b>Minnesota Area Geriatric Education Center</b>	<a href="http://www.hsr.umn.edu/coa/index.html">http://www.hsr.umn.edu/coa/index.html</a>
<b>Missouri Gateway GEC of Missouri &amp; Illinois</b>	<a href="http://medschool.slu.edu/agingsuccessfully/index.phtml?page=main">http://medschool.slu.edu/agingsuccessfully/index.phtml?page=main</a>

<b>Montana Geriatric Education Center</b>	<a href="http://mtgcec.montana.edu/helpwanted.htm">http://mtgcec.montana.edu/helpwanted.htm</a>
<b>Mountain State Geriatric Education Center</b>	<a href="http://www.hsc.wvu.edu/coa/msgcec/body.htm">http://www.hsc.wvu.edu/coa/msgcec/body.htm</a>
<b>Nevada Geriatric Education Center</b>	<a href="http://calendar.yahoo.com/public/cehso">http://calendar.yahoo.com/public/cehso</a>
<b>New Mexico Geriatric Education Center</b>	<a href="http://hsc.unm.edu/som/fcm/gec/events/">http://hsc.unm.edu/som/fcm/gec/events/</a>
<b>Northwest Geriatric Education Center</b>	<a href="http://depts.washington.edu/nwgec/Event_Calendar.htm">http://depts.washington.edu/nwgec/Event_Calendar.htm</a>
<b>Ohio Valley Appalachia Regional GEC</b>	<a href="http://www.rgs.uky.edu/aging/calendar/index.html">http://www.rgs.uky.edu/aging/calendar/index.html</a>
<b>Oregon Geriatric Education Center</b>	<a href="http://www.ohsu.edu/ogec/calendar.html">http://www.ohsu.edu/ogec/calendar.html</a>
<b>Rhode Island Geriatric Education Center</b>	<a href="http://www.uri.edu/outreach/rigec/program_calendar.html">http://www.uri.edu/outreach/rigec/program_calendar.html</a>
<b>South Carolina Geriatric Education Center</b>	<a href="http://www.musc.edu/scgec/calendar.htm">http://www.musc.edu/scgec/calendar.htm</a>
<b>Stanford Geriatric Education Center</b>	<a href="http://www.stanford.edu/dept/medfm/gec/workshop.html">http://www.stanford.edu/dept/medfm/gec/workshop.html</a>
<b>University of Florida Geriatric Education Center</b>	<a href="http://www.med.ufl.edu/med/gec/geccme.html">http://www.med.ufl.edu/med/gec/geccme.html</a>
<b>University of South Florida GEC</b>	<a href="http://www.med.usf.edu/suncoast/alzheimer/calendar.htm">http://www.med.usf.edu/suncoast/alzheimer/calendar.htm</a>
<b>Washington DC Area GEC Consortium</b>	<a href="http://wagecc.gwumc.edu/html/calendar.html">http://wagecc.gwumc.edu/html/calendar.html</a>
<b>Western Reserve Geriatric Education Center</b>	<a href="http://www.wrgec.org/cgi-bin/calendar/framecal/framecal.pl?calendar=wrgec&amp;public_access_op=on">http://www.wrgec.org/cgi-bin/calendar/framecal/framecal.pl?calendar=wrgec&amp;public_access_op=on</a>
<b>Wisconsin Geriatric Education Center</b>	<a href="http://www.wgec.org/wgec_services/wgec_calendar.html">http://www.wgec.org/wgec_services/wgec_calendar.html</a>