



NAGEC NEWS

Andrea Sherman, PhD, President

Andrea Sherman, NAGEC President, represented our organization at the Interdisciplinary Advisory Board Community Based Linkages meeting in Washington DC on June 24th. Recommendations from NAGEC were made to the committee concerning funding, authorization, and cross-cutting issues such as evaluation, ethnogeriatrics and distance education. The two key areas of interest from Dr. Duke at the Bureau are Geriatrics and Genetics. Request letters were sent by NAGEC to all members of the House and Senate Appropriations committee in keeping with NAGEC's 30 million dollar FY 2003 budget recommendation. The NAGEC Council continues its revision of the by-laws, committees, restructuring of the website, and potential staffing. Our next meeting will be in Boston at the GSA conference.

STANFORD GEC

Bureau Health Initiative

The Stanford Geriatric Education Center developed with the Community-University Roundtables Project and local Senior Centers serving ethnic elder minority women a model of innovative programming: the Senior Women's Breast Health Initiative. The initiative culminated in two events. On May 17th thirty minority senior leaders from local communities were honored with a luncheon in a European style restaurant at which Dr. Denise Johnson, surgical oncologist, shared the latest innovations in breast cancer prevention, detection and treatment. A lively discussion ensued where these senior women described their experiences with breast and other cancers as well as voiced their concerns about access issues, personal issues to pursuing breast care, and how to utilize local resources. Ethnic specific resource material was made available, and material was translated for Spanish-speaking participants. A Spanish speaking interpreter was also present. Each woman received a corsage, two gift bags with scented soaps and breast self-exam shower tags .

"Sisters Keepers": Sharing Health in East Palo Alto and Bellehaven, a Reception and an exhibit of photographs by Veronica Jones of the Women's Breast Health Initiative Luncheon will be held on August 14, 2002. Attendees will not only bear witness to the beauty and grace the images convey, but will also take away important breast health information. This second event will be held at the East Palo Alto Senior Center and attended by health and social services providers and students, as well as East Palo Alto and Bellehaven seniors and other residents.

OHIO VALLEY APPALACHIA REGIONAL GEC

Arleen Johnson, PhD, Director

2002 OVAR/GEC Best Practices in Long Term Care Awards

Best practices are used to identify and describe patient-centered problems and to increase awareness of creative solutions to similar problems. They help providers to learn more about identifying and assessing the critical components of patient care while enabling the development of the skills required for implementing and replicating such practices in health care settings.

The OVAR/GEC at the Universities of Kentucky, Louisville, Cincinnati, and East Tennessee State University conducted a competition to identify best practices in long term care settings across the three-state region. During fall 2001, over 800 Best Care Practices nomination forms were distributed to health care facilities across the region through targeted mailings and program presentations. Notices were included on the OVAR/GEC Internet web site and in various newsletters and publications directed to long term care providers. The nomination form explained

the purpose of the program and contained information regarding the award process, rules for nomination, selection criteria, and deadlines.

Three health care professionals from geriatrics settings in each of the four OVAR/GEC institutional areas were invited to be peer reviewers. In spring 2002, they reviewed the 12 nominations that were received and selected four (one representing each OVAR/GEC institutional area) to receive the OVAR/GEC 2002 Best Practices Awards. Awards were granted for a two-year test of a method that gradually reduced doses of antipsychotic drugs; an integrated system that eased the transition of older citizens into a caregiver facility environment; a Quality of Life Team that coordinated services among all departments of a facility and focused on patients' weight loss, skin integrity, safety, rehabilitation and dignity; and new methods of caring for at-risk patients without the use of physical restraints.

The award recipients received free registration for the three-day annual University of Kentucky Summer Series on Aging Conference plus reimbursement for all expenses. At the conference, in a special session, the recipients were awarded an engraved plaque and each described their facility's best care practice. A public service announcement and a picture of the recipients were sent to the local newspaper for each of the award winners.

The initiation of the OVAR/GEC Best Practice Award in Long Term Care was highly praised for identifying and featuring regional, creative, patient-centered activities that improved patient care and were replicable. Providers attending the best care practices session indicated a need to learn how to collect data and to better use existing data to describe and document changes related to best care practices. The collection and use of evidence-based data will be a topic for the 2003 Summer Series on Aging Conference.

VIRGINIA GEC

Lessons Learned From Validation Therapy Workshop

The Virginia Geriatric Education Center hosted a one-day workshop on Validation Therapy conducted by the creator of the Validation Method, Naomi Feil. Over 130 health professionals, caregivers, and family members attended the July 13 workshop. Validation is a method of communicating with the disoriented old-old who have Alzheimer's -type dementia. Validation stresses empathizing with a disoriented older adult, rather than trying, often unsuccessfully, to force reality on the person.

The workshop was publicized well in advance, with brochures going out to several mailing lists around Virginia. Also, the Richmond newspaper ran an article on Validation, which really prompted even more local response. We decided during the planning phase to accept advance registrations and to charge a higher admission fee to those who would pay at the door. At the time that we booked our location for the workshop, we did not anticipate the massive response. It became apparent that we may have to turn people away at the door, based on the number of advance registrations that we got. The space that we reserved for the workshop turned out to be perfect for the turnout that we had that day. However, the next time that we present Naomi Feil, or any other noted speaker, we will book a larger auditorium, in order to eliminate the possibility of turning away attendees at the door.

TEXAS CONSORTIUM OF GECs

Robert E. Roush, EdD, MPH

The TCGEC Approach to Determine Accuracy of Health Information Accessed From Websites

From the launch of the WWW on Christmas Day, 1990, (Berners-Lee, 1999) to April 2002, there were 38,118,962 Web sites (<http://www.zakon.org/robert/internet/timeline/>). The Pew Internet and American Life Project found 52 million U.S. adults using the Web to obtain health information, with 70% finding and using information through unguided searches on 17,000 health Web sites (Fox S et al., 2001). The Pew study also found that wired seniors log on daily (69%) at higher rates than do average Internet users (56%). All of this is good if the information found and used is accurate. Despite published criteria to evaluate health-related Web sites (Kim P et al., 1999), too few Web pages reveal the four metadata elements used as proxies for accuracy: authorship, attribution, disclosure, and currency (Silberg W, 1997). One information technology research project revealed the average number of these four elements being as low as 1.23 per Web page (Shon J & Musen M, 1999). The Texas Consortium of Geriatrics Education Centers (TCGEC) at the Baylor College of Medicine Huffington Center on Aging utilizes the metadata technology to gauge the accuracy of health information on Web sites linked to their Distance Learning Menu at http://www.hcoa.org/tcgec/Distance_Learning.htm, whose mean number of accuracy proxies exceed 3.0/page. We

also teach students and fellows to "peer review" health sites using the TCGEC/Huffington system as the basis for writing information prescriptions for their older patients and the patients' caregivers.

GERIATRIC EDUCATION- Kids Into Health Careers

Marie Bernard, MD, University of Oklahoma

AGHE members continue to have a keen interest in exciting students and professionals about careers in aging. We are also very aware that this kind of excitement can and should start early in an individual's educational career. In response to a drastic decline in the number of minority and underserved individuals making application to medical school, the "Kids into Health Careers" (KIHC) initiative was begun by the Bureau of Health Professions in 1999. Now integral to many funding sources, this initiative has become a focal point for geriatric education centers, advancing the cause of health careers in service to elders. The Virginia GEC for the last two years has initiated a KIHC program for both K-8 and high school students, developing a curriculum that is culturally and age sensitive (and fun!) for very young students through high schoolers. Integral to our program has been developing partnerships with our local AHEC, students from local inner city and surrounding school systems, and the Exploring, Learning for Life program. Also key to our efforts has been implementation of a comprehensive evaluation and assessment process to begin to better understand why and how career perceptions and decisions are made. Pre-post data is being collected and longitudinal data collection is planned. A complete guide to setting up a training program will be available in the Spring of 2003. Some examples of activities include field trips geared to satisfying the younger group's curiosity and classroom based career and aging exploration for the high schoolers.

CALENDAR OF EVENTS

<i>DATE</i>	<i>EVENT</i>	<i>LOCATION</i>	<i>CONTACT</i>
August 20 – 22, 2002	Summer Institute 2002 "Geriatric Perspectives"	Oregon Health & Sciences University	503-494-7757
August 23 – 24, 2002	6 th Annual Controversies in Women's Health	Disneyland Hotel Anaheim, CA	Lucio Arruda 310-312-0531 larruda@ucla.edu
September 4-6, 2002	National Conference on Indian Aging: "Healing Ourselves, Healing Our Communities, Healing Our World"	Convention Center Albuquerque, NM	Eva 505-292-2001
September 6 – 8, 2002	Faculty Development Conference: Interdisciplinary Team Building	Embassy Suites Charleston, WV	Sara Jane Gainor 304-293-2265 sgainor@hsc.wvu.edu
September 12 & 13, 2002	Wound Care in the Elderly	Rosen Plaza Hotel Orlando, FL	1-800-627-8258
September 18, 2002	Geriatrics Mini-Course	Chicago, IL	Jan Severance, PhD 630-515-7623 jsever@midwestern.edu

September 19 – 21, 2002	2002 National Rural Women's Health Conference Linking Mental, Behavioral, & Physical Health	Westin Grand Hotel Washington, DC	1-800-778-8632
September 25 – 28, 2002	Board Review Course in Geriatric Education	Delavan, WI	Penny Romasko 414-384-2000 X42788
September 25 – 28, 2002	19 th Annual UCLA Intensive Course in Geriatric Medicine & Board Review	Marina Beach Marriot Marina del Rey, CA	Lucio Arruda 310-312-0531 larruda@ucla.edu
September 25 – 28, 2002	Intensive Course in Geriatric Pharmacy & Board Review	Marina Beach Marriot Marina del Rey, CA	Lucio Arruda 310-312-0531 larruda@ucla.edu
October 7 – 8, 2002	Religious Influence on Health & Well-Being in the Elderly	Penn Stater Conference Center Hotel State College, PA	Judy Hall 814-863-5100 ConferenceInfo1@outreach.psu.edu
October 11-13, 2002	Geriatric Services Management Training	Crown Plaza Hotel Los Angeles, CA	Caterina de Carvalho 310-312-0531 cdecarvalho@mednet.ucla.edu
November 22-26, 2002	55 th Annual Scientific Meeting of the Gerontological Society of America	Boston Marriott and Westin Copley Place, Boston, MA	202-842-1275