

Gerontology Newslink

FALL 2003

Gerontology Program Office Hours

The Gerontology Program office is available to assist students, professionals, and community members in accessing information about our programs, aging issues and services related to our aging population. To reach us, the direct office number is 507-389-1563. One of the graduate assistants can be found Monday - Friday between 8A.M.-5P.M. in Trafton N335. Specific office hours for graduate assistants are posted outside Trafton N335.

We Are Here to Serve You

The Gerontology Program is fortunate to have three graduate assistants for the 2003-04 school year. We have two newcomers to the graduate office, second year grad student Anne Nowatzki and first year grad student Shelly Sohre. Anne graduated from the University of North Dakota with a BS in Education and taught in Ulsan, South Korea, Grand Forks, ND, and Detroit Lakes, MN before moving to St. Paul and spending the last four years working for American Express Financial Advisors. Her interest in the field of Gerontology stems from many years working as a nurse's and home health aide. After graduation Anne would like to work in assisted living. Outside of school and the office Anne enjoys hiking, rock climbing, traveling, and curling up with a good novel. Shelly is a recent graduate of MSU last spring where she received her degree in social work. Shortly after graduation, Shelly completed her licensure in social work and now has her LSW. Shelly hopes to pursue a career as an

administrator of a nursing home or assisted living facility. Shelly is originally from Good Thunder, MN and in her spare time likes to watch movies, travel and spend time with her family and friends. Molly Schuttinga returns again for her second year as a graduate assistant. Molly was able to do her internship this summer with Allina Hospice and Palliative Care in St. Paul and was able to get hands on experience with hospice (which was an awesome experience). After her internship, Molly has become very interested in working with hospice and issues of death and dying. Molly would also like to pursue her licensure in social work after graduation.

Ignorance, Assumptions, and HIV/AIDS

Alzheimer's. Parkinson's. Heart disease. When reading those words do you automatically associate those diseases with elders? Here's another one: HIV/AIDS. What came to mind? Gay men? Drug users? Sexual promiscuity? Youth? Would you be surprised to learn that out of the estimated 800,000 to 900,000 U.S. residents living with HIV infection 10% of those diagnosed with the disease are age 50 and older? While many of those people were infected before the age of 50, the number infected after age 50 continues to increase. Many older people are fearful and ashamed of getting tested. When diagnosed they are afraid to tell their families and may be more susceptible to depression and isolation. Elders with HIV/AIDS do not live as long as younger people when diagnosed, often because by the time they are tested they are in an advanced stage of the disease.

We as students and health and community professionals need to educate and be educated about the spread of this disease in the populations we serve. Prevention programs targeted towards people of color are especially important as 52% of the people diagnosed age 50 and older are African American and Hispanic.

When examining the growing number of elders with HIV/AIDS we find there are three main reasons for the spread of this disease in the over-50 population. First, while preventive education programs are widespread in the fight against HIV/AIDS, few programs are targeted towards elders. This lack of education leads to ignorance about the spread of the disease and necessary testing. In addition to the lack of discussion with partners about sexual practices and drug use, elders are less likely to discuss sexual and drug practices with their doctor. Unfortunately, many doctors don't think to discuss sexual matters and drug use with their older patients. Equally alarming, signs of HIV/AIDS are often not recognized in elders, by themselves or their doctors, and are rather attributed to the aging process.

Next, women outliving men combined with the growing rates of divorce increases the chances of men having multiple sexual partners. Spread of the disease through sexual contact is exacerbated by post-menopausal women who feel they no longer have to use condoms or other protection because they can no longer become pregnant. Post-menopausal women may also be more susceptible to infection because of vaginal dryness and thinning and the likelihood of small vaginal tears during intercourse. Indeed, over a recent 5-year period the number of new infections in women age 50 and older increased by 40%.

Finally, while elders aren't usually associated with shooting up illegal drugs and sharing needles, it has been discovered that due to the high cost of diabetic supplies some elders will share needles used to check blood glucose and

inject insulin and spread the disease in that manner.

In addition to the direct health related effects of HIV/AIDS on elders, attention must be paid to a more prevalent consequence this epidemic has on the elder population. Many unprepared elders are left caring for family members with HIV/AIDS or left to raise their grandchildren after a son or daughter has died of AIDS. Resources and help must be made available in communities to help elders deal with the financial, emotional, and physical stress of these tasks.

Again, HIV/AIDS related education and prevention programs must target the elderly. Health and community professionals must be sensitive and prepared to meet the needs of this growing population. While there appears to be a dearth of educational information out there, the National Institute on Aging along with the National Institute of Health has factual information at (www.nih.gov/nia). Similar information can be found at the Center for AIDS Prevention Studies at

<http://www.caps.ucsf.edu/capsweb/over50.html>

. **Most promising, NAHOF, the National Association on HIV over Fifty, provides factual information, educational resources, and a newsletter at**

<http://www.hivoverfifty.org/>.

Information for this article was obtained from the National Institute on Aging and the National Institutes of Health, National Institute of Allergy and Infectious Disease and was statistically current as of 1999.

Gerontology Job Board

Current college students and soon-to-be or recent MSU graduates are looking for work! If you know of full or part-time job opportunities for those in Gerontology or related fields please call 507-389-1563 or fax us the information at 507-389-6769. We will post job openings on the job board outside our office.

Faculty Profile: Professor Diane Witt

We are pleased to welcome the newest member of the Gerontology Program Faculty Committee, Professor Diane Witt. Professor Witt joined MSU seven years ago in the nursing department. Witt is a MSU nursing graduate and attended the College of Saint Catherine in St. Paul where she received her Masters in nursing. Currently, Witt is completing her Ph.D. program through Duquesne University in Pittsburgh, PA where she will also receive a post masters certificate in trans-cultural nursing.

As collaboration with nurses is critical in the work we do with the elderly, we are excited to have another member from the nursing school join the Gerontology Program faculty. As we are seeing an increase in the elder population, we are also seeing an increase and shortage of nurses. When asked, Witt mentioned that MSU is working hard to keep up with this problem. In the past MSU has only admitted 40 students into the undergraduate program per semester, but this year the new accelerated nursing program has increased the enrollment to 64 students, 16 in the accelerated and 48 in the regular program. With the new program, MSU allows students who already have a bachelor's degree from any discipline to finish the nursing program in only 18 months.

Professor Witt brings a variety of work experience with the elderly to the program. Originally Witt did not plan on going into nursing. However, while working as a Physical therapy aid and not seeing people get better, Witt decided to go into nursing to play a more active role in health promotion and prevention. When attending pre-nursing courses at St. Cloud Witt worked at a senior center with a volunteer program called OASIS, an information and referral resource for seniors. After graduating from MSU, she worked in Rochester on an ENT unit using a holistic approach for people who had throat cancer.

Witt's interest in working with the elderly began when she returned to Mankato and worked on the adult medical and hospice unit at Immanuel St. Joseph's hospital where the primary consumer of health services were older adults. After deciding to go back to school to get her Master's in nursing she worked at Waseca Family Physicians as an adult nurse practitioner. Witt worked with a diverse population in the federal correctional facility in Waseca where differences due to lifestyles and stressors in the ethnic population caused diseases to occur at younger ages in ethnic minorities than in Caucasians. This opportunity to work with aging ethnic populations further cultivated Witt's interest in gerontology.

Currently, Witt is planning on beginning her dissertation in January, which will explore rural agrarian subculture. Witt has found the literature does not differentiate between farm and non-farm rural aging. When working on her masters, Witt chose the adult nurse practitioner role as her focus area, knowing that she would be living in a rural area with a broader scope of practice.

Outside of school, Witt is married and has one son and one daughter. They reside on a farm with their dog and various other pets. Witt enjoys walking, hiking and being out in nature as well as camping and doing anything that has to do with water. Witt is also part of a women's bowling league, enjoys attending her kids' sporting events and hanging out with family and friends.

2003 Mankato Memory Walk

On September 9, 2003 grad assistant Anne Nowatzki participated in Mankato's Memory Walk. Raising over \$16,000 for the Alzheimer's Association, more than 200 people gathered in Sibley Park to walk for the cause, enjoy live music, eat, and visit.

Anne works part-time as a Care Manager/Med Care Manager at Sunrise Cottage of Mankato and joined Sunrise's team of 39 people

consisting of staff, residents, and family members of residents. Truly an intergenerational effort, team members ranged in age from four weeks to 86 years old, with Anne's 6-year-old "little sis" Abby from the Mankato YMCA Brother/Sister program also participating. Sunrise's team raised \$3800 for the Alzheimer's Association.

Working closely with elders with dementia has been a valuable learning experience for Anne as she nears completion of her Gerontology degree. However, feeling as though she hasn't really gotten the perspective of family members in her work, Anne decided to conduct an interview with Sandy, daughter of Agnes, a resident at Sunrise Cottage of Mankato:

What were the initial signs of your Mom's illness? Were there dissenting opinions about what was happening and how to handle it in your family?

Mom would repeat herself several times within minutes. She would call family and friends two or three times a day. She couldn't remember where she parked the car. As a family we were in agreement to keep her in her home if possible.

Describe the progression of your Mother's disease in terms of support needed in living arrangements and care.

We arranged for a Home Health Aide, but she really didn't see the need or accept the help. I moved her to Laurel's Edge Assisted living in June of 2000. I moved her to Sibley Manor East and eventually to Sunrise Cottage when her wandering became an issue.

What frustrations have you and your family encountered in the pursuit to provide adequate care for your Mother?

The most frustrating part has been continuity of care. As Mom has become so vulnerable I try to work with staff to be very vigilant in her care. When decisions are not passed on to the next shift, I fear for her health. I would also say that I am much more comfortable now than I was five months ago.

What suggestions would you offer to current students of Gerontology and related fields and those people already working in the community for providing excellent and appropriate service to those affected by dementia (elders AND their families)?

Never forget that this population probably had a very active life before dementia and deserve your attention and respect. Whereas their capabilities are diminished, they are not children and should be treated as vulnerable adults. They have families who love them and are relying on you to provide the very best possible care.

* * *

"Let's be as concerned about breaking people's spirits as we are about breaking their hips."

-Dorothy Seman

Ninth Annual Alzheimer's and Dementias: Challenges of Caring

Nurses, directors, and other professional caregivers gathered at South Central Technical College October 23, 2003 to participate in the Ninth Annual Alzheimer's Conference providing current and vital information for those working with persons with Alzheimer's disease and other dementias.

Speaker Jamie Pennington, Regional Center Director at the Rochester, MN office of the Alzheimer's Association, gave presentations on "Caregiver Flare" and "Developmental Disabilities and Alzheimer's Disease." Mary Alice Carlson, Director and Family Service Provider for the Duluth Center of the Minnesota-Dakotas Chapter of the Alzheimer's Association presented "Maintaining Strength through Music" and "Sexuality and Alzheimer's Disease."

Dr. Bruce Sutor, consultant in the Mayo Clinic's Department of Psychiatry and Psychology and an Assistant Professor at Mayo Medical School provided the latest information

on pharmacological approaches to behavioral problems and the dangers of focusing too heavily on pharmacology. A highly informational article by Dr. Sutor and colleagues entitled Assessment and Management of Behavioral Disturbances in Nursing Home Patients With Dementia can be found at:
<http://www.mayo.edu/proceedings/2001/may/may2001.html>

Perspectives from family caregivers were given by Mel Alms, whose wife had Alzheimer's, and Dee Bush, caregiver for her mother.

The Alzheimer's Association can provide educational resources for your organization. Go to www.alzmdak.org for more information. Speakers specializing in a variety of topics on Alzheimer's disease are also available. Call the Director of Volunteer Programs at 1-800-232-0851 or 952-857-0520.

Research on Anaerobic Power and Muscular Strength in Older Adults

Mary Visser, Associate Professor of Human Performance and member of the Gerontology Program Faculty Committee at Minnesota State University, Mankato, has been conducting research on anaerobic power and muscular strength in older adults. A serious health issue that faces the elderly population today is the risks of falls which can lead to immobility and the loss of independence. According to research done by the National Center for Injury Prevention and Control more than one-third of all persons 65 years of age and older suffer from falls each year. Visser states that it is not strength that keeps a person from falling but that it is the amount of power they possess. Visser stated, "...being strong means that you can produce muscular force, but powerful means you can produce greater

muscular force per unit of time, which means I can move more quickly."

Anaerobic power and strength can be measured through certain tests and calculations, but a problem arises with these tests when measuring older adults. The common tests that are used involve activities such as running up a flight of stairs as fast as one can, vertical jumps, and running dashes. These kinds of tests are inappropriate for older people as they are usually not able to perform them. This led Visser and colleague, Professor Pamela Macfarlane from Northern Illinois University, to invent a machine that could measure the amount of power of a person without the running and jumping. Knowing the amount of power an older person possesses would be very helpful in developing physical training that could ultimately reduce falls. This machine would then be helpful for physical and occupational therapists when working with the elder population.

Visser has named the tool she invented the "Power Tool". It is a machine that stands straight and has two open arms making it easy for a person to run an object through it as fast as they can. This tool will then measure the amount of power it took for this activity. Visser faces the problem of proving this machine's validity. Now in the process of doing just that, Visser is having different groups of people perform the standard tests that measure anaerobic power and then having them use the "Power Tool" to see if the results are consistent. She first tested this machine on a group of football players, then on young women, and now she is in the process of testing middle aged women. So far the results have been consistent, and through enough testing Visser will be able to prove that the "Power Tool" is an accurate and useful tool to begin helping increase the power of older adults. Visser stated that she enjoys her research and hopes the "Power Tool" will benefit older adults in the future by decreasing falls and helping elders maintain their independence.

Gerontology Newslink Address and Email Update

As you can see, the Gerontology Newslink is online! It will continue to be found on our official web page www.mnsu.edu/gero. Although we will no longer be sending the Newslink via the mail, we would still like to keep in touch with our graduates. If you would like to be on our emailing list, please let us know by emailing molshay@yahoo.com. Otherwise, you can send us your information by mailing it to the Gerontology Program/Center on Aging, Minnesota State University, Mankato, 358 Trafton Science Center N, Mankato, MN 56001 or fax to 507-389-6769. We want to do our best to keep you informed about what is going on at MSU and by being on the list, we can let you know when the next Newslink will be coming on-line for the spring semester. Thanks!

Name: _____

(if this is a name change, include your maiden name)

Address: _____

E-mail: _____

Career News and Professional

Achievements: _____

I am a(n):

Alumni-Year Graduated Aging-Agency Graduate Student

Undergraduate Other-please specify _____

Thank You!!

Gerontology Program - Spring Semester Courses 2004

<u>Course #</u>	<u>Class</u>	<u>Date/Time</u>	<u>Professor</u>
Core Courses			
GERO 600	Theories and Practice	TH 6-8:45 P.M.	Elliott
GERO 200	Aging: Interdisciplinary Perspectives	M 6-8:45 P.M.	Elliott
Electives			
HLTH 4/555	Health and Aging	TH 6-8:45 P.M.	Nandy
GERO 4/580	Nursing Home Admin. (Held at Lake Shore Inn, Waseca)	W 6-8:45 P.M.	Madel
PSYC 4/566	Psychology of Aging	M 6-8:45 P.M.	Betts
SOWK 4/519	Social Work and Aging	W 6-8:45 P.M.	Frank
GERO 677	Individual Study	Arranged	Elliott
Nursing Home Administration			
MGMT 330	Principles of Management	MW 3-4:15 P.M.	Flannery
		3-4:15 P.M.	Miller
		1:30-2:45 P.M.	Flannery
		MWF 10-10:50 A.M.	Hinrichs
		11-11:50 A.M.	Hinrichs
		T,H 9:30-10:45 A.M.	Pragman

		8-9:15 A.M.	Pragman
ACCT 210	Management Accounting	MWF 8-8:50 A.M.	Williams
		10-10:50 A.M.	Williams
		11-11:50 A.M.	Williams
		T,H 8-9:15 A.M.	Okleshen
		9:30-10:45 A.M.	Okleshen
		12:30-1:45 P.M.	Zelin II
		2-3:15 P.M.	Woehrle
		3:30-4:45 P.M.	Woehrle
		T Eve	Bowyer
GERO 200	Aging: Interdisciplinary Perspectives	M 6-8:45 P.M.	Elliott
GERO 600	Theories and Practice	TH 6-8:45 P.M.	Elliott
NURS 340	Gerontological Nursing	F 10-11:50 A.M.	Smith
HLTH 4/555	Health and Aging	TH 6-8:45 P.M.	Nandy
GERO 4/580	Nursing Home Administration.	W 6-8:45 P.M.	Madel
MGMT 4/540	Human Resource Management	T,H 11-12:15 P.M.	Schumann
MGMT 200	Introduction to MIS	MWF 12-12:50 P.M.	Kim
		8-8:50 A.M.	Kim
		M 6-8:45 P.M.	Kaliski
		T 6-8:45 P.M.	Brown
		W 6-8:45 P.M.	Kaliski
		T,H 3:30-4:45 P.M.	Kawatra
		3:30-4:45 P.M.	Brown
GERO 4/698	Practicum/Nursing Home Admin	Ind. Arr.	Elliott

A member of the Minnesota State Colleges and Universities System. MSU is an Affirmative Action/Equal Opportunity University. This document is available in alternative format to individuals with disabilities by calling The Gerontology Program at 507-389-1563 (v), 800-627-3529 or 711 (MRS/TTY).