



From the Director's Desk

by Robin McAtee, PhD, RN, FACHE, Director
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This is my first "From the Director's desk" article from the Arkansas Geriatric Education Collaborative (AGEC), the Geriatric Workforce Enhancement Program for Arkansas. I am excited as we begin this year of grant activities and what this year holds for us. I have rather large shoes to fill with Dr. Chernoff handing the reins of this grant to me in July of this year, but am very confident in that she has been an exceptional mentor to me for the past decade (or more) and is still by my side helping and guiding with sage advice! Thank you Dr. Chernoff for conceptualizing and implementing the AGECE initiatives for success and for your knowledge and leadership. The geriatric field and practitioners have benefited greatly from your contributions!

As we begin the final year of this three year grant, we are starting with...

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2017 New Herpes Zoster Vaccine

By Ashley McPhee, PharmD Candidate and Lisa Hutchison, PharmD, MPH, UAMS

Herpes zoster, commonly known as shingles, is a viral infection that causes a painful rash. The rash usually occurs on one side from the middle of the back toward the chest, but it can occur in other areas as well. Shingles is the result of reactivation of the existing but undetected varicella zoster virus (VZV). This is the virus that causes chickenpox. 1 Nearly all older adults have the VZV dormant in their nervous system because they were exposed to chicken pox as a child. 2 Protection from reactivation is dependent on cell-mediated immunity. This type of immunity decreases as we age. 3 We have certain diseases, or medications. An example of disease and medications include Human immunodeficiency virus (HIV) and high-dose steroid treatment. The average age for shingles to occur is...

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Occupational Therapy Student's Poor Knowledge of Aging Demonstrates Need for Gerontological Literacy

By LaVonia Traywick, PhD, University of Central Arkansas (UCA) and Terry Griffin, PhD, Kansas State University (KSU)

Society as a whole is aging and there are not enough health care providers in any health related field, including Occupational Therapy, to meet the current or expected needs of the senior adult population (ElderCare Workforce Alliance, 2011). According to the Administration for Community Living (2016), the senior adult population makes up 14.5% of the population in the United States. This number is expected to increase to 21.7% by 2040. Results from the National Ambulatory Medical Care Survey (Aushman, 2015) indicated that senior adults aged 65 and over visited medical offices more than twice the rate than the remaining groups (adults aged 18-64 and children under age 18 years). The current literature shows...

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Health Literacy for Health Care Professionals

By Shannon Brantley, MCD, CCC-SLP, Arkansas State University (ASU) Communication is a complex task. Communication between healthcare professionals and patients often increases this complexity due to reduced or poor health literacy skills of patients. Health literacy refers to "the degree to which individuals can obtain, process, and understand basic health information and services they need to make appropriate health decisions" (Healthy People 2010). Approximately one-third of adult Americans, including nearly 80,000 Arkansians (7 percent) are affected by low health literacy (Baner, Kofke, Thies-Mason, 2017 and Coleman, Peterson-Perry, & Burness, 2016). Even more staggering is that 70 percent of older adults (65 yrs. and older) in the United States have low health literacy skills (Bogayev, Verdte, Wolfe & Pogner, 2015 & Chesner, Woods, Smothers, & Rogers, 2017). The impact of low health literacy is associated with...

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Million Veteran Program: A Partnership with Veterans

By Gretchen Gibson, DDS, MPH

Veterans Health Administration Central Office (VHACO), Fayetteville, Arkansas During this month of celebrating Veteran's Day, it seemed appropriate to recognize another continued service of our Veterans, beyond their military time. The Million Veteran Program (MVP) is a research program designed to better understand how genes affect health and illness. Data collected as part of the MVP will help enhance disease screening, diagnosis and prognosis for both Veterans and all Americans.

Data collection began in 2011 at various VA hospitals throughout the United States. To date, the MVP has over half a million Veterans who have volunteered and enrolled. Therefore, this is now the world's largest genomic database, or genetic biorepository. Veterans who volunteer are asked to complete a short questionnaire and donate one vial of blood. This genetic data is linked to their questionnaire and the VA electronic health record to aid in the development of new diagnostic tests, precision or targeted medications, precision therapies and to look at the link of military exposures to genetic susceptibility to aid in novel approaches to treating these conditions. Older veterans are...

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Upcoming Events

Save the Dates for the AGECE Free 2-Hour Fall Video Teleconference!

December 13, 2017

"Safe Opioid Prescribing Practices for Older

Adults/Substance Abuse and Misuse Among Older

Adults," presented by

Maat George, MD, Assistant Professor and UAMS Geriatrician and Pain Management

Specialist, Hospice Medical Director & Director of the Geriatric Palliative Care Program,

and Denise Compton, PhD, Assistant professor and UAMS Clinical Psychologist and Geriatric

Neuropsychologist.

2 hours FREE Continuing education credits available for a variety of disciplines.

Questions? Email us at agec@uams.edu

Educational Opportunity!

Are you working with older adults and want to learn more about the disease conditions and illnesses that affect this population? We have

just the program for you -- Arkansas Geriatric

Mentors and Scholars Program, also called

AR-GEMS. AR-GEMS is a 60-hour self-study

program for all health professionals across disciplines who work

with older adults and want to learn more about the aging process as

well as improve the delivery of care. For more information on AR-

GEMS, visit us at www.ark.org/gems/

Pearls of Wisdom 5 Great Things About Growing Old

By Anne-Marie O'Neil

You'll be happier

As it turns out, most grumpy old people used to be grumpy young people.

Aging doesn't turn a cheerful person into a

grump. Research has shown that as we age, we become more emotionally

stable and content. (Laura Conditman, 50)

Wise Decisions Will Come More Easily

Scientists used to think that we lose a significant number of our brain cells as we age, but more

sophisticated scans have debunked that theory. We now know that we hit our

cognitive peak between the ages of 40 and 68...we're better problem

solvers and can more quickly get the gist of an

argument. It's the reason why judges and presidents tend to be middle-aged or

older. (Barbara Strauch, 56)

The Fashion Police Will Be Off Your Back

Go ahead and wear finger-rolling slacks or orthopedic sandals. No

longer must you prance around in painful heels.

Now you can climb steep steps and your wrinkles are magnificent backbones.

You may have to forgo a small kink if you want men to rest to your wit. (Gail Sheehy, 74)

You'll Know Who You Are

A sense of urgency comes with aging. Before I was 75, I was tentative about

many things. But now, I know my own voice, and most important, I have the

confidence to use it. Today I am blogging and giving speeches and participating

in all sorts of activities that I would have been incapable of back in my

60s. (Betty Reed Steink, 69)

You'll Have Time on Your Hands

If you've been diving yourself for years... working, raising a family, or

both--it's an adjustment to have spare time once your job has slowed down and

the kids have flown the coop. The good thing about it is that you've seen

it all, lived it all, felt it all--and now you can take a moment to share what

you've learned. (Annie Kremer, 55)

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