

Need Geriatric Information?

GET THEE TO A GERIATRIC EDUCATION CENTER

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An article published in the October issue of the Journal of the American Chiropractic Association¹ suggested a growing need for more chiropractic research and investigation into the effects of chiropractic care for geriatric patients. According to the article, an estimated 17 percent of the average chiropractic practice is aged 65 or older.² Seventeen percent may not seem high, but when you consider that the nation's nearly 33 million 65 and older population comprises less than 13% of the national population, it would seem that seniors have already discovered the benefits of chiropractic care. Keep in mind, this number does not include the nearly 76 million baby boomers (1946-1964), the first of whom turned 50 this year. In the annual survey conducted by the ACA in 1994 published in 1995, greater than 50% of all patients seen by chiropractors were over the age of 45.³ The 1995 survey published in 1996 shows 48.7% of the average practice is aged 45 and older. By the year 2030, it is predicted that 20% of the population or one in five adults will be 65 or older. Our practices will continue to "gray" with increasing numbers of middle-aged and older patients.

Chiropractic research on aging and geriatric concerns is happening but there is a long road ahead. Palmer College Research Center has received a federal contract from the U.S. Health Resources and Services Administration to assess the status of chiropractic education and training for geriatric patients on a national basis. It will determine what training chiropractors receive and whether additional training or interdisciplinary experience would be beneficial.

Other researchers, such as Ian Coulter, PhD⁴ of the RAND Corporation, focus on the effectiveness of a comprehensive geriatric assessment, follow-up health education and preventive care in subjects 75 and older. These researchers seek to determine whether aging chiropractic patients experience a better quality of life and a healthier aging experience than elders who are not chiropractic patients. The findings are encouraging but more research is needed.

It is almost impossible to pick up a newspaper or a magazine without finding some mention made of "alternative health." Nutrition, exercise, lifestyle changes, visualization, mind-body connections, and chiropractic are hot topics for an army of readers. The Associated Press reports that there are currently 100 million Americans suffering from chronic ills such as arthritis and diabetes, costing the nation \$425 billion dollars a year. These numbers are expected to jump to 148 million Americans in 2030 at the cost of \$798 billion. The AP article goes on to say that the vast majority of people who suffer from chronic conditions are not just older adults but people of working age⁵... your patients. While chiropractic has had both positive and negative exposure, some publications targeting the aging population. The AARP's Modern Maturity,⁶ with a circulation of 22 million bimonthly, sparked a significant number of inquiries to the ACA when it published, "Health Extra: Alternative Medicine Goes Mainstream."

My point is that what we in chiropractic have been waiting for is upon us. This nation simply cannot afford a sick, aging population. Chiropractors are the best suited and positioned health care professionals to care for an aging population, if our awareness and knowledge includes specific differences regarding geriatric communication, assessments, needs, considerations and management goals. We have not yet tapped this huge senior population. Many of us have not considered the impact chiropractic could have on the lives of millions in terms of maintenance of functional ability (keeping people in their own homes as long as possible), and significant impact to the nation's economy in terms of health care dollars saved.

In the meantime, while the researchers are analyzing data and collecting information, those "aging patients" continue to come to your office and you need some place to go for information. Who you gonna call?

Geriatric Education Centers are a nationwide network that offer both short and long-term education and training opportunities for health care professionals. These centers were originally established in 1983. Currently there are 47 centers across the country. Twenty of these centers receive funding from the Bureau of Health Professions of the Health Resources and Services Administration working towards a set of objectives that may include: advanced training to health care professionals in geriatrics; expanding and strengthening instruction in treatment methods for the elderly; support training and retraining of faculty who teach geriatrics and related subjects and establishing new affiliations with health care facilities (ambulatory care centers, senior centers, nursing homes etc.) to provide clinical training in geriatric care. As examples:

- The Harvard Upper New England Geriatric Education Center located in Boston was offering training modules in acute care, chronic care, and in health promotion/disease prevention. Trainees normally worked within one module, but were encouraged to pursue special interests and goals. Training programs vary in length, location and topic but most programs utilize interdisciplinary team care and approaches.
- The purpose of the Iowa Geriatric Education Center is to be a repository of quality gerontology/geriatric educational materials. A thick bibliography of audiovisual resources is provided if you write and request one.
- Many of the materials from the Stanford GEC deal with minority aging. I received a written guide that comes with a video tape, "Geriatric Assessment: A Functionally Oriented, Ethnically Sensitive Approach to the Older Patient." It includes the following: a rationale for a formal geriatric assessment, in home assessment; hospital assessment; office evaluation; nursing home evaluation; ethnicity and aging; the mini mental state exam; an index of activities of daily living; caregiver strain questionnaire; geriatric depression scale; a functionally oriented geriatric medical history and physical assessment; and additional assessment tools (e.g., social, dementia, and incontinence assessments).
- In Hawaii, at the Pacific Islands GEC, I have been able to access the center's geriatric library with books, journals, training aids, and other resources just for the cost of a parking validation.

Each Geriatric Education Center is different, featuring various offerings from interdisciplinary modules or programs, resource libraries, or observation of special projects. The following locations are federally funded, and must allow access to health care professionals. I strongly encourage you to take advantage of these fine resources. If you don't live in an area that houses a center, write for a resource

list and you may be able to order specific publications in your area of interest. The following cities house Geriatric Education Centers:

- Boston, MA
- New York and Buffalo in NY
- Stratford, NJ
- Pittsburg and Philadelphia, PA
- Washington D.C.
- Cleveland, OH
- Chicago, IL
- Milwaukee, WI
- Minneapolis, MN
- St. Louis, MO
- Lexington, KY
- Miami, Tampa, and Gainesville, FL
- Houston and San Antonio, TX
- Denver, CO
- Reno, NV
- Stanford, San Diego, and Los Angeles, CA
- Winston-Salem and Durham, NC
- Omaha, NE
- Grand Forks, ND
- East Lansing, MI
- San Juan, Puerto Rico
- Indianapolis, IN
- Salt Lake City, UT
- Iowa City, IA
- New Orleans, LA
- Nashville, TN
- Jackson, MS
- Albuquerque, NM
- Seattle, WA
- Oklahoma City, OK
- Portland, OR
- Birmingham, AL
- Farmington, CT
- Richmond, VA
- Honolulu, HI

For more information contact the GEC Coordinator, Bureau of Health Professions, 5600 Fishers Lane, Room 8-103, Rockville, MD 20857. Phone (301) 443-6887. Fax (301)443-1164. Request a pamphlet about the Geriatric Education Centers and grants available.

References

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JANUARY 1997