The South Carolina Center for Gerontology, is a consortium of Clemson University, Coastal Carolina University, the Medical University of South Carolina, South Carolina State University, the University of South Carolina, Winthrop University, Lander University, Department of Health and Human Services, AARP South Carolina, South Carolina Department of Health & Environmental Control, South Carolina State Budget & Control Board, South Carolina Hospital Association and South Carolina Silver Haired Legislature. For more information about the Center, please visit our website: https://sc.edu/study/colleges_schools/Socialwork/research/research_centers_and_institutes/sc_center_for_gerontology/index.php

2020

ELECTRONIC NEWSLETTER

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Director’s Message

Dear Colleagues,

I hope you are all doing well in these uncertain times. Declared as a pandemic by the World Health Organization on March 11, COVID-19 poses serious threats for older adults, although no age groups are immune. As people age, their immune systems experience a gradual deterioration and they are also more likely to have underlying health conditions, making it harder to fight off diseases and infection. Preliminary data from the United States show that fatality was highest in persons aged 85 or over (10% to 27%), followed by persons aged 65–84 (3% to 11%), persons aged 55-64 (1% to 3%), and persons aged 54 and under (less than 1%).*

During this crisis, the prospect of facing heightened risk posed by the coronavirus can cause fear and anxiety among older adults and result in increased stress. Many older adults live by themselves and the practice of “stay at home” and “social distancing” can make them even more isolated. For older adults living in residential care settings, such as nursing homes and assisted living facilities, the pandemic also puts them under different protective restrictions, including limited visits from family members and volunteers. The need for physical isolation to prevent infection, however, need not equate social or psychological isolation or loneliness, which has been found to suppress the immune system. To enhance their well-being, older adults can still connect and be connected with others by a myriad of other means.

In addition to the Centers for Disease Control and Prevention (CDC) and the South Carolina Department of Health and Environmental Control (DHEC), there are a number of good sources of information, such as the Gerontological Society of America (GSA), National Council on Aging (NCOA), American Society on Aging (ASA), AARP, and the South Carolina Department on Aging. These organizations provide an abundance of helpful information for older adults, their families, and communities facing this unprecedented challenge.

Stay safe and healthy.

Best Regards,
Rita Jing-Ann Chou, PhD, MSSW
Hartford Geriatric Social Work Faculty Scholar
Associate Professor
College of Social Work
University of South Carolina

*https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm
Grants/Funding (2019)


Davis, N. (Clemson University, School of Nursing). Co-PI. “Understanding the Perspectives and Needs of African-American and Latino Caregivers of Persons with Alzheimer’s Disease and Related Dementias in Upstate South Carolina”. GHS Health Science Center, $18,240 (2019-2020).


Dye, C. (Director, CU Institute for Engaged Aging). Co-Investigator with A. Joseph, PI. CU@HOME: Developing a technology-based intervention to assess the home and community environment to prevent falls in the home and support aging in place. CAAH Faculty Research Development Program. Funded. (2019-2020).


Hills, W. E. (Coastal Carolina University). The Importance of Gerontology Education: Making Career Choices for the Future of Poland. J. William Fulbright Foreign Scholarship Board. Description: Fulbright Scholarship Award to teach gerontology at the Medical University of Lublin, Poland, $15,650 (February 2019 – June 2019).


Levkoff, S.E., Friedman, D.B. (University of South Carolina & Partners at Allen University, Claflin University, Clemson University, Medical University of South Carolina, South Carolina State University). “Carolina Center on Alzheimer’s Disease and Minority Research (CCADMR)”. National Institute on Aging, P30 Alzheimer’s disease-related Resource Center on Minority Aging Research (P30 AG059294), $3,196,121 (September 1, 2018 – June 30, 2023).


Middleton, A. (MUSC). SCTR KL2 (K12) Multidisciplinary Scholars Program in Clinical and Translational Science


**Presentations (2019)**


Byrne, K. (Clemson University, Psychology). Age Differences in Framing Effects during Decision-Making. 60th Annual Psychonomics Society Conference, Montreal, Quebec, Canada. (2019, November).

Byrne, K. (Clemson University, Psychology) and *Newell, E.A. Social engagement and cognitive effort expenditure for rewards can predict age-related cognitive functioning. Dallas Aging and Cognition Conference, Dallas, TX. (January 2019).

Davis, N. (Clemson University, School of Nursing), Parker, V., and Dye, C. “Sociodemographic differences in the prevalence of Alzheimer’s Disease and Related Dementias (ADRD) Across South Carolina”. Podium Presentation, Carolina Center on Alzheimer’s Disease and Related Research (CCADMR), CCADMR Seminar Series. South Carolina State University, Orangeburg, SC. (June 2019).

Davis, N. (Clemson University, School of Nursing), Parker, V., and Dye, C. “Sociodemographic differences in the prevalence of Alzheimer’s Disease and Related Dementias (ADRD) Across South Carolina”. Podium Presentation, Resource Centers for Minority Aging Research (RCMAR) Annual Investigators Meeting, UCLA, Los Angeles, CA. (June 2019).

Davis, N. (Clemson University, School of Nursing), Christy, M., Poetzschke, E., Superdock, C., Dye, C., Parker, V., and Madathil, C. “Use of Web-based Intervention in Relieving the Burden of Urinary Incontinence”. Poster Presentation. Greenville Health Science Center Research Showcase, Greenville, SC. (2019)


Rahemi, Z. (Clemson University, School of Nursing). End-of-Life Care Preferences among Culturally and Ethnically Diverse Older Adults. Human Caring Conference 2019. Victoria, Canada. (Sep 30-Oct 1, 2019).

Rahemi, Z. (Clemson University, School of Nursing). Culturally diverse older adults’ end-of-life care preferences and planning. 40th Annual Conference of the International Association of Human Caring (IAHC). Clemson University Greenville, SC. USA.

Resciniti, N.V., Tang, W., Tabassum, M., Al-Hasan, D., Lohman, M.C., Spencer, M., & Friedman, D.B. A scoping review of knowledge evaluation instruments for formal and informal dementia caregiver programs. 71st
Annual Scientific Meeting of the Gerontological Society of America, Austin, TX, November 13-17, 2019 (Symposium Presentation).

**Resciniti, N., Lohman, M.C., Friedman, D.B., Marsh, A., & Ingram, L.** Perceived health and caregiving knowledge of dementia caregivers at Memory Matters: A focus group and qualitative analysis. Discover USC, University of South Carolina, Columbia SC, April 26, 2019 (Poster Presentation).


**Tang, W., Levkoff, S., Miller, M., & Friedman, D.B.** Predictors of Depression in Alzheimer’s Disease Caregivers: A Study of South Carolina Alzheimer’s Disease Registry Cases. Alzheimer's Association International Conference, Los Angeles, CA, July 14, 2019


Conference on Research and Teaching, Greenville, SC. (2019).


Publications (2019)


Van Puymbroeck, M., Walter, A., Adams, E.,
Organization/Agency News

Emergency Senior Supply Drive

Center on Aging
Medical University of South Carolina
Dr. Heather Boger
Interim Director

Our area seniors need your help now more than ever before. MUSC Center on Aging is partnering with Trident Area Agency on Aging to help with the ever-increasing immediate needs of seniors in our community.

Many people are able to drive from store to store in hopes of finding a pack of toilet tissue or additional canned goods for your pantry. Most seniors are unable to do this, and will have to rely on the supplies that they have on hand. Monetary donations are needed to support the immediate needs of seniors with our area. Please consider making a donation to Trident Area Agency on Aging so we can assist our area seniors.

Monetary donations can be made at: tridentaaa.org/donate. Visit Trident Area Agency on Facebook for more information.

For more information about the program, visit: https://medicine.musc.edu/departments/centers/aging

Geriatric Psychiatry Fellowship Program
Medical University of South Carolina

This program provides training in the assessment and management of elderly patients with a wide variety of psychiatric problems.

Training encompasses the biological and psychosocial aspects of normal aging; the psychiatric impact of acute and chronic physical illnesses; the pathology of primary psychiatric disturbances beginning in or continuing into older age; medical and iatrogenic aspects of illness; and sociocultural, ethnic, economic, ethical, and legal considerations that may affect or impinge on psychiatric management.

The director of this program is Dr. Jessica Broadway. Applicants must have completed an Accreditation Council for Graduate Medical Education (ACGME) accredited psychiatry residency prior to entering the program. The training period in geriatric psychiatry is 12 months. There are two positions open each year.

For more information about the program, visit: https://medicine.musc.edu/departments/psychiatry/education/residency-and-fellowships/geriatric-fellowship

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Senior Resources served over 10,000 hot meals to Richland County senior citizens last week when we launched our Emergency Senior Nutrition Program in response to the COVID-19 crisis. This week, we will continue the service of providing any senior citizen in Richland County five free meals per week, at a first come, first serve basis, at four locations throughout the county. Drive thru service will be offered for meal pick-up from 10:30 a.m. to 12:00 p.m. on Monday, Wednesday, and Friday. Each vehicle will be permitted to pick up two meal packs which will include five meals per pack.

Please continue to refer to our website (www.seniorresourcesinc.org) for the most up-to-date information on our drive-thru Emergency Nutrition Program distribution locations. Meal pick-up will continue to run on the Monday, Wednesday and Friday schedule from 10:30 a.m. to 12:00 p.m. in the following weeks.

Individuals without internet service can call the United Way helpline (2-1-1) for the latest on meal pick-up locations.

With our clients being at the forefront of the COVID-19 crisis, we are committed to staying open at Senior Resources and providing local senior citizens the services they need. If you are looking for ways to help our local senior citizens during this crisis, you can contribute a monetary donation to our COVID-19 Disaster Relief Fund located on our website at: https://seniorresourcesinc.salsalabs.org/covid-1relieffund/index.html or you can mail in a donation and mark it for the disaster relief fund.
If you are looking for ways to help our local senior citizens during this crisis, you can contribute a monetary donation to our COVID-19 Disaster Relief Fund located on our website or you can mail in a donation and mark it for the disaster relief fund.

Alzheimer's Disease Fact Sheets

The South Carolina Alzheimer's Disease Registry created Alzheimer's Disease fact sheets for each county. They can be found on the SC Chapter Alzheimer's Association website here: https://alz.org/sc/about_us/alzheimer-s-in-south-carolina
(From: Dr. Maggi Miller)
Social Distancing and Isolation

While social distancing, isolation can create concern for many, especially those who may live alone. A listing of mental health resources available, along with more information, can be accessed by clicking the link below. (Source: https://aging.sc.gov/)

SCDOA List of Mental Health, Health & Behavioral Health Resources

https://scdmh.net/dmh-components/community-mental-health-services/
SC Department of Mental Health Services

https://www.bhsasc.org/services-by-members/
County Alcohol and Drug Commissions

https://www.daodas.sc.gov/
SC Alcohol and Other Drug Abuse Substances

https://scdmh.net/welcome/covid-19-resources/
SC Department of Mental Health: COVID-19 Resources

https://www.mirci.org/
Mental Illness Recovery

https://icaredcosw.wixsite.com/icared/about-us
ICARED (Improved Care & Provision of Rural Access to Eliminate Health Disparities- USC Colleges of Social Work and Medicine & DHHS)

https://www.cdc.gov/minorityhealth/index.html
Minority Health

HHS Minority Behavioral and Mental Health

https://acl.gov/programs/health-wellness/behavioral-health
Administration for Community Living ACL – Behavioral Health

Mental Health: Resources to Help Cope with Coronavirus

As we each do our part to safeguard the physical health of our families, friends, coworkers, community, and selves, we must also do the same for our mental health. To help, the South Carolina Department of Mental Health (SCDMH) has gathered some tools and resources to help cope with the stress and anxiety during these uncertain times.

Please browse through and share the resources on this page, which include topics from physical distancing and coping strategies to resources for parents and health providers. The resources below have been collected to assist those in need in finding potential emotional support tools at no cost. It is not intended to replace the advice of medical/mental health professionals.

Support Events

- Nami Mid-Carolina: Online Family Support Group (every Tuesday at 6:00 pm) and Online Connection Support Group (every Thursday at 6:00 pm)
- Family Network Support Calls - Phone in on Tuesdays, Wednesdays, and Thursdays in April

Our community is strong, and together we will get through this. While we may not be able to have conversations face-to-face, we can still reach out and check on each other with the use of technology. Individuals anxious about the COVID-19 can text HOME to 741741 and they will be connected with a trained crisis counselor to help. You are not alone.

Mental Health and COVID 19, AFSP Resource Guide

(Source: SC Department of Mental Health: COVID-19 Resources https://scdmh.net/welcome/covid-19-resources/)

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A quick look at demographics for Poland shows the following:

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2030</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>38,282,325</td>
<td>36.6…</td>
<td>32.4…</td>
</tr>
<tr>
<td>65+</td>
<td>18.72%</td>
<td>22.3%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>78.3</td>
<td>79.5</td>
<td>82.7</td>
</tr>
<tr>
<td>male:</td>
<td>74.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>female:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median age</td>
<td>41.9</td>
<td>47.5</td>
<td>52.9</td>
</tr>
<tr>
<td>Centenarians</td>
<td>6,752</td>
<td>27,237</td>
<td>81,531</td>
</tr>
</tbody>
</table>

On my arrival in Lublin I found that the only aging-related content in the medical school curriculum of MUL concerned the biological aspects of aging adults; there was no specialized information available on biological aging of older adults as unique consumers of medical care. Similarly, there wasn’t any content in the medical school curriculum for psychological or social aspects of aging for adults of any ages. My job was to develop content for the medical school curriculum in biological, psychological, and social aspects of aging for older adults. I taught classes in three, one-month rotations for students from Poland, China, Taiwan, Thailand, and the United States; the content and format of classes were varied in consideration of the nationality and backgrounds of my students to provide a cross-cultural experience.

While in Lublin, I was also able to examine services for older adults in Poland, overall. Having an
apartment and using public transportation every day I witnessed the integration of older adults into community life, and saw firsthand how Poles regard and treat elderly persons. Across the board, Lublin is highly accessible for anyone needing any type of assistance, making it possible for older adults to be out and about running errands and enjoying the many celebrations and cultural traditions of Poland.

The rapidly developing number and percentage of older adults in Poland is positioning long term care as a priority issue for healthcare and social policy decision-makers. Consistent with strong family and cultural traditions, most long-term care for older adults in Poland is provided by family members, with less than 1% of elderly persons receiving care in institutional settings. Moreover, 80% of families providing care do so without involving third parties (i.e., formal assistance), preferring instead care provision based in less expensive, informal caregiving practices, primarily provided by wives, daughters, and daughters-in-law. When asked whether family-provided care was a moral obligation, 59% of Polish survey participants overwhelmingly reported that it was, compared to an EU average of 30%, with the Czech Republic and Hungary coming closest with 36% of respondents acknowledging familial responsibilities. This is despite limited financial assistance for family caregivers, although some care services are available, typically provided by local governments, for older adults without family support.

There are public, special care homes for elderly persons in need, with the majority of residents being chronically ill (80% of residents over 60 years of age) or physically disabled (60% of residents over 60). A private market for residential care is now developing; the Social Assistance Act of 2004 has addressed the growing need for long term care in Poland by removing legal obstacles for entities developing for-profit residential options and providing regulatory oversight for care service provision. Many of the private residential options existing during communist times, largely organized and administered by the Catholic Church, are still in operation today and supplemented by the rapid rise in non-governmental organizations developing for-profit and not-for-profit care models. Some financial subsidies for such endeavors, provided by territorial authorities, are allowing foundations and religious and social organizations to work in agreement with State-level stakeholders to address growing long-term care needs.

Although healthcare is considered an entitlement and offered free in Poland for all citizens, limited government funding is influencing types and availability of procedures offered through public programs. Many Poles, citing lack of coverage and long wait times for specialized services are now choosing private healthcare options; 65% of Poles (and 91% of pregnant women) are paying out-of-pocket for faster and more comprehensive access. Private healthcare systems are popping up and available for walk-in service. Persons in need are quickly checked in, routed to available specialists, and seen within minutes. Modest payments, based on services needed, are made onsite. Nearby pharmacy services make the process efficient and easily accessible by persons living or working nearby who need to fit healthcare into busy lives. This illustration of the rising socioeconomic status of citizens is seen in such options as Luxmed, a largely private healthcare system available and easily accessible through multiple locations in towns and cities throughout Poland. Additional private healthcare systems are becoming available and providing more comprehensive coverage for adults, overall; a specific focus on older adults within these systems, however, outside of most urban areas, still remains for the future.

It is clear that Poles recognize the need to expand healthcare options to include their rapidly rising number of older adults. Older terms, such as social protection and the designation of older citizens as having reached the “non-productive age” (60 years for women, 65 years for men) are still in use, but the stagnant increases in life expectancy seen during the years from 1960-1990 are long past; in fact, the increase in older adults as a percentage of Poland’s population is recognized to be among the highest for European Union countries, both now and for projections across the next several decades. The current blend of public and private healthcare services in Poland is expanding and, while distribution of services is mixed, Poles are a happy people and nonetheless excited by the new opportunities before them; indeed, the ability to
choose among options is appreciated and considered as a sign of the growing prosperity of Poland, an increasingly modern and proud country.

Selected References

* Portions of this article were presented at the Fulbright Association 42nd Annual Conference in Washington, DC, October 24-27, 2019.
We are excited to present this electronic 2020 issue of the Aging Matters Newsletter. We welcome your suggestions and comments. If you wish to submit aging related items for future issues please email them to Dr. Rita J. Chou at rjchou@sc.edu

Aging Matters, the newsletter of the South Carolina Center for Gerontology, College of Social Work, University of South Carolina, Columbia, SC 29208

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New Subscribers Wanted

If you think someone else may be interested in receiving this electronic newsletter, please ask him or her to email: Dr. Rita J. Chou rjchou@sc.edu, with his/her full name, occupation/position, and name of organization/agency/business. Thank you.