

News

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*****The new interdisciplinary Southwest Long Term Care Gerontology Center has been established at UTHSCD.

DALLAS -- Everyone knows that America is graying. But as of now there is not much scientific knowledge about how to care for the elderly.

A new "brain trust" called Southwest Long Term Care Gerontology Center has been established at The University of Texas Health Science Center at Dallas to focus on medical, social and psychological problems of older people. Funded by the Administration on Aging, Department of Health and Human Services, the new center is headed by Dr. Laura B. Wilson, director of the Gerontology Services Administration Program in the School of Allied Health Sciences at UTHSCD.

The center has been approved for a four-year grant with \$350,000 awarded for the first funding period, which began Oct. 1.

The Gerontology Center is responsible for research, education, continuing education and development of a service model for long-term care for DHHS Region VI (Texas, Oklahoma, New Mexico, Arkansas and Louisiana).

"Long-term care no longer means nursing home," says Wilson. "Long-term care includes everything from preventive care and health promotion to institutionalization. The emphasis is on the least restrictive alternative for individuals based on their health and their ability to function."

Study and improvement of coordination of health care delivery to the elderly is part of the center's objective. Training of health care professionals -- physicians, nurses and social workers -- is another major goal.

"There is a blossoming coordinated effort in this school to develop improved geriatric care," says Dr. Seymour Eisenberg, medical advisor for the new center, head of the Geriatrics Unit of the Department of Internal Medicine and holder of the Southland Financial Corporation Chair in Geriatrics. "This doesn't mean an immediate benefit in numbers of doctors to care for the elderly. But everything is being done to improve care down the road."

Eisenberg has been involved in the planning of a new Nursing Home Care Unit at Dallas Veterans Administration Medical Center. The 120-bed facility is scheduled to open Oct. 1. "There will be 10 beds set aside for more intensive teaching. Physicians, physician's assistants, nurses, house officers and medical students may elect to rotate through this unit.

"There will be 32 million Americans over 65 by the year 2000," says Eisenberg. "And the elderly tend to develop multiple chronic illnesses against the background of aging changes. Currently their needs are inadequately met except for acute illness. Dallas is lacking in adequate rehabilitative facilities. Improvements are necessary, and this center

(over)

will provide leadership for the five-state region."

Another of the demonstration sites is Parkland Memorial Hospital, which is one of the finalists for a Robert Wood Johnson Foundation grant to provide long-term care to the "frail elderly," those over 75.

"Parkland is key to the effort," says Wilson. It is estimated the number of people over 65 served by Parkland will increase three or four times over the next 15 years.

The cooperative effort by Parkland with the Dallas County Area Agency on Aging and other community service agencies will be an important demonstration model for Texas, says Wilson. The county hospital will be designing innovative programs to serve the elderly. The geriatric social work staff will do feasibility studies of hospice care, nursing home care, home health care and respite services for families.

In addition, Parkland will play a large role in training specialized health personnel including geriatric social workers and nurse practitioners.

"The elderly are the most rapidly growing population in Dallas County," says Dr. Ron Anderson, chief executive officer of Parkland Memorial Hospital. "We need to provide them a continuum of care. Psychosocial and socioeconomic issues have to be dealt with. If these aspects are not planned for when an elderly patient is discharged, it's like putting a band-aid on. They'll come back."

Anderson says he does not want "a place to put all the elderly." Older patients will continue to be integrated into all services at the hospital. But there will be geriatric specialists in various professions working with the patients to individualize care.

"Hospitalization is an easy answer," says Anderson. "Sometimes it takes more care to keep people out of the hospital. Hospitalization is dehumanizing. People lose their clothes. They have to wear a gown with the back out. They may be needlessly exposed to infection. The Gerontology Center can bring a coalition of people together to design a model of health care services for the elderly, which may avoid hospitalization or institutionalization after hospitalization."

"The demonstration sites will provide services not available before -- a geriatric team approach to health problems, case management between hospital and community, patient and family education," says Wilson.

In addition to VAMC and Parkland, other demonstration sites include the Merrilac Center, Neuhooff Senior Center, Los Barrios Unidos Community Clinic and the Access Center for the Elderly, Area Agency on Aging.

"Only five percent of the elderly at any point in time are in nursing homes," says Wilson. "There is a broad array of community services that provide alternatives to institutionalization." These include adult day care, home care, foster care, "granny flats" (a garage apartment or other home close to family or friends), congregate housing such as a "retirement home" and services that provide transportation, hot meals, an alarm system, hospice care and family respite care. Services for families are an important part of long-term care.

The demonstration sites will deliver service while also providing education and research.

The University of Texas at Austin and The University of Texas at Arlington will provide input in curriculum and education and research materials, and their students will do internships and rotations here.

According to a recent Newsweek article, the increase in number of jobs in geriatric

social work is second only to robotics. Dr. Martha Williams, dean of the School of Social Work at UT Austin, is "very excited about the opportunities for social work students in the new center." The social work students, primarily those on the graduate level, will be able to serve internships at outstanding sites in Dallas and all over the region.

The School of Social Work has recently established a chair in gerontology, and a number of faculty members are interested in this aspect of social work. The school also has a special interest in training students in cross-cultural social work. With current training sites in Austin and El Paso, students now receive special training in the Hispanic culture. But, says Williams, the training prepares students to work with any minority culture.

"The interdisciplinary aspect of the Gerontology Center will greatly enhance the education of our students," says Williams.

Gerontological nursing is another growing specialty. And so far, the number of job opportunities far surpass the number of qualified nurses, says Dr. Sam Hughes, assistant dean of the School of Nursing at UT Arlington. In the spring of 1985, the School of Nursing will offer gerontological nursing in the master's program. The school has the only master's program for family and gerontological nurse practitioners in the state.

"The participation of our students in the research, practice and education aspects of the new center will provide strong support for our gerontological nursing program," says Hughes. Many of the students will participate in Parkland's clinic for the frail elderly.

The Gerontology Center has an advisory board of 30 who work with the elderly.

"Most physicians haven't wanted to work with older people," says Pat Luby, five-state area representative for American Association of Retired Persons. "Now many do. If they do, they need community support. We also need to raise the consciousness of medical students so that they will be more interested in training to work with the elderly."

One of the concerns of the AARP is health care costs. "People shouldn't look at the new center as 'just spending government money,'" says Luby. "It's saving government money. It can save money by postponing acute illness -- by treating the elderly as outpatients, by training more M.D.s. It can also show how hospitals can serve the elderly more effectively.

"Instead of isolated individuals working on these problems throughout the country, there will be a brain trust here with people feeding off each other. The ability to tap into Dr. Anderson is invaluable. He will keep everybody practical."

In addition to Wilson, other key staff members at the center include Dr. Charles McConnel, deputy director; Dr. John Skinner, director of research; Dr. Paul Chavetz, director of education; Dr. Helen West, director of continuing education; Dr. Mark Sizemore, director of evaluation; Carmine Botto, director of technical assistance and development, and Laura Snell, assistant to the director. Chairman of the Advisory Board is Norman Moorehead, director of Dallas Area Agency on Aging.

The Gerontology Center faculty also bring their own research interests to the center. Research interests include: Wilson, long-term care systems and continuity of care; McConnel, medical economics; Skinner, public policy; Chavetz, mental health and aging; West, nursing home administration and gerontological counseling of individuals and families; Sizemore, pre-retirement and retirement counseling and industrial gerontology.

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