

Course Description: Managing Health & Chronic Conditions in Older Adults (formerly Health & Wellness in an Aging Society)

A Joint Certificate Course Offered by the American Society on Aging and the USC Leonard Davis School of Gerontology

The University of Southern California is home to the oldest and largest school of gerontology in the world—the USC Leonard Davis School of Gerontology. ASA and USC have joined forces to offer an opportunity—exclusively available to ASA members—to earn a certificate of completion from USC in a convenient and flexible online format.

During the five-week course, USC faculty members will explain the common health issues faced by seniors, public health in an aging world, and the strategies for caring for older adults with various health challenges. Modules will cover demography, chronic diseases, self-care management, dementia and mental health issues, and medication management.

The course description below, details what will be covered during the five-week online course. Supplemental readings will help to enhance your understanding of the five modules. Each week's lectures, readings and activities will take 2-3 hours to complete. Participants must pass a weekly quiz with a score of 80% or higher and complete a final course evaluation to earn the certificate of completion.

Week 1

Part I. Course Introduction

Pinchas Cohen, MD

Dean, USC Leonard Davis School of Gerontology

Part II. Demography & Epidemiology of Aging and the Role of Social Factors Affecting Health and Longevity

Jennifer Ailshire, PhD

Assistant Professor of Gerontology

Populations are always changing as individuals are born, grow old, and eventually die. The details of who is included, their health and lifestyle, and how that is changing is studied by demographers and epidemiologists. In this presentation we will include summary charts and the results of relevant research studies.

LEARNING OBJECTIVES

After completing Week 1, participants will be able to:

1. Describe how racial/ethnic and socioeconomic differences lead to differing risk of disease and death.
2. Identify disease and disability risk factors and the extent to which social and lifestyle factors predict later life health outcomes.
3. Explain why correlation does not mean causation and describe the wide variability in the relative effect of risk factors for chronic disease across countries.
4. Identify why negative results are often not published or not easy to find and how this can lead to overconfidence in the cause and effect association of published results.
5. Identify confounding, mediating, and moderating risk factors.

In addition to watching the video lecture and completing the reading assignments, we will engage in an interactive quiz that reinforces these concepts.

Week 2

Self-Care Management Programs for High Risk Older Adults

Kathleen Wilber, PhD

Mary Pickford Foundation Professor of Gerontology

In this part of the course we will discuss chronic disease, self-care management support, and the individuals who provide such support.

LEARNING OBJECTIVES

After completing Week 2, participants will be able to:

1. Identify the core concepts behind successful chronic disease self-management programs including those models tested in the care transitions intervention, peer support self-management, empowerment-based programs, and motivational interviewing.
2. Describe how behavioral goal setting, problem solving, and social support are effective strategies for coping with negative feelings and building self-efficacy.

3. Identify the challenges older patients and caregivers face with intricate details of self-management goals and instructions, medication changes, and medical testing.
4. Describe supportive communication strategies, such as using autonomy-supporting statements or prompting self-management coping techniques.

In addition to watching the video lecture and completing the reading assignments, we will engage in an interactive quiz that reinforces these concepts.

Week 3

What You Should Know About Chronic Disease

Edward Schneider, MD

Dean Emeritus and Professor of Gerontology and Medicine

Studies such as the Framingham Heart Study, the British Doctors Study, and the Seven Countries Study opened our eyes to see the links between lifestyle choices—such as smoking, physical inactivity, and diet—and the risk of chronic diseases that lead to disability and death. The long latency between the initiation of a risk factor and the disease outcome leads many to believe their lifestyle habits won't affect their later quality of life. Many chronic diseases have now been associated with the inflammatory model of disease; thus, many chronic diseases share similar biological and lifestyle risk factors. In this section of the course we will instruct participants in the medical issues associated with many of the most common chronic diseases, including diabetes, arthritis, glaucoma, lung disease, osteoporosis, and issues affecting vision.

LEARNING OBJECTIVES

After completing Week 3, participants will be able to:

1. Identify symptoms, treatment, and prognosis for many of the most common chronic diseases affecting older adults.
2. Describe the prevalence of major chronic conditions and projections of future prevalence.
3. Recognize many physiological changes that are part of normal aging and independent of disease.
4. Identify the sensory issues associated with aging that can affect safety.
5. Describe how sleep patterns change with age.
6. Explain how fever is presented in older adults.
7. Identify health behaviors that might prevent or delay disease development.

In addition to watching the video lecture and completing the reading assignments, we will engage in an interactive quiz that reinforces these concepts.

Week 4

Dementia and Mental Health: Unique Challenges Affecting Underserved Communities

Donna Benton, PhD

Research Associate Professor of Gerontology and Director, USC Family Caregiver Support Center

The section on dementia and mental health will discuss the unique issues associated with each form of dementia and strategies for both treating the disease and coping with the symptoms and caregiving needs. Chronic disease self-management strategies tailored specifically to Alzheimer's and related forms of cognitive impairment will be discussed, including community-based service models that may provide respite and assistance to families. Lower-income families and others living in underserved communities often have fewer professional support resources and may depend on family, friends, affinity groups with a shared interest, or help from religious organizations for support. Factors associated with mental health conditions and possible intervention programs will be discussed, with an emphasis on programs and strategies that can address the needs of minority populations.

LEARNING OBJECTIVES

After completing Week 4, participants will be able to:

1. Identify the many types of dementia.
2. Describe statistics about the prevalence and growth of each type of dementia.
3. Identify major risk factors for dementia.
4. Explain the general progression of symptoms commonly displayed before and after diagnosis.
5. Identify assessment tools for identifying Alzheimer's disease and dementia.
6. Identify treatment options and recent therapeutic interventions.
7. Identify the signs and symptoms of depression and factors that might affect prognosis.

In addition to watching the video lecture and completing the reading assignments, we will engage in an interactive quiz that reinforces these concepts.

Week 5

Medication Management Challenges and Opportunities

Edward Schneider, MD

Dean Emeritus and Professor of Gerontology and Medicine

Aaron Hagedorn, PhD

Assistant Professor of Gerontology

A checklist of medication management advice will be provided that demonstrates the complicated pharmacokinetic and pharmacodynamic issues of greatest concern to older adults. Polypharmacy is a unique challenge because most patients are taking multiple drugs, with prescriptions from multiple physicians that may be similar medications or that may lead to harmful drug interactions. It is best to minimize the number of prescriptions in order to minimize risks. Taking more than five drugs simultaneously can often lead to more side effects, including renal failure. A combination of drugs can magnify side effects, particularly causing depression and memory loss. Issues of drug affordability and the consequences of not following prescriptions closely will be discussed.

LEARNING OBJECTIVES

After completing Week 5, participants will be able to:

1. Identify the risks and common side effects associated with polypharmacy, or taking multiple drugs.
2. Describe statistics about prescription drug compliance and usage among older adults.
3. Explain the manifestation of adverse drug reactions.
4. Identify the more common pharmacokinetic and pharmacodynamic changes associated with aging.
5. Describe common drug-disease interactions that may complicate disease management.
6. Identify drugs that interfere with sleep.
7. Identify drugs that are not appropriate in advanced dementia patients.
8. Describe strategies for managing drug compliance.

In addition to watching the video lecture and completing the reading assignments, we will engage in an interactive quiz that reinforces these concepts.

For more information

Visit <http://www.asaging.org/online-gerontology-courses>.

Questions? See our FAQ at <http://www.asaging.org/frequently-asked-questions> or email info@asaging.org.

This course is open to current ASA members only. For ASA membership information, visit <http://www.asaging.org/membership>.



American Society on Aging
575 Market Street, Suite 2100
San Francisco, CA 94105-2869
800-537-9728