

# eCommunication

## News from Our Federal Partners

The Substance Abuse and Mental Health Services Administration (SAMHSA) is pleased to introduce their new Administrator! Terry Cline, Ph.D., was nominated by President George W. Bush on November 13, 2006 and confirmed by the U.S. Senate on December 9, 2006. As SAMHSA Administrator, Dr. Cline reports to Health and Human Services Secretary Michael O. Leavitt and leads the \$3.3 billion agency responsible for improving the accountability, capacity and effectiveness of the nation's substance abuse prevention, addictions treatment, and mental health service delivery systems.



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Throughout his career Dr. Cline has worked to ensure individual and family needs are the driving force for the prevention, treatment and recovery support services delivered. He has championed the principle that mental health and freedom from substance abuse are fundamental to overall health and well-being and that mental and substance use disorders should be treated with the same urgency as any other health condition.

Prior to his appointment as SAMHSA Administrator, Dr. Cline put these core values to work as Oklahoma's Secretary of Health, a position he was appointed to by Governor Brad Henry in 2004. At the same time, he served as Oklahoma's Commissioner of the Department of Mental Health

and Substance Abuse Services, a position he held since January 2001. He actively participated in and supported the creation of grassroots coalitions to improve the health status of local communities. During his tenure in Oklahoma, Dr. Cline built strong collaborative relationships among the multiple constituency groups and government agencies that touch the lives of people with substance abuse and mental health problems.

As a result of these partnerships significant advances were made in transforming the State's service delivery systems, including the creation of Oklahoma's Integrated Services Initiative which creates a holistic approach to treatment needs, a wide expansion of drug *continued on page 2*



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courts throughout the State and the introduction of mental health courts into Oklahoma along with a Statewide focus on recovery and recovery support services.

Dr. Cline has extensive experience in overseeing health and human services at the State level. He has also served as a provider through an earlier post as the Clinical Director of the Cambridge Youth Guidance

Center in Cambridge, Massachusetts and as a Staff Psychologist at McLean Hospital in Belmont, Massachusetts. His professional history also includes a six-year appointment as a Clinical Instructor in the Department of Psychiatry at Harvard Medical School and Chairman of the governing board for a Harvard teaching hospital in Cambridge, Massachusetts. A native of Ardmore, Oklahoma, Dr. Cline attended the University

of Oklahoma where he earned a bachelor's degree in psychology in 1980. He then received both a master's degree and a doctorate in clinical psychology from Oklahoma State University. Dr. Cline has involved himself in community service, including membership on a number of local, State and national committees and boards with a focus on improving the overall health of the community and the Nation.

## Areas Served by TAC Continue to Grow!

**Information/  
Materials**

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- DC
- Florida
- Georgia

- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Massachusetts
- Maryland
- Michigan

- Minnesota
- Mississippi
- Missouri
- Nebraska
- New Jersey
- New Hampshire
- New York
- North Carolina
- Northern Mariana Islands
- Ohio
- Oklahoma

- Oregon
- Pennsylvania
- Puerto Rico
- South Carolina
- South Dakota
- Tennessee
- Texas
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Utah

**State Planning**

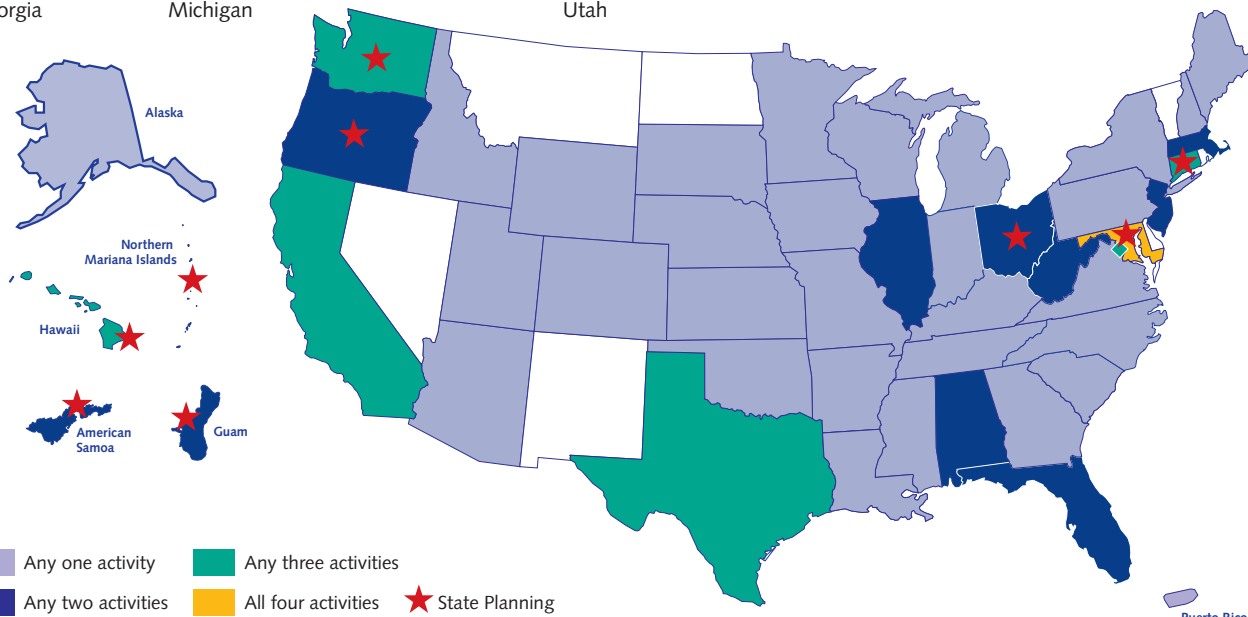
- American Samoa
- Connecticut
- Guam
- Hawaii
- Maryland
- Northern Mariana Islands
- Ohio
- Oregon
- Washington

**Presentation**

- Alabama
- California
- Connecticut
- DC
- Florida
- Illinois
- Indiana
- Maryland
- Massachusetts
- Texas

**Exhibit**

- California
- DC
- Florida
- Maryland
- Pennsylvania
- Texas
- Washington
- West Virginia



Any one activity
  Any three activities  
 Any two activities
  All four activities
  State Planning



## *The role of medication and alcohol*

### **Slips, Trips and Broken Hips: Preventing Falls for Older Adults**

As the number of older adults continues to rise, so will the numbers of those who experience injuries resulting from falls. In the United States alone, one in three adults age 65 and over will sustain an injury from a fall. Injuries can cause significant damage with the worst falls proving fatal. Approximately 250,000 older adults suffer hip fractures related to falls each year; many of whom are unable to return to independent living. While older adults are not the most common age group to sustain injuries related to falls, they do take the longest to heal. The healing process differs from person to person and is usually dependent on the severity of the injury.

Falls can result in much more than just physical injury; a temporary or permanent dependence on others may be a more costly and longer lasting consequence. As with any injury, a lack of physical mobility accompanies the healing process. For older adults, the healing process lasts longer and the decreased physical activity could lead to additional physical and mental illness such as pneumonia and depression.

The issue of fall-related injuries and deaths not only affects the

individual and their families, it has a wide-spread impact on our larger health care system as well. In 2002 1.6 million adults 65 and older were treated in emergency departments and 13,000 died of injuries related to falls. By 2020 the estimated cost for fall-related injuries for seniors is expected to exceed \$30 billion per year.

#### **Risk factors include:**

- History of fall(s)
- Bone frailty
- Muscle weakness
- Vision problems
- Medication side effects
- Trip and slip hazards

Older adults who have a history of prior falls are more at risk for future falls. Because many seniors do not recover as quickly or experience a full recovery, many are unable to resume their previous life style or level of independence. In the worst cases, those seniors end up in long term care facilities that they may not otherwise have been subject to.



The best way to avoid being the victim of one or more falls is to take proactive steps to avoid common and not so common reasons for falls. Regular appointments with primary care physicians should be scheduled to identify potential physical conditions that may lead to a fall. Early identification and treatment of health problems has been proven to decrease the frequency of falls.

Overall muscle weakness and bone frailty also serves as a contributor to falls. Typically, bone frailty precedes falls and muscle weakness follows. Muscle mass decreases during the healing process, and unfortunately muscle weakness and bone frailty can lead to future falls. Seeking professional help following a fall is just the first step to realizing a healthy recovery. Following-up with primary care physicians and rehabilitation specialists in combination with *continued on page 7*



## Featured Program

### Project 2015

#### Going Beyond Aging:

*Preparing for the Impact of Major Demographic Changes in the 21st Century*

The first wave of Baby Boomers turned 60 years old in 2006, and across the country, states and communities are beginning to consider what our aging population will mean to society, and what planning must occur to prepare for this unprecedented demographic change. As a rule, this thinking and planning has focused on how the entry of the Baby Boomers into the elder cohort will affect programs and services – and to some degree, how aging Baby Boomers may help meet the needs of others in our communities, as they transition from full-time work to the next phases in work and retirement life. In 2002, New York State undertook an initiative to consider the impact of the coming “age wave” and prepare for the aging of the Baby Boom population, but within the broader context of overall dynamic population change.

It was determined that, in order to prepare for the impact of the aging of the Baby Boom population into the elder cohort, there was an interactive impact among three aspects of aging and five aspects of diversity, and that it was simply too

limiting to look only at “the aging of the Baby Boomers.” The significant demographic trends, in addition to the aging of the

Baby Boom population, include our increasing longevity; the changing proportion of elders in relation to younger generations; strong immigration and migration patterns; growth in racial and ethnic diversity; growth in the numbers and types of families and households; and increasing numbers of people with disabilities. These trends will individually and interactively affect a variety of policies and programs.

**Project 2015:** Project 2015, as this initiative is known, is a highly structured, future-oriented planning process that was developed in order to engage New York’s state government agencies in preparing for the implications of major demographic forces that are shaping our state. The initiative has helped agencies as diverse as the Office of Alcoholism and Substance Abuse Services, the Department of Motor Vehicles and the Department of Environmental Conservation to



employ a common frame of reference to consider how dynamic population changes will affect their major policies and service delivery efforts. Altogether, officials at 36 cabinet-level agencies were asked how their agencies would adjust to the impact of major demographic changes and were involved in a nine-month planning initiative, as a cohesive group, to prepare their agencies for these changes.

**Tangible Results:** As a result of the Project 2015 planning initiative, New York state agencies have adopted new approaches to meet needs and preferences of the state’s citizens, and to build upon opportunities inherent in demographic change. There are notable results from the participating state agencies in six domains: (1) internal/organizational changes; (2) new laws, acts and programs; (3) advocacy, education and outreach to the public; (4) new or modified Web sites and products;



(5) new coalitions and collaborations among state agencies; and (6) funding. Two examples that demonstrate changes to better meet the needs of an aging population in New York are:

(1) In 2006, the Office of Mental Health's Commissioner and the Director of the New York State Office for the Aging co-chaired the newly created Geriatric Mental Health Planning Council. The Council will work to develop strategies to improve care and treatment of older adults with comorbid health and mental health conditions and establish program demonstrations for geriatric mental health services (Category: New Laws, Acts or Programs).

(2) The Office of Alcoholism and Substance Abuse Services is collaborating with the Office for the Aging to raise awareness and identify issues related to seniors and chemical dependency issues. One result of these efforts is the establishment of local senior work groups that are collaborating to improve seniors' access to prevention, intervention, treatment and recovery services (Category: New Coalitions and Collaborations).

### **Project 2015 – Next Steps:**

Project 2015 continues to provide an effective approach to focus attention around the importance of preparing for the impact of demographic change. With the

advent of this initiative in New York State, great progress has been made in better matching policies, products and practices with the demographic profile of our State. The success of Project 2015 has received notice from other states, organizations and communities. As a result, New York has made a commitment to share information so that others may replicate or adapt New York's planning approach to preparing for significant demographic change. At the direction of Governor Pataki, the State Office for the Aging is convening a collaborative of diverse national organizations to serve as a vehicle to bring the Project 2015 model to scale. The Project 2015 initiative provides the framework and means to inform the public and engage collaboratively and creatively as we continue to make our states and communities vital, quality places for all residents to live, work, engage and grow old.

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We want others to know about your program! We invite you to submit information regarding the special work that your program is doing. Please send us the following: name of program, location, contact person and contact information, and a 50-word summary highlighting the program's mission and achievements!

## *Calendar*

### **March 2007**

#### **National Colorectal Cancer Awareness Month**

[www.ccalliance.org/march/awareness](http://www.ccalliance.org/march/awareness)

#### **National Nutrition Month**

[www.acfn.org/resources-calendar](http://www.acfn.org/resources-calendar)

#### **Save Your Vision Month**

[www.aoa.org/x5072.xml](http://www.aoa.org/x5072.xml)

### **April 2007**

#### **National Alcohol Awareness Month**

[www.ncadd.org/programs/awareness](http://www.ncadd.org/programs/awareness)

#### **National Cancer Control Month**

[ww2.cancer.org/docroot/MED/content/MED\\_1](http://ww2.cancer.org/docroot/MED/content/MED_1)

#### **National Minority Health & Health Disparities Month**

[www.nmhmf.org](http://www.nmhmf.org)

### **May 2007**

#### **National Arthritis Month**

[www.arthritis.org](http://www.arthritis.org)

#### **National Mental Health Month**

[www.nmha.org](http://www.nmha.org)

#### **National Osteoporosis Awareness and Prevention Month**

[www.nof.org](http://www.nof.org)



## From the Director

The TAC has welcomed a number of opportunities to collaborate with the field, conduct training, and observe and learn around the country since late summer and throughout the early fall months. In August 2006, we attended the National Association for Area Agencies on Aging (n4a) 31st Annual Conference in Chicago and presented regarding disaster and older adults, a well-attended and well-received presentation. Attendees from Minnesota, Michigan, Illinois, and Mississippi, to name a few, requested additional materials about the TAC and our services.



In September, we conducted a State/Territory Planning Event with American Samoa, Hawaii, and Northern Mariana Islands in attendance. Guam representatives participated in pre-meeting activities, as did all face-to-face attendees, addressing the strengths, weaknesses, opportunities, and threats in older adult behavioral health in their particular agencies, communities, and geographical locations. In October we presented the opening plenary at the New Jersey Governor's Council on Alcoholism and Drug Abuse describing for several hundred New Jersey providers the demographic imperative represented by the Baby Boomers as well as risky practices in the sexual, alcohol, and drug arenas. Upcoming

events for the TAC include attendance at the Gerontological Society of America, American Association of Homes and Services for the Aging and presentations and a poster session at the American Public Health Association.

The TAC is very pleased to announce that this year's state planning event will focus on disaster readiness and response. The TAC will conduct a State Planning Event with two of the Katrina-affected states. TAC staff members are very excited to be part of this critical planning effort and to support the efforts of emergency and disaster responders in ensuring the needs of older adults are recognized, planned for, and responded to.

The mission of the **Older Americans Substance Abuse and Mental Health Technical Assistance Center** is to enhance the quality of life of older adults by providing training and technical assistance to health care agencies and providers regarding health issues common in late life. TAC priorities include the prevention and early intervention of substance abuse, medication misuse and abuse, mental health disorders, and co-occurring disorders.



## **Preventing Falls**

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adhering to rehabilitation plans will increase the chances of a successful recovery. Another way to avoid falls or serious injury related to falls is to implement a regular exercise program. Walking is a simple way to maintain muscle tone, bone strength and balance, all of which when maintained decrease the chances of falling.

Needless to say, vision greatly impacts a person's ability to avoid falls. Changing eye glass prescriptions can be further complicated by the common problem of cataracts which typically impair night vision. With many seniors making several trips to the bathroom at night, night falls can pose a significant hazard. Scheduling and attending regular appointments with eye doctors can help to reduce the risk of falling by early identification, and correction, of vision problems.

Multiple medications and their side effects pose yet another risk increasing the chances of falls. Seniors taking multiple medications may experience not only the side effects of the medications themselves, but the side effects related to the interaction of the medications. Certain types of medications such as mood stabilizers or pain killers can cause dizziness and drowsiness both of which can lead to falls. Not only do alcohol and drugs increase the chances for falls, but the interactions with prescribed

medications could prove to be lethal. Refraining from alcohol and illicit drug use is the most effective way to avoid falls resulting from the side effects of each. It is important to consult doctors and pharmacists to ensure that side effects from prescribed medications are noted.

**Consumption of alcohol and/or illicit drugs can significantly increase the chances for injuries related to falls.**

With so many falls occurring each year it is important to discuss not only the risk factors but also how to prevent falls. Many times the obvious and sometimes the easiest solutions to reducing falls are overlooked. Removing items that pose a trip or slip hazard such as unsecured throw rugs, power cords and clothing and shoes on the floor can improve the chances of avoiding falls. With most home appliances depending on power, power cords should be removed from pathways or secured to walls or baseboards. Getting in and out of the shower can pose a significant slip threat; non-slip bath mats and floor mats also can decrease the chances for falls. Wearing shoes or slippers that have grip on the bottom could also help to reduce slipping. Increasing the amount of light in and around the house can help those who have vision problems navigate familiar and unfamiliar surroundings. And of course, with the winter months

ahead, seniors should take care when traveling in the community. Black ice or ice that is clear and typically blends in with the surroundings can pose a significant fall risk.

As our seniors age, they experience changes in vision, coordination, balance and reflexes to name a few. These changes can be further exacerbated by health conditions such as heart disease. For those seniors consuming alcohol or illicit drugs, they are further challenged and at a greater risk for falls. Falls can have a significant impact on a person's life with the most extreme cases leading to death. As the number of older adults continues to climb, the number of falls could conceivably increase at a similar rate. Taking proactive steps to avoid falls is the surest way to avoid physical injury that could have life altering affects.

Information for this article was obtained from the following websites. For more information on falls and how to prevent falls, please visit:

<http://www.mnsafetycouncil.org/seniorsafe/falls/index.cfm>

<http://www.hhs.gov>

<http://www.cdc.gov>

<http://www.homesafetycouncil.org>

<http://www.fallprevention.org>



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[www.samhsa.gov/OlderAdultsTAC/](http://www.samhsa.gov/OlderAdultsTAC/)



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Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention