Suggested Resources

AL Coursework and Other Resources

The Center for Excellence in Assisted Living (CEAL) Clearinghouse

The CEAL Web site www.theceal.org features a searchable database of resources for assisted living (AL) that include research findings and outcomes related to AL; exemplary AL practices, measures, and public policies and programs; and other resources and links to relevant Web sites such as the National Academy of State Health Policy, training and educational materials, and expert opinion pieces and commentary.

Assisted Living State Regulatory Review

The National Center for Assisted Living's (NCAL's) *2007 Assisted Living State Regulatory Review* was published in March 2007. The 210-page annual publication offers a state-by-state summary of AL regulations in 21 categories. Contact information for each state agency that oversees AL activities and agency Web site addresses are included.

The 2007 issue features emerging trends in the industry:

- In 2006, about 33% of states changed parts of their AL regulations, and 3 states began covering AL services under Medicaid waivers. Major regulatory changes were made by 7 states. There are now just a handful of states that do not provide Medicaid coverage for AL.
- Continuing a trend in recent years, many state regulatory changes were made in response to increasing levels of resident acuity and needs for health services. New Hampshire and Missouri created new licensure categories in part to accommodate higher resident acuity levels.
- Requirements related to fire safety, increased incident reporting, emergency preparedness, disease control, and other safety issues were added by several states. Delaware, Maryland, and Virginia added emergency power generator requirements.
- The trend toward higher standards for Alzheimer's care continued as many states added requirements for staff training, staffing, unit certification, elopement control, and more.
- Several states initiated or added to facility disclosure and information requirements.
- Other areas of regulatory change in 2006 included medication management, general staff training requirements, and resident rights.

To obtain a printed copy, call (202) 898-2855 or send an e-mail to myates@ncal.org; be sure to include your name, address, and phone number. A PDF of the review is available free on the NCAL Web site: www.ncal.org/about/2007_reg_review.pdf.

Cognitive Rehabilitation and the Memory Works Program

The Memory Works offers memory training programs designed for everyone seeking memory improvement. The program assumes that memory performance can be influenced by various modes of psychological processing (eg, physiological, perceptual, emotional, motivational, social, and environmental). It also provides a method for improving memory readiness, the precursor to improving memory performance. Visit this free resource for researchers, clinicians, and educators: www.memoryzine.com/professionals.html.

Alabama Develops Statewide Emergency Communications Network

The Assisted Living Association of Alabama (ALAA) received a $90,000 grant to develop a statewide emergency communication network for AL facilities. SouthernLINC Wireless will provide voice and data services to the ALAA through a private grant from the Hurricane Fund for the Elderly.

The grant, funded with private funds and administered by a branch of the US Department of Health and Human Services, will underwrite development, installation, and training for the statewide system that will allow AL facilities to file evacuation and disaster plans with the Alabama Department of Public Health and Alabama EMA. During an emergency, facilities will be able to notify both state agencies simultaneously that they have activated their plans. If the prefiled emergency evacuation route is inaccessible, the EMA will notify the facility and give alternate routes.

The state has more than 325 licensed AL facilities, serving about 11,000 residents in Alabama. For more information, see: www.alaaweb.org.

Finding Ways to Increase Health Literacy to Improve Outcomes

The Partnership for Clear Health Communication (PCHC), a nonprofit organization seeking to improve low health literacy, is joining forces with the

National Patient Safety Foundation (NPSF) to form the Partnership for Clear Health Communication within NPSF.

NPSF will integrate PCHC's *Ask Me 3* into its other program offerings. *Ask Me 3* promotes three simple questions that patients should ask their providers in every healthcare interaction:
1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

The Health Literacy of America's Adults report by the National Center for Education Statistics found that fewer than 1 in 6 people are proficient in health literacy—22% of adults have basic health literacy—that is the ability to obtain, process, and understand basic health information and services needed to make health-related decision. Fourteen percent are at or below basic literacy levels. Low health literacy is associated with poor health outcomes, including increased hospitalization rates, fewer preventive screenings, and higher rates of disease and mortality. For more information about how AL settings and other healthcare providers can integrate this program, see www.p4chc.org and www.npsf.org.

Don't Lose Sight of Glaucoma

Glaucoma is a group of diseases that can permanently damage the optic nerve. The most common form is primary open-angle glaucoma (PAOG). There are no symptoms or pain associated with the onset of glaucoma. As the disease progresses, side vision may begin to fail (Figures 1 and 2). Objects straight ahead may be clear, but objects to the side might be missed. If left untreated, the field of vision narrows considerably until objects in the front can no longer be seen and blindness results. An estimated 2.2 million Americans have been diagnosed with PAOG, and an additional 2 million have glaucoma and don't know it.

Figure 1. A person with normal vision sees this.

Figure 2. A person with glaucoma loses vision around the periphery first.

Dr. Paul A. Sieving, director of vision research at the National Institutes of Health, states, "Vision lost because of glaucoma cannot be restored, which is why early detection is so important. If glaucoma is detected early, there is treatment available to slow or stop vision loss and reduce the risk of blindness."

A simple, dilated eye exam can detect glaucoma. Drops are put into the eyes to enlarge the pupils. An eye care professional is then able to see more of the inside of the eye to check for signs of damage. Treatment options include medicines, laser surgery, conventional surgery, or a combination of these treatments. For most people, regular use of drops or pills controls the effects of glaucoma.

Anyone can get glaucoma, but those at higher risk include everyone older than age 60, especially Mexican Americans, people with a family history of glaucoma, and African Americans older than 40. In fact, according to the Eye Disease Prevalence Research Group, glaucoma is 3 times more likely to occur and about 4 times more likely to cause blindness in African Americans than in whites. A dilated pupil exam (Figure 3) conducted by an eye care professional every 1 to 2 years is recommended for those at higher risk.
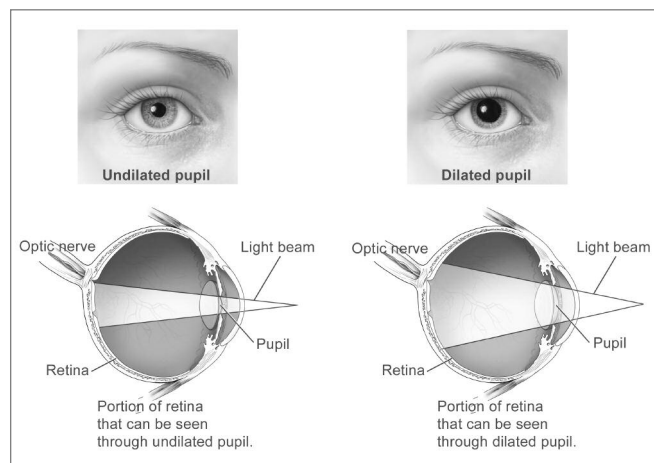

Figure 3. The pupil before and after dilation. Eyes are dilated for various eye examinations, including glaucoma exams.

Suggest that residents schedule dilated eye exams or contact a local eye care professional, and arrange transportation for a group of residents. The National Eye Institute and the National Institutes of Health (www.nei.nih.gov/glaucoma) suggest resources that include:
• American Academy of Ophthalmology, 800-391-3937, www.aao.org
• American Optometric Association, 800-365-2219, www.aoa.org
• Glaucoma EyeCare Program, 800-391-3937, www.eyecareamerica.org
• The Glaucoma Foundation, 202-285-0080, www.glaucomafoundation.org.   ALC