



Promoting Healthy Ageing

Mona Ageing and Wellness Centre Quarterly Newsletter

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Mona Ageing and Wellness Centre - Gerontology Programmes

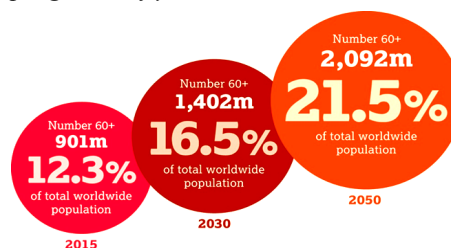
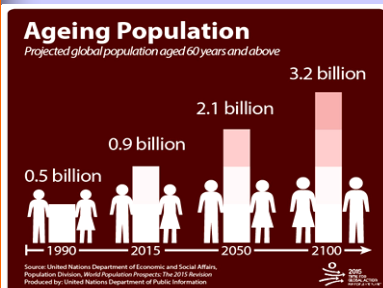
All countries of the world are experiencing population ageing, which means that the proportion of older adults, 60 years and above, in the population is increasing. By 2050 it is expected that there will be 2 billion older adults i.e. one of every five adults will be 60 years or over. [1]

This shift in age structure is one of "...the most significant social transformations of the twenty-first century with implications for nearly all sectors of society including health, labour and financial markets, the demand for goods and services such as housing, transportation, and social protection, and

family structures [2-3].

Because of this trend, the need for gerontology professionals is immediate. The Mona Ageing and Wellness Centre in association with the Department of Community Health and Psychiatry offers two programmes 1) Master of Public Health Gerontology and 2) the Post Graduate Diploma, in Gerontology. These will prepare health professionals to respond to the challenges associated with population ageing. (Waldron, 2017)

Visit our Facebook page @ <https://www.facebook.com/uwimawc/> to view programme flyers.



Built Environment and Health

The built environment, refers to the human-made or modified physical surroundings in which people live, work, & play. These include our homes, communities, schools, workplaces, parks/recreational areas, business areas, and transportation systems.

Recent research has now only began to elucidate the link between the built environment and health across the life course. The initial evidence has shown that the built environment is an important determinant of health behaviours, physical health, mental wellbeing, quality of life, social participation and access to health care and social services [4].

Built Environment and Health cont'd

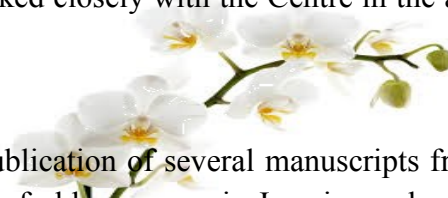
There is still lots of work to do in this area as there are gaps in the evidence and what is not known is how interventions on the built environment will impact health and how different groups at different life stages will respond.

The instruments used for measuring the built environment features in previous research are not likely to be applicable for the studying of the unique built environmental features that exist in developing countries such as Jamaica and the countries of the region. The use of Geographic Information Systems (GIS) technology offers researchers the opportunity to integrate a range of spatial built environment data into a framework which can be utilized to precisely measure and represent features of the built environment [5].

(Waldron, 2017)

Remembering a Colleague

The Mona Ageing and Wellness Centre is deeply saddened at the passing of our colleague and friend Dr Kathryn Mitchell-Fearon. Dr Mitchell-Fearon was a Lecturer in the Department of Community Health and Psychiatry and worked closely with the Centre in the areas of research, teaching and publications.



She was instrumental in the publication of several manuscripts from the Centre's 2012 national study on the health and social status of older persons in Jamaica and was actively drafting additional manuscripts at the time of her passing. She was brilliant, vivacious and a joy to work with. She is sadly missed.



Mona Ageing and Wellness Centre

Photo by Mr. Shane Williams

MAWC Computer Classes

The Mona Ageing and Wellness Centre offers introductory and advanced computer classes for older adults. Learning how to use a computer and having basic internet skills are valuable assets for accessing vital information and keeping in touch with family members.

Our computer classes have a flexible curriculum and are specifically designed for older adults. Persons are taught at their own pace by patient and highly skilled tutors. For more information please contact us at the Mona Ageing and Wellness Centre

Tips Corner - Goal Setting for 2017

So the New Year 2017 has started off with a bang and already we have behind us more days than we can count on both hands. The year 2017 provides an opportunity for us to start fresh and also to become committed to our decisions. I challenge you to achieve at least 3 goals. Below are my top 7 suggestions (in no particular order):

Learn something new – life-long learning. There are many learning options available: social, cultural or academic (your choose).

Commit to health and wellness – take better care of yourself. It is only in doing so that we can better help and serve others. This may mean that you need to: drink more water, exercise more, eat healthier foods, eat regularly as well as on-time and also get adequate rest so that your body is rejuvenated. Something that is also important is getting a medical check-up. This should be done at least once for the year to get a profile of your general health. If you have been diagnosed, it is important that you have a regular check-

up to see if the illness is being managed properly by whatever medication you are on

Grow Spiritually. There is no time like today to commit to or re-commit to your Creator. Spend time with God, seeking and understanding His will and plan for your life and how it is that you can make and be a difference in the life of at least one person this year.

Do Family Time. Make time for your family. Set aside time at least once a month for a few hours, when you do things together as a family – sit and talk, go out together for dinner or dessert, do a road trip, play games...whatever you enjoy doing together as a family.

Make new friends. Meet someone new. You would be amazed the general sense of wellbeing that comes with making a friend. This is also important for older adults, many of whom experience loneliness especially if they are home alone.

Save for a ‘rainy day’. We



all have ‘rainy days’ in our lives, times when things may not go according to plan. It is important to save for such days/times. It is important to have a resource available from which you can provide for yourself and family.

Do not procrastinate. Stop waiting on the perfect time to do what you want to do. It is time to move beyond dreaming and visioning. Get up, go out there and do it. Let 2017 be a year of no regrets, you go do it. Live your dreams, make them a reality so that they don’t remain dormant as dreams.

Accept our best wishes for a prosperous and productive 2017. GO OUT AND DO IT!!!

(McKoy-Davis, 2017)

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The thin line between caregiver stress and elder abuse

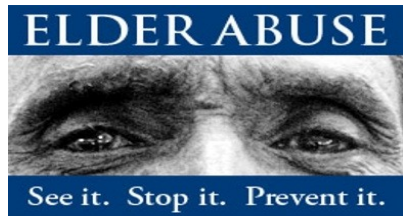
The decision to care for an elderly family member is usually a difficult choice faced by many families. Family members feel they are obligated to their loved one, who supported them as children and as such, the family members want to show gratitude now by providing assistance to their loved one. However, when family members who are contending with other demands of life, must care for an older family member they often become tired which may lead to mental stress. Without proper channels of stress release, there is the potential for abuse. For caregivers, providing constant support is a demanding job and especially when compounded with the normal day to day activities of the caregivers, a caregiver's work is never finished.

Caregivers are more often females and they may also attend school, work outside the home and contend with other personal issues, making them very stressed and tired. At the end of an already tiresome day, the family member acting as the primary caregiver, still needs to return home and provide the necessary support for the loved one in need of care. The overwhelming pressure

placed on the caregivers from their personal lives, combined with the care being provided to the elderly family member, may cause caregivers to over-extend themselves which may cause increased frustration and mental stress.

The overwhelming stress that caregivers sometime experience may have a negative impact on the quality of care that they provide for their older loved one. Common warning signs of caregiver stress include: excessive anger towards care recipient, social withdrawal, extreme tiredness, anxiety, sleeping problems, irritability, health problems and depression. When an individual experiences stress it is possible that they can become easily impatient and frustrated with others including their care recipients. When this happens, care recipients maybe at the whims and fancy of their caregiver(s). Caregivers may not exercise patience and love in providing care at this stage, but may instead resort to abuse. Common examples of abuse are: **physical abuse**: slapping; beating; **verbal abuse**: shouting or cursing; **emotional abuse**: bringing

up past or recent issues and trying to guilt trip care recipient into feeling bad about the issue; **intentional or unintentional neglect**: refusing to provide meals or other regular care; **sexual**: rape or other sexual violation and **financial abuse**: accessing funds of care recipient and using/spending in a manner not agreed to by care recipient and/or their guardians.



Family members and guardians need to observe closely the quality of care provided to their loved one. As unkind and unfortunate as abuse is, especially when experienced by an older adult, it is not always done intentionally or an act intended to cause harm. As stated before, elder abuse can be easily spurred by being stressed. It is important that caregivers get adequate rest and that relief/respite is provided to and for caregivers so that they are not working around the clock without adequate vacation and general break for relief and relaxation.

(Watkins, 2017)

Sexual Health in Older Adults

In their 2006 working definition, the World Health Organization described sexual health as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity...” The ability to attain and maintain sexual health will therefore be influenced by a multiplicity of factors at the individual and societal/environmental levels. For the older person, sexual health can be affected by personal and societal views about sex and sexuality, the older person’s physical health and functionality, living arrangements, as well as available healthcare services and interventions.

In the minds of many, sex and older persons hardly belong in the same sentence as an asexual nature is often ascribed to

this population. While it is true that research indicates declining involvement in sexual activity with increasing age, this is often related to, inter alia, ill-health, the unavailability of a partner, and lack of privacy.



Many older adults remain sexually active and deem sexual relationships and intimacy as important to overall well-being. Sexual health needs to be moved further up the priority list of issues in older men’s and women’s health. This is warranted as



persons are living longer and remaining healthier throughout old age. Additionally, many unavoidable age-related hormonal and genitourinary changes have negative effects on sexual function.

Practitioners in gerontology and geriatrics have long acknowledged that there is great heterogeneity in the older adult population. Efforts should be made by all concerned to ensure that appropriate structures are in place to facilitate optimal sexual health for all.

(Tyndale, 2017)

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Upcoming articles

- Urinary incontinence
- Life long learning
- Community Service
- Retirement issues

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