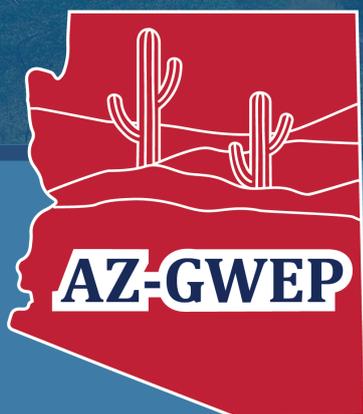


THE ARIZONA GWEP MONTHLY NEWSLETTER

MARCH 2026



ABOUT

The mission of the Arizona Geriatrics Workforce Enhancement Program (AZ-GWEP) is to provide the best possible care through an interprofessional approach to individual, system, community and population level education, training and models of care innovations.

The AZ-GWEP Newsletter is an important forum to share AZ-GWEP activities and highlight your valuable work. Please use this form by the 10th of each month to be featured in the next issue:

[SUBMIT INFO FOR
OUR NEXT ISSUE](#)



WORLD
HEARING DAY
MARCH 3

This March brings important opportunities to focus on key aspects of healthy aging. Throughout [National Nutrition Month](#), we can spotlight how proper nutrition supports everything from bone health to cognitive function in older adults. [World Hearing Day](#) on March 3rd reminds us that untreated hearing loss affects not just communication but also increases risks of social isolation, depression, and cognitive decline. During [Sleep Awareness Week](#) (March 8-14), we can address how sleep quality often changes with age and explore strategies for better rest—crucial for memory consolidation, immune function, and fall prevention. Finally, [Brain Awareness Week](#) (March 16-22) offers a chance to discuss brain health maintenance through mental stimulation, physical activity, and social engagement. [Pages 4-6](#) contain additional infographics and information sheets about these four key aspects to healthy aging—nutrition, hearing, sleep, and cognitive wellness—and how they form an interconnected foundation for thriving in later life.



Sleep Awareness
Week® 2026

Brain 
Awareness Week
March 16-22 | 2026

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PARTNER SPOTLIGHT

MEET ROCIO FROM ARIZONA CENTER FOR RURAL HEALTH

Maria Rocio Torres, MPH (she/her/ella), is part of the Centers for Disease Control & Prevention (CDC), Overdose Data to Action-States (OD2AS), Arizona Department of Health Services (ADHS), and Arizona Center for Rural Health (AzCRH). In her role as research professional with OD2A-S, Rocio develops and reviews informed-product development of Clinician/Health Engagement System and CDC Clinical Practice Guideline for Prescribing Opioids for Pain. Rocio also leads the evaluation program and the Opioid Prescribing Practices in the U.S. and Subsequent falls Scoping Review project. Ms. Torres is also part of the Arizona Geriatrics Workforce Enhancement Program (AZ-GWEP) where she supports health workforce and rural hospitals in geriatrics clinical education and organization certification as Age-Friendly Health Systems (AFHS). Part of her activities include engagement in community meetings to identify and discuss problem-solving approaches to meet the needs of older adults in rural Arizona.



Prior to OD2A-S and AZ-GWEP, Ms. Torres was part of the Health Disparities National Initiative funded by ADHS & CDC, known as Advancing Health Equity, Addressing Disparities Program (AHEAD) at the University of Arizona. With AHEAD, Ms. Torres managed several diverse projects in critical health promotion and disease prevention, substance and opioid use disorders (SUD/ OUD), workforce and community capacity building, COVID-19 vaccination and recovery, and health equity efforts in underserved and under-resource rural communities across Arizona. Ms. Torres engaged in community meetings to identify and discuss problem-solving approaches to meet the needs of underserved and at-risk populations with SUD/OUD and conducted the development of culturally relevant health education and training materials to improve outreach visibility, effectiveness, and accessibility. Languages spoken: English and Spanish

LinkedIn

Connect with our
AZ-GWEP Community
Group Page on LinkedIn

MARK YOUR CALENDARS



ADVANCES IN AGING LECTURE SERIES

March 9th
12 - 1 pm (MST)

Menopause in the Golden Years: Safe and Effective Management of Persistent Symptoms

Dr. Joy Bulger Beck

[VIEW PRESENTATION](#)

View archived presentations [here](#)

Download the event flyer

ADVANCES IN AGING LECTURE SERIES

Menopause in the Golden Years: Safe and Effective Management of Persistent Symptoms

LIVESTREAM

<https://streaming3.biocom.arizona.edu/streaming/21100/Event>

March 9, 2026
12-1 pm (MST)

LEARNING OBJECTIVES

- Understand the current medical evidence on when hormone therapy should be started, as well as the importance of shared decision making on potential risks and benefits when hormone therapy is continued in the later years.
- Review the non-hormonal treatment options available for ongoing management for hot flashes or other vasomotor (vasomotor) symptoms of menopause.
- Recognize the effective and safe treatment options for vasomotor and sensory symptoms of menopause.

VIEW ARCHIVED PRESENTATIONS

<https://streaming3.biocom.arizona.edu/streaming/21100/Event#search/1718>

CME Credit Provided by the University of Arizona College of Medicine - Tucson

Accreditation Statement:
The University of Arizona College of Medicine - Tucson is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Arizona College of Medicine - Tucson designates this activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Statement:
All faculty, CME planning committee members, and the CME office reviewers have disclosed that they have no financial relationships with commercial interests that would constitute a conflict of interest concerning this CME activity.

Center on Aging | **Arizona Geriatrics Workforce Enhancement Program** | **Department of Geriatrics, General Internal Medicine & Palliative Medicine**

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Banner
Alzheimer's
Institute

Dementia Friends Champion Training

Does the Dementia Friends philosophy speak to you? Are you interested in being trained to facilitate sessions in your networks or the broader community? **NEXT TRAINING: MARCH 4TH AT 10-11:30 AM MST**

[Register](#)

Join the GWEP-CC Online Community



GWEPOnline is the central hub for the GWEP-CC Age-Friendly Health Systems Continuous Action Community and for all GWEP directors, team members, and partners.

Members will have access to resources such as the American Geriatrics Society Age-Friendly Resource Library, GWEP CC Newsletter, GWEP-CC Coaching Calls (slides and recordings), Community Catalyst's 4Ms Consumer Tools, GWEP-CC Age-Friendly Health Systems Case Studies, and much more. You can view the last GWEP-CC Coaching Call, "Practicing the 4Ms as a Set": [recorded team webinar](#). Coaching Call slides are available under Tools and Resources on the GWEP Online Community site (see below on how to register).

NEXT CALL: APRIL 9TH AT 12:00 PM MST

If you would like to join the [GWEP Online Community](#) (login required) **please contact Lisa O'Neill at loneill@arizona.edu** who will submit your name for account creation.



[Register](#)

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6 Healthy Sleep Habits for Older Adults

Older adults need about 7-9 hours of sleep each night. Getting a good night's sleep supports physical health, mental health, and overall well-being. Improve your sleep with these tips.

Develop a regular sleep schedule and bedtime routine

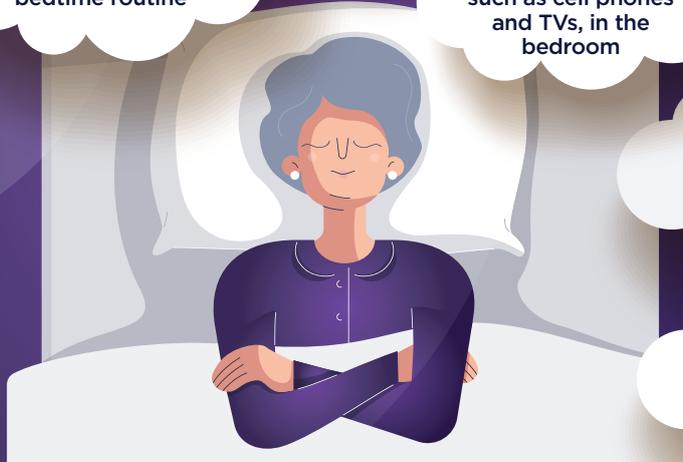
Avoid napping in the late afternoon or evening

Try to avoid electronic screens, such as cell phones and TVs, in the bedroom

Keep your bedroom quiet and at a comfortable temperature

Exercise at regular times each day, but not within three hours of bedtime

Avoid alcohol, caffeine, and large meals late in the day



Learn more at: www.nia.nih.gov/sleep-tips.



(((Six Signs of Hearing Loss)))

About one-third of older adults have hearing loss, and the chance of developing it increases with age.

Trouble understanding people over the phone

Finding it hard to follow conversations when two or more people are talking

Often asking people to repeat themselves



Needing to turn up the TV volume higher than other people do

Trouble understanding others because of background noise

Thinking that others seem to mumble

To learn more about hearing loss, visit www.nia.nih.gov/hearing-loss.



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THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON

Center on Aging

www.aging.arizona.edu

January 2023

ELDER CARE

A Resource for Interprofessional Providers

Improving Communication With People Who Have Hearing Loss

Fadyeh Barakat, AuD, Department of Speech, Language, and Hearing Sciences, University of Arizona

Age-related hearing loss, also known as presbycusis, is one of the most common chronic conditions faced by older adults. It affects 1 in 3 adults between the ages of 65-74 years and half of those over age of 75, with white individuals affected at triple the rate of blacks. Presbycusis is associated with cognitive decline and higher rates of dementia, and also with increased fall rates. The rate of progression and severity of hearing loss depends on many factors including genetics, history of noise exposure, use of ototoxic medications, and presence of other coexisting ear disease.

Presbycusis is sensorineural in nature, meaning that the primary damage to the auditory system is in the auditory nerve or inner ear (cochlea). Hearing loss is typically bilateral and characterized not just by a loss of auditory volume, but also by decreased ability to discern high-frequency (high-pitched) sounds. This, in turn, affects the ability to hear "soft consonants" in speech, such as s, sh th, and f. This results in a loss of clarity of speech sounds. Increasing the overall volume of the sound (i.e., talking louder) may or may not improve clarity.

As a result, those with presbycusis typically report that they can hear a speaker's voice but cannot understand it. The speech is unclear, and people talking sound like they are mumbling or muffled. The struggle to hear is further exacerbated by background noise or when multiple speakers are present, and understanding can be more difficult for non-native speakers of the language being spoken. This all can result in miscommunication, confusion, and frustration for everyone involved.

It is thus no surprise that hearing loss impairs ease of communication not only for the person with hearing loss (PHL), but also for communication partners such as family and friends. It may become difficult for a PHL to understand spoken medical advice, respond to warnings or alerting sounds, and participate in everyday conversations. Many difficulties involved in communicating with a PHL can be resolved by following ten simple communication tips.

TIP 1: Get the PHL's Attention. If conversation is initiated suddenly or there are many conversations happening at once, PHLs may not realize someone is talking to them. Getting a PHL's attention before addressing them can be as simple as tapping them on the shoulder or saying their name before you begin speaking. For example, "Mr. Smith (pause), when was the last time you fell?"

TIP 2: Be Sure that the PHL Can See Your Face. A PHL's ability to understand you can often be improved by using visual cues. Seeing the speaker's face provides important information for speech interpretation, such as the shape and movement of the lips and mouth, facial expressions, and gestures (pointing to an object or providing direction). These visual hints can be hidden if a speaker tries to communicate while taking notes on a clipboard or computer, or addresses the PHL from a distance or while performing another task, like hand-washing.

TIP 3: Find a Quiet Place with Good Lighting to Create a Conducive Environment for Good Communication. To take advantage of visual cues, it is helpful to communicate in an environment with adequate lighting and limited background noise. If lighting is inadequate (backlighting or low-lighting), a PHL may not be able to see the speaker's face. Background noise like fans can make it difficult for PHLs to use what little auditory information they do get to understand speech.

TIP 4: Speak Slowly, Clearly, and Simply. Often when people encounter a PHL, their first instinct is to talk louder. Remember, volume isn't the only issue with presbycusis. Louder isn't always better; sometimes louder is just louder. It is more beneficial to slow down the rate of speech, not unnaturally slow, but enough for the PHL to be able to keep up and ask for clarification. By simply slowing down the rate of speech, articulation improves, thereby improving clarity. Try to use simple terms and phrases, as convoluted or medically-heavy terminology may be too difficult for a PHL to process.

TIPS FOR IMPROVING COMMUNICATION WITH INDIVIDUALS WHO HAVE PRESBYCUSIS

- When speaking to older adults who have hearing loss, do so in a quiet place with good lighting, be sure they can see your face, and speak slowly and clearly. If you determine that they didn't understand what you have said, rephrase your statement with different wording, rather than simply repeating it.
- Many older adults with hearing impairment wait years before seeking evaluation or obtaining a hearing aid. If you detect hearing loss in one of your patients, refer to an audiologist.
- Provide written information to supplement what you have told the patient. This will allow the patient to fill in any information missed during conversation, and help them remember and share that information with family/friends.

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ELDER CARE

Continued from front page

TIP 5: Confirm Understanding with Clarifying Questions.

Encourage PHLs to repeat what they heard and understood. Specific responses and explanations of what was just said help to confirm understanding versus simply asking "Do you understand?"

TIP 6: Rephrase Rather Than Repeat. Often a PHL's first response when they do not understand is to say "What?" or "Huh?" It may be tempting to simply repeat exactly what you said, but this is often unhelpful. Instead, rephrase what you just said and provide the information in another way. See example in the box at right.

TIP 7: Pause at Meaningful Places in the Conversation. PHLs are trying to process spoken information as fast as they can, and they can fall behind. Pausing in between phrases can help PHLs catch up and give them time to ask for clarification.

TIP 8: Provide Context and Avoid Changing Subjects Without Warning Providing PHLs with context gives them one more tool to compensate for their hearing loss. Context makes it easier to fill in auditory gaps. If you must switch topics, provide a statement to prepare the PHL for the change. For example, "About your medication (pause), how long have you been taking metformin?"

TIP 9: Use Assistive Technology. Often hearing loss can be so significant that providing additional volume in addition to the tips already discussed, can provide a significant benefit to PHLs. Assistive technology like Pocket Talkers or FM systems (see figure) are portable, easy to use, and relatively inexpensive. These devices improve

Rephrase Rather Than Repeat	
<u>Initial Question and Patient's Response</u>	
Clinician: When you fell, which side did you land on?	PHL: What?
<u>Example of Repeating:</u>	
Clinician: When you fell, which side did you land on?	PHL: I still didn't get it.
<u>Example of Rephrasing:</u>	
Clinician: Did you fall on your left or your right side?	PHL: Oh, my right side.

access to speech by amplifying a speaker's voice directly into the PHL's ears. This can help reduce the effect of background noise and reverberation. The picture at right shows a pocket-talker.



TIP 10: Refer to an Audiologist. On average, people struggle with hearing loss for 5-7 years before seeking assistance, and they often wait over 10 years after diagnosis before being fit with hearing aids. Those from minority groups and those with less education have lower rates of hearing aid use. These delays can impair quality of life, with PHLs often experiencing depression, anxiety, and social withdrawal. Appropriate management of hearing loss can allow PHLs to participate more fully in life. Note, however, that while hearing aids can help amplify missing speech sounds and improve communication, PHLs may still struggle to understand speech in noisy environments and will benefit from the communication strategies outlined in this edition of Elder Care.

Other Recommendations for Improving Communication with Individuals Who Have Hearing Impairment	
What to Do	How to Do It
Provide Accurate Visual Information	Excessive facial hair can make it difficult for patients to see important visual cues. Avoid chewing gum or eating while speaking, as this can provide inaccurate cues.
Face the Person	Be at the same level, facing the person, to provide more visual cues.
Use Paper and Pencil	If you are unsuccessful with spoken communication, write the information.
Provide Printed Materials	Whenever possible, provide printed materials supporting the information you just provided the PHL. This will not only fill in any information missed during conversation, but will also help them remember and share that information with family/friends.

References and Resources

American Speech, Language, and Hearing Association. <https://www.asha.org/Articles/Untreated-Hearing-Loss-in-Adults/>

Barker F, et al. Interventions to improve hearing aid use in adult auditory rehabilitation. Cochrane Database Syst Rev. 2016; Aug 18;(8)CD10342

2016; Aug 18;(8)CD10342

Ekberg K., et al Addressing patients' psychosocial concerns regarding hearing aids within audiology appointments for older adults. Am J Audiology. 2014; 23,337-350

National Institute on Deafness and Other Communication Disorders. <https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0024983/>

Interprofessional care improves the outcomes of older adults with complex health problems.

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Supported by: Donald W. Reynolds Foundation, Arizona Geriatrics Workforce Enhancement Program and the University of Arizona Center on Aging

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28721, Arizona Geriatrics Workforce Enhancement Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.