



HEALTHIER BLACK ELDERS CENTER

Promoting Successful Aging in Detroit and Beyond

SPRING 2011

MISSION

A core goal of the HBEC is to encourage older African American adults to consider participating in research projects that have been approved by the HBEC.

In the past, researchers have been hampered by difficulties recruiting older African Americans to be involved in research projects. Research is critical to understanding why African Americans are at much higher risk of developing certain diseases and why these diseases have a greater impact on their health and longevity.

The HBEC has worked to correct this problem by creating a Participant Resource Pool or PRP.

If you agree to be part of the PRP, the Center guarantees that:

All research projects meet the highest quality federal, state and university standards



Your information will be handled with the strictest confidence



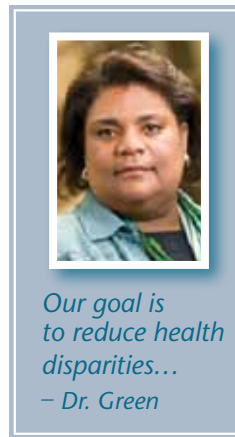
You will be considered for research that is of interest to you



You have the right to decline a research project for any reason at any time

Director Leads National Conference to Train Researchers on Policy Work

In a much-anticipated *Making Your Research Count: Strategies for Informing Minority Aging Policy* workshop at the 2010 Gerontological Society of America's (GSA) conference, Healthier Black Elders Center (HBEC) Director Carmen R. Green, M.D., and her distinguished steering committee provided fellow scholars with methods to help them better translate their work into policy relevant issues.



Our goal is to reduce health disparities...
- Dr. Green

"Our goal," says Dr. Green, "is to reduce health disparities by helping researchers to conduct their research in a way that moves from the science to dissemination and ultimately to pol-

icy initiatives to improve health for older minority adults".

The daylong conference was in response to the National Institute on Aging and the National Research Council's recommendations for minority aging research to improve human health by encouraging scientific discoveries that translate into practical applications.

Over 60 researchers from across the nation attended sessions which included "Disseminating Your Research Message," "Case Studies on Health Policy Relevant Research," and "Making Your Research Policy Relevant".

CONT. ON PAGE 4

Early Study Findings Highlight Concerns of Elder Metro Detroiters

After only five months of conducting interviews for the Lifespan Investigation of Family, Health, and Environment (LIFHE) study, over 200 participants from the Healthier Black Elders' Participant Resource Pool (PRP) have been interviewed.

"It has been wonderful to see how generous our participants are with their time and how patient they are with all of these questions," says volunteer interviewer Erma Allen.

The goal of the LIFHE study is to

CONT. ON PAGE 2



HEALTHIER BLACK ELDERS CENTER (HBEC)

University of Michigan and Wayne State University

Michigan Center for Urban African American Aging Research: A National Institute on Aging Grant Program



IOG Launches Seniors Count! Website

Community practitioners, caregivers or just plain ole' data collectors will be happy to know that the IOG has recently launched the Seniors Count! website housing current data, research reports, and other aging resources.

"The goal," says Carrie Leach, Seniors Count! project manager, "is to make available an open, informative and easy-to-access data center that everybody can use. The older population is growing faster

than any other age cohort, and we want our data to help inform those who plan, target, and advocate for much needed services and programs for older adults."

In addition to data and information, the

site contains a real-time Q & A section, current research studies and articles, and a discussion forum. Community members are encouraged to visit the new website at: www.seniorscount.org



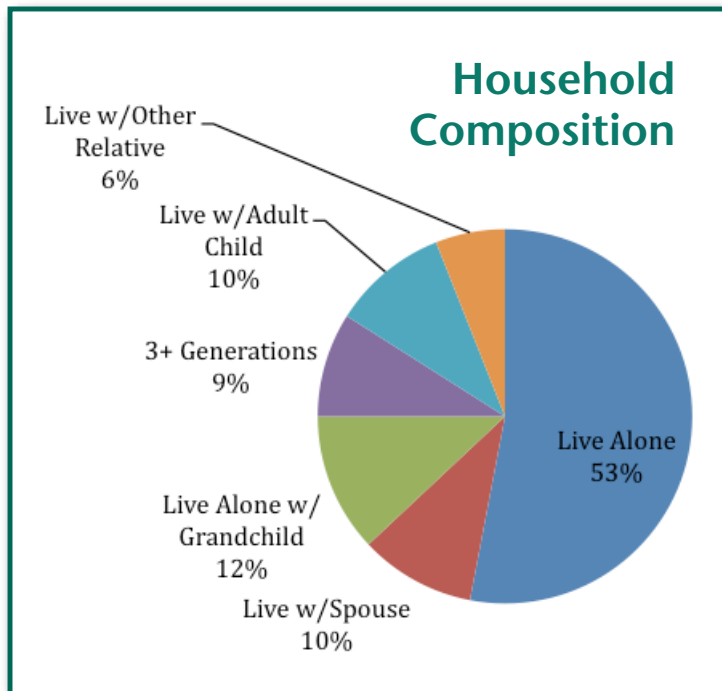
Visit: www.seniorscount.org

Findings Highlight Elder Concerns

continued from page 1

interview 500 people aged 55 and over in the next few months to learn more about the process of aging, family relationships, and the social, financial and health resources available to elders in the Detroit area. To date, 181 women and 19 men (ages 55 to 97 years old) have participated in the multi-disciplinary survey. Ninety-nine percent are African American, 80% are Detroiters and 91% consider themselves retired.

Highlights of the early findings include:



- A little over 1/2 live alone (53%) See "Household Composition" chart

- Seventy-three per cent (73%) volunteer at church or other religious groups

- In addition to church, the most popular venues for volunteering include AARP, Neighborhood Watch, NAACP, COTS, and recreational groups like knitting circles and bingo

- About 2/3 of the participants report that they have a disability or other physical limitation and are often troubled by pain

- Almost 1/3 of the older adults are concerned about their memory or thinking skills getting worse in the last year

- Only about 1/3 acknowledged having a plan for a time, possibly in the future, when they cannot manage at home alone any longer

- Approximately half (52%) of interviewees stated that their income is lower in retirement than they expected it would be

- Almost 75% of older adults are dissatisfied with their finances. Many seniors have stated that housing-related expenses, especially utilities, as well as medical expenses, such as prescription drugs, account for the most increase in expenses during retirement

"We have been so grateful for the wonderful response we've had from the members of the Healthier Black Elders Center," says Lisa Ficker, Ph.D., LIFHE project director. "Without their willingness to share their time, lives, and opinions with us, this project would not be possible."

LIFHE study participants receive a \$15.00 gift card and should call 313/577-2297 X351 to participate.



HEALTH WATCH

Choosing A Doctor who Understands Aging

The U.S. faces a serious shortage of physicians with special training in how to treat older adults. These geriatricians play an important role in American medicine with in-depth knowledge of aging-related disease, disability and prescription drug use. Unlike Great Britain, where geriatricians pay increases with the age of the patient treated, US geriatricians receive no extra compensation for treating older patients. The greater need to coordinate care with other doctors, therapists and caregivers can require long hours from geriatricians, including nights and weekends. These lifestyle and income issues deter many US medical students from choosing geriatrics as a sub-speciality.

By 2025, though, 72 million adults will be 65 or older. With few geriatricians to choose from, can older adults receive quality care from their family doctor?

Yes, according to Wayne State University internist Reda Ahmad Awali, M.D. "Geriatrics requires managing multiple disease symptoms and developing care plans that meet the special needs of the elderly," he explains. The good news is that "geriatrics is rooted in internal medicine and family medicine. With experience and commitment, either physician could provide care that is similar to a geriatrician's."

Dr. Awali, who is currently working with the IOG to expand his geriatric knowledge, encourages older adults to screen their physician for expertise in working with older adults. How many older patients do they see? Do they take a thorough history? Does the exam seem relaxed or rushed? Do they communicate patiently by listening and giving clear explanations and answers? Do you, as the patient, feel your concerns are heard?

Finally, Dr. Adwali advises older patients to remember that "a careful physician does not automatically attribute every complaint and symptom to normal aging. Aging is not a disease – it's a process. The right physician – whether a geriatrician or not -- will appreciate the difference." The doctor/patient relationship thrives on trust, comfort and knowledge especially as we get older. It's worth our time and effort to get it right.

Input Requested for Older Americans Act (OAA) Reauthorization

As the 2011 Congress considers amendments to and reauthorization of the Older Americans Act, the Administration on Aging wants your input on current services and programs provided by the aging network.

Since 1965, the Older Americans Act (OAA) has been responsible for the development of a comprehensive and coordinated service system charged with enhancing the lives of older individuals, family caregivers, and persons with disabilities.

Input is solicited on topic areas ranging from caregiving to benefits counseling to housing, transportation, and community based services. The OAA asks that participants make specific recommendations along with suggested changes to current services. Input forms are available online and can be submitted electronically or downloaded and mailed.

To provide input, go to: <http://www.aoa.gov> and click on "OAA Reauthorization." Giving your congressman a call and expressing your concerns for improved older adult services is also an option.



Seniors Live Better Thanks to Heartland Health Care

Heartland Health Care Center is an IOG Gold Partner dedicated to education and direct care services to help older adults age well. This nationwide organization employs 60,000 caregivers who provide a broad range of services that include skilled nursing and rehabilitation, assisted living, long-term care, continuum of care, and hospice.

Heartland has sponsored dozens of IOG events, providing experts, materials and even lunch to seniors in attendance. Heartland also supports continuing education programs to ensure that the professionals charged with caring for our older adults remain at the peak of their skills and knowledge.

Healthier Black Elders Center

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Conference Training FROM PAGE 1

Dr. Green presented three well-received workshops: “Overview of Policy: Opportunities and Challenges for Minority Aging Policy Relevant Research”, “The Art of Disseminating Your Research Policy: The So What? Factor”, and “Pain and Palliative Care in Older Diverse Populations.”

“Overall conference satisfaction level”, adds Dr. Green, “was excellent. Researchers told us that they were given some practical and easy-to-implement tools.”

The conference was co-sponsored by the Gerontological Society of America’s Social Research, Policy, Practice section (chaired by community core Co-Director Letha Chadaih, Ph.D.), the GSA Task Force on Minority Issues in Gerontology (chaired by former MCUAAAR scholar Tamar Baker, Ph.D.), and the National Institute on Health’s National Institute on Aging Resource Center for Minority Aging Research (RCMAR).

The Institute of Gerontology, in collaboration with the University of Michigan’s Institute for Social Research, is one of six RCMAR programs nationally. The HBEC program is the community core of its RCMAR program.



Save the Date

APRIL 30 (11:00-1:30)

Aging Healthy: Healing & Spirituality

by John L. Woodard, Ph.D, WSU. Professor of Psychology

Public Enemies: Obesity & Diabetes

by John David Purakal, MS, WSU, School of Medicine Candidate
Temple of Faith Baptist Church, 15801 W. Chicago Rd,
Detroit 48228 (west of Green field: off Forrer Street)

JUNE 7 (8:00 AM – 2:00 PM)

HBEC Health Reception REGISTRATION FORM REQUIRED

Greater Grace Conference Center, 23500 W. 7 Mile Rd, Detroit, MI
June is Men’s Health Month so all guests can bring along a male friend or relative to hear key health messages from our panel of medical experts. Free health screenings and lunch. Registration form available online at www.iog.wayne.edu or call 313-577-1000 to receive a form. Register early; space is limited. You must return a registration form to be registered.