

ELDERLY CARE RESEARCH CENTER

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THE ELDERLY CARE RESEARCH CENTER

The Elderly Care Research Center (ECRC) is a multidisciplinary, social research organization affiliated with the Department of Sociology at Case Western Reserve University. The Center was established in 1967 by its Director, Dr. Eva Kahana, who is Robson Professor of Sociology, Humanities, Medicine, Nursing & Applied Social Science at CWRU. Research related to aging, health, and mental health is conducted by Center staff and associates. Funding for these projects is currently obtained from the National Cancer Institute (NCI), National Institute on Nursing Research (NINR) and the National Institute on Aging (NIA). Senior research scientists and faculty from other universities regularly participate in research projects conducted at the Center.

In addition to its research activities, the Center serves as a teaching facility, training graduate and postdoctoral students from diverse social and health science disciplines in the theory and methods of social gerontological research. Students are given an opportunity to obtain “hands on” experience in conducting research and to translate formal coursework into practical applications within a research setting. Center Staff also serve in an advisory capacity to various educational programs and community agencies serving the elderly.

Primary activities of the Center include theory based research on diverse topics relevant to adaptation and well-being of the elderly. A programmatic thrust at the Center has been the focus on health and mental health outcomes of stress, coping, and adaptation.

Research has focused on predictors of wellness as well as of vulnerability. Study samples have ranged from the frail and institutionalized aged to adventurous older adults undertaking long distance moves. Cross-national and cross-cultural comparisons and focus on ethnic differences also represent a unique aspect of our orientation to research. In recognition of the diverse environmental and social influences on well-being of the elderly, research has been interdisciplinary in nature, bringing to bear qualitative as well as quantitative methods of sociology, psychology, and other social science disciplines on the issues under study. In addition to publishing results of research in professional journals and presenting them to the scientific community, ECRC is committed to broad dissemination of research in a readily understood format to community organizations, professionals, and to elderly participants in diverse studies. Effective intervention programs have been developed and implemented based on findings of some research projects. The Elderly Care Research Center is affiliated with the Center on Aging and Health, Case Comprehensive Cancer Center, Case School of Medicine, and Frances Payne Bolton School of Nursing at CWRU.

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COLLABORATIVE LINKAGES
WITH OTHER CENTERS

Case Western Reserve University

Alzheimer Center - University Hospitals
Department of Family Medicine
Department of Medicine Center for Clinical Epidemiology
Cancer and Aging Research Center
Center on Aging and Health
Francis Payne Bolton School of Nursing
Ireland Comprehensive Cancer Center – University Hospitals
Mandel School of Applied Social Science
Memory and Aging Center
Office of Geriatric Education

Cleveland Community

Benjamin Rose Institute
Center for Applied Gerontological Research - Cleveland State University
Cleveland Clinic
Jewish Family and Children's Services
Judson Retirement Community
Menorah Park Center for the Aged – Myers Research Center
Metro General Hospital
Western Reserve Area Agency on Aging

Linkages with Other Universities and Research Centers

Cleveland State University
Columbia University, New York
Mount St. Mary College, Newburgh, New York
Simon Fraser University, Vancouver, British Columbia
Social Services for Aged – Budapest, Hungary
University of Maryland, Baltimore County
University of Pennsylvania, Philadelphia
University of Washington, Seattle
Haifa University, Israel

FUNDED RESEARCH PROJECTS

1. Matching Environments and Needs of the Aged.

E. Kahana, Ph.D., Principal Investigator

Funded by the National Institute of Mental health, 1968-1972

This study tested a new theoretical framework of person-environment congruence as it applies to older adults living in institutionalized settings. It considered the relative contributions of personal preferences of environmental supplies and of the congruence or fit between personal preferences and environmental characteristics on psychological well-being of elderly residents of nursing homes. Findings pointed to the importance of person-environment congruence in selected domains. Congruence models examined included non-directional, one-directional, and two-directional models. The findings point to the importance of P-E fit in the arenas of congregation, impulse control, and segregation. In contrast, personal and/or environmental characteristics rather than fit were found to be more important along the dimensions of affective expression and institutional control in explaining morale.

2. Roles of Homes for the Aged in Meeting Community Needs.

E. Kahana, Ph.D. & B. Kahana, Ph.D., Principal Investigators

Funded by the National Institute of Mental health, 1970-1973

This study examined the degree and type of service needs and service utilization by older persons in two metropolitan Detroit communities—one urban, the other suburban. The sample included community-living older adults, older persons residing in sheltered housing facilities and residents of institutions for the aged. Interviews were also conducted with family members, friends, and neighbors of the older persons. Information about service agencies in the two communities was obtained.

Findings pointed to the importance of differentiating between service needs attributed to older persons by others and those they themselves identify. While both older persons and their significant others saw the primary importance of financial assistance for old persons, discrepancies between attributed and professed needs occur in other service areas. Older persons were more likely to emphasize housing as a number one priority, while agencies and significant others perceived a greater need for emotional support and psychological help in older persons than did the older respondents themselves. In examining the type of services provided by agencies in the communities, it was found that the majority were referral (53%) and counseling (38%) services, neither of which were considered service priorities by the older persons.

3. Strategies of Adaptation in Institutional Settings.

E. Kahana, Ph.D. and B. Kahana, Ph.D., Principal Investigators

Funded by the National Institute of Mental Health, 1973-1978

This longitudinal study focused on the ways older persons cope with moving into nursing homes and homes for the aged and life in these institutions. Two hundred and twenty eight older adults moving into 14 congregate facilities were interviewed four times over a period of a year. Respondents were interviewed just prior to admittance; during the first two weeks of their stay; after they had been living in the home for approximately three months; and finally, seven to eight

months after relocation. Administrators of the facilities were questioned concerning institutional policies and programs.

Results of the study indicated that institutionalization or relocation did not necessarily lead to negative social-psychological and/or health outcomes for the elderly. A slight majority of the residents reported stable health ratings over the entire course of the study. The number of respondents who perceived a decline in their health was matched by a similar number reporting an improvement in their health status. Coping strategies were found to remain stable over time. Affective (expressive) coping was significantly related to low morale within the institution, while instrumental or escapist modes of coping with problem situations were accompanied by higher morale. An unexpected proportion (approximately 12%) of the respondents were able to move back into the community.

4. **Attitudes Toward the Elderly: Antecedents, Content and Outcome.**

E. Kahana, Ph.D. and A. Kiyak, Ph.D., Principal Investigators

Funded by the National Institute of Aging, 1978-1981

This project was concerned with the relationship between attitudes toward the elderly held by service providers and their behavior in dealing with their clients. Determinants of staff attitudes which were measured included social contact and employment experience with older persons, social values, and educational background. Three components of staff attitudes were assessed: affect, beliefs and behavioral intentions. Outcomes included staff-client interaction and staff turnover. 423 service providers (in long-term care facilities and senior centers) were interviewed.

Findings indicated that older staff members held fewer stereotypes and more positive feelings about the elderly than did younger personnel, and that senior center employees were more positive in their attitudes than institutional staff. Among institutional staff, administrators and volunteers were most likely to encourage independence in the older residents; aides the least likely to do so. Both positive affect toward older persons and the lack of stereotypical beliefs about the elderly were significant predictors of job satisfaction among staff. Those staff members who left their job within one year after completing the questionnaire (39%) held significantly more negative attitudes toward older persons along the dimensions of both affect and beliefs.

5. **Voluntary Relocation, Adaptive Skills, and Mental Health of the Aged.**

E. Kahana, Ph.D. and B. Kahana, Ph.D., Principal Investigators

Funded by the National Institute of Mental Health, 1977-1982

This in-depth, longitudinal study examined older persons who voluntarily relocated to new geographical areas in their retirement years. Two groups of older persons moving from the New York City area (one sub-sample moving to Florida retirement community; the other relocating to Israel) were interviewed several times over the course of the study, both before and after relocation. The focus of the study was on the adaptive tasks presented by such moves, the ways in which the older persons cope with the attendant social, cultural, and physical changes in their environment; and the effects of relocation on the social-psychological and health status of the older migrants.

As part of a cross-sectional sub-study of this project, questionnaires were completed by 460 residents of a retirement community in Southeast Florida. Major adaptive tasks faced by these older persons included those associated with being far from their families, making new friends, and having too much leisure time. Leisure activities and visiting friends and neighbors were the two dominant forms of activities for these respondents. Although approximately 90% said they did not engage in work for pay, 39% reported being engaged in some form of volunteer work. Here, as in the study of institutional aging, affective coping was significantly related to low morale, as was an escapist strategy.

This project represented a new dimension in the Center's research. Heretofore, research was directed primarily at the problematic aspects of aging and old age. The Voluntary Relocation study focused on those older persons who, while maintaining an adequate level of physical health and financial independence, continue to make plans, take risks, and retain a high desire for engagement in their later years.

6. Altruism and Helping Among the Elderly.

E. Midlarsky, Ph.D. and E. Kahana, Ph.D. Principal Investigators
Funded by the National Institute of Aging, 1982-1985

This study directed attention to those older persons who give assistance and help others. Previous research on altruism and helping behavior has viewed the elderly almost exclusively as recipients of help. This study examined various forms of helping behavior in community-living older persons: those within the context of the extended family, those of peer and neighbor relationships, and those associated with volunteer activities. The sample consisted of 400 individuals; 200 randomly chosen from senior housing sites in these same communities. Results of the study were expected to be useful for the design and evaluation of programs in which the elderly serve as helpers; a strategy which has the potential to benefit both recipients and the elderly themselves.

A major conceptual framework which has guided much of the Center's past and current research has been that delineating factors and processes involved in successful adaptation to both life stresses and life opportunities accompany old age.

7. Stress, Resources, and the Health of the Aged.

E. Kahana, Ph.D. and B. Kahana, Ph.D., Principal Investigators
Funded by the National Institute on Aging, 1982-1985

This study entailed an examination of the impact of stressful life events and lack of person-environment fit on the health and well-being of community-living older persons. Particular emphasis was placed on identifying the role of both social supports and coping strategies in mediating the effect of late-life stress. Four hundred older subscribers of the Health Alliance Plan in Detroit were interviewed twice, over a one-year period. Health information provided by respondents was also compared with data obtained from medical records. The study increased our understanding of the relationship between life stress and disease/ill health, and also moved us closer to both identifying those older persons who are at high risk in these areas and formulating effective intervention policies.

8. Mental Health, Implications of Extreme Stress for Later Life.

B. Kahana, Ph.D., Z. Harel, Ph.D. and E. Kahana, Ph.D., Principal Investigators
Funded by the National Institute of Mental Health, 1982-1985

This study was concerned with older persons who endured extreme trauma in their earlier years--elderly survivors of the Holocaust. Interviews were conducted with 150 survivors in the United States and 150 in Israel and with two comparison groups comprised of 150 each. The study combined specifically clinical concerns regarding mental health implications of massive psychic trauma with a focus on life transitions and crises that have comprised the mainstreams of stress research. As survivors of one of the most brutal attempts of human destruction approached old age, the study examined a timely effort to document the long-term impact of this massive trauma on the survivors' post-war adjustment, their adjustment to the aging process and their current (at the time of the study) physical and mental health.

Results of our research underscore the important role of current adaptation in accounting for positive affect and mental health among survivors. Self-disclosures, altruistic lifestyles and close family ties appear to mitigate the impact of extreme trauma among survivors.

9. Mental Health, Adaptation and Caretaking of Aged.

R. Young, Ph.D. and E. Kahana, Ph.D., Principal Investigators
Funded By the National Institute of Aging, 1985-1988

In this study, the physical health-mental health interface was investigated focusing on elderly heart patients and their caretakers. More than one-fourth of the activity limitation of persons 65 and over is related to heart problems and mental health consequences such as depression are frequent correlates of myocardial infarction (MI). Furthermore, the ailing aged require assistance and care and major caregivers are often elderly. The study provides better understanding of predictors of recovery among older persons. The aged show better long and short-term outcomes when certain mediating factors are present. As they have adequate personal and social resources, positive illness adaptation outcomes will ensue and both physical and mental health will be enhanced. The inputs of a caregiver and costs to this latter individual, especially if he or she is also aged provide an integral aspect of this investigation.

A one-year longitudinal study was conducted of 200 patients and their prime caregivers. Elderly persons and their major caregivers were individually interviewed six weeks following discharge from hospitalization for a first heart attack and again one year later. Data were collected on their personal and social resources including general coping style, illness- specific coping efforts, social support, and medical-economic variables. Adaptation outcomes were determined according to achievement of illness adaptation tasks in conjunction with theories of crisis response. Analyses provided descriptive data about heart disease adjustment and caretaking.

10. Attitudes Toward Alzheimer's Patients and their Care.

E. Kahana, Ph.D., Principal Investigator
Funded by The Alzheimer Center of University Hospitals, 1987-1988

This research project focused on determinants of staff attitudes and behavioral intentions toward demented elderly patients suffering from Alzheimer's Disease and also explored the

relationship between attitudes and behavioral intentions. Because professional staff is responsible for providing care to large numbers of institutionalized AD patients, their attitudes and orientation play an important role in the quality of life for these elderly. This study builds on instrumentation developed in earlier research (Kahana & Kiyak, 1985) which considered staff attitudes and behavior toward cognitively intact elderly by staff in both community and institutional settings.

The aims of this investigation were to: 1) document nursing home employees' attitudes toward well elderly, physically impaired and cognitively impaired elderly; 2) examine interrelations among various attitudinal components (i.e. affects, beliefs, behavioral intentions); and 3) identify individual demographic characteristics associated with various attitudinal components. A total of 143 staff members from four Cleveland area nursing homes completed questionnaires. These staff members included nurses' aides, LPN's, RN's, administrators and other employees.

In general, the staff demonstrated the most negative evaluations (affects) for the AD patients, rated the lowest on almost all of the affective variables. The respondents showed a wide range of beliefs about the well elderly and AD patients indicating that stereotyping was not pervasive. Although the staff members reported greater feelings of usefulness in working with well or physically ill elderly, 40-53% of staff did report a sense of efficacy in working with Alzheimer's patients. The differences in evaluations of self-efficacy were markedly less than in the affective results of the three target groups.

11. Adaptation to Frailty Among Dispersed Elders.

E. Kahana, Ph.D., B. Kahana, Ph.D., K. Kercher, Ph.D., and K. Stange, M.D., Ph.D.,
Co-Investigators

Funded by the National Institute on Aging as MERIT Award, 1989-1999

The purpose of this research was to gain a better understanding of adaptation of elderly living in a retirement community as they approach old-old age and face increasing frailty. The study sought an in-depth understanding of personal (psychological and economic), environmental and social resources and service needs of old-old residents of a Florida retirement community. It aimed to test a conceptual model for predicting continued psychosocial well-being and independent living of old-old who had experienced health problems. In the framework of this model, the buffering roles of diverse personal, environmental and social resources were to explore the diminishing adverse effects of ill health in later life. The model was tested as it predicted components of psychosocial well-being and of outcomes of residential relocation to more sheltered settings.

The sample was comprised of 1,000 old-old (age 75+) residents of three Florida retirement communities. Only respondents who were initially in good functional health and free of major mental impairments were included in this longitudinal study. The study provided detailed information on respondents' social support networks, documents the types of resources exchanged, the directionality of exchanges, and satisfaction with the relationships for both formal and informal supports. Information was obtained about social and psychological factors which contribute to long-term independent living in Florida or to residential relocation to more sheltered living arrangements.

12. Buffers of the Arthritis-Disability Cascade.

K. Kercher, Ph.D., E. Kahana, Ph.D., B. Kahana, Ph.D., K. Stange, Ph.D., and K. Kwok, Ph.D., Co-Investigators

Funded by the National Institute of Aging, 1993-1998; 1998-2002

There is an increasing recognition that efforts to reduce disability among the elderly must be based on a better understanding of factors that slow the cascade from chronic illness to organ-level physical impairment to disability. Progression along this cascade is not inevitable, but maybe buffered by personal and social resources, preventative adaptations, and impairment-relevant ameliorative adaptations. Arthritis is the most prevalent chronic medical condition for older people, and is one of the most common causes of physical impairment and disability. The factors that buffer the progression from arthritis-induced musculoskeletal impairments to personal and social disabilities have not been well studied. This study was testing a comprehensive model of buffers of disability and diminished quality of life for community-living elderly with and without arthritis. Our model also took into account the important effects of comorbid conditions and potential gender differences in adapting to arthritis and attendant disability.

The study sample consisted of approximately 700 community-living old-old (age 75+) respondents who are enrolled in an ongoing NIA-funded MERIT-award study of Florida retirees. Fifty-four percent of the sample report having arthritis. A 3-wave longitudinal design was used. The study took advantage of existing measures of chronic illness, personal (ADL/IADL) disability, health-promotion activities, social, psychological, and economic resources, and quality of life that we gathered as part of our ongoing MERIT award study. Additional self-report data was obtained on arthritis, physical impairments, ameliorative adaptations, social disability and quality of life.

We used descriptive analyses to characterize the range of arthritis symptomology and comorbid conditions and impairment, and their association with personal and social disability and diminished quality of life. We also used standard univariate statistics and regression to test hypotheses about (1) the association of musculoskeletal impairment with specific disabilities, and (2) gender differences in effect of arthritis-related impairments on disability. Additionally, we examined the buffering effect of preventive and ameliorative adaptations and gender resources on the progression from arthritis to disability and diminished quality of life.

13. Buffers of Impairment - Disability Cascade Among Old-Old.

E. Kahana, Ph.D., K Stange, M.D., Ph.D., K. Kercher, Ph.D., B. Kahana, Ph.D., and A. Ford, M.D., Co-Investigators

Funded by the National Institute of Aging, 1997-2008

This renewal grant sought to examine proactive adaptations undertaken by older adults to limit the adverse impact of physical impairment on their ability to function and to maximize the quality of their lives. This was a continuation of our four-year longitudinal study of the Buffers of the Impairment Disability Cascade. This ongoing study tested a comprehensive model of social factors that retard the development of disability in the face of physical impairments in an old-old (80+) population living in Florida retirement communities. This continuation study allowed for four additional follow-ups of our study cohort, thereby accumulating sufficiently large numbers of cases where major health changes have occurred so that buffers of the disability

cascade can be better understood. We also extended our study to include a comparison group of urban elders who have participated in the Cleveland-based longitudinal study: Service Use Among Black and White Elders.

We increased the “spatial” and “temporal” diversity of two major ongoing studies by (a) melding into a single study the divergent groups of old-old persons participating in our current Florida retirement community-based sample and the Cleveland-based urban cohort of elders. By analyzing data from two diverse communities and more data collection points, we were able to increase the range (variation) in our Demographic, Cascade, Buffer, and Quality-of-life variables and put our model to a more robust test. Established field work procedures of both ongoing studies are being continued under the single auspices of the elderly Care Research Center.

In-home interviews have been conducted and performance-based impairment measures were administered to a total of 892 elders, 446 in each of the two locations (Florida and Cleveland). Attrition rates of 10-12% per year are estimated to yield a total sample size of 614 respondents during the final fourth year follow-up. To the extent that the proposed model was supported in two very different study populations and across a much broader range of physical impairments, the proposed principles would appear to be highly generalizable, rather than restricted only to one unique and homogeneous group of elders.

14. Quality of Life of Older Adult Long-term Cancer Survivors.

G. Deimling, Ph.D., B. Kahana, Ph.D., E. Kahana, Ph.D., K. Bowman, Ph.D.,
K. Kercher, Ph.D., J. Rose, Ph.D., and K. Stange, Ph.D., Co-Investigators
Funded by National Cancer Institute, 1998-2003

This study had its primary aim to determine the physiological, psychological, and social long-term effects of surviving cancer on older adults (age 60+). This aim responded directly to RFACA97-018, “Long-Term Cancer Survivors Research Initiative.” This study used the general stress and coping paradigm and combines the perspectives of extreme stress theory and identity theory to examine the effects of cancer among a uniquely vulnerable group of survivors: older adults.

The physiological outcomes included indicators for assessing the QOL of older adults such as physical and cognitive functioning, and their appraisal of their physical health and symptoms. Psychological outcomes included a global indicator of well being/life satisfaction along with measures of psychological distress (e.g., anxiety and depression) and symptoms of post-traumatic stress disorder (PTSD). In addition, several cancer-specific measurements of psychological QOL tapped fear of recurrence and stigma.

Social QOL outcomes included effects on survivors’ identity-relevant characteristics such as self-esteem, body image, development of the survivor identity, and the ability to maintain valued roles. Other core features of the model were personal dispositions such as coping style and health beliefs, along with proactive behaviors like health promotion and marshalling support and how these buffer cancer survivors from the chronic stressors associated with cancer survivorship. An additional buffer is social support (e.g., informal support received from family and friends and responsiveness of medical care). Central to the analysis were age-related stressors such as co-morbid health problems and other negative life events that may exacerbate the stress associated with cancer.

This 60-month study used a longitudinal design to collect and analyze three waves of in-person interviews with 360 older adults (60 years of age and older), who are former patients of

the Ireland Cancer Center (ICC) of University Hospitals (UH) or long-term survivors (5 years beyond primary treatment and currently in remission), and stratify the sample by colorectal (N=120), prostate (N=120), and breast cancers (N=120), three of the four most common cancers among older adults and those in the ICC tumor registry. It has over-sampled African-Americans (N=180) to provide maximum analytic power to identify racial differences. The ICC of UH is one of 123 National Institutes of Health (NIH) Clinical Cancer Centers and has data on 28,500 cancer patients diagnosed and/or treated at UH of Cleveland since 1975. Multivariate analysis such as regression and structural equation modeling and growth curve analysis was used to investigate the relationships between the variables in our conceptual model. Specific comparative analyses were between age, gender, and racial subgroups.

15. Health Care Partnership & Self-Care of Older Adults.

E. Kahana, Ph.D., E. Stoller, Ph.D., K. Kercher, Ph.D., B. Kahana, Ph.D., and
K. Stange, Ph.D., Co-Investigators
Funded by the National Institute of Aging, 1999-2004

With this grant, we examined how responsive of Health Care Partners (primary Care Physicians and Health Significant Others) and self-care undertaken by old-old adults (80+) lessen the adverse impact of chronic illness on their ability to function and help maximize the quality of their lives. Physicians, patients, and Health Significant Others are seen as partner in care, with responsiveness of Health Care Partners enhancing preventive and corrective self-care by patients. Extensive data is being obtained from elders about self-care goals and strategies, patterns of consultation with Health Care Partners, other providers, and lay health consultants, and about perceived responsiveness of Health Care Partners. A major innovative focus of the study deals with mutual influences between responsiveness of with Health Care Partners of support use by elders. Complementary and compensatory models of patient interaction with physicians and Health Significant Others are considered. We are obtaining long-term longitudinal follow-up of old-old adults living in sunbelt retirement communities and a broad cross-section of urban elderly and racial minorities. We are collecting four annual waves of data based on in-home interviews of an estimated 350 respondents in Florida and 350 respondents in Cleveland. These elderly constitute committed cohorts in two probability samples of community-based elders. Based on prior attrition rates, a combined sample size of 527 elderly persons is projected for the fourth year follow-up. We are also conducting annual telephone surveys with Primary Care Physicians and Health Significant Others of respondents to ascertain responsiveness in terms of patient knowledge, involvement and communication. We are using least squares regressions, structural equations, latent growth curve analysis, and event history analysis to test our comprehensive casual model regarding buffers of the Disability Cascade. Specifically, we are examining the buffering effects of patient-responsive medical care, lay support, and proactive adaptation on the progression from chronic illness to disability and diminished quality of life. Data is being obtained on satisfaction with health care, mortality and cost of care (information based on Medicare records) as salient medical outcome variables.

16. Health Care Partnerships and Self-Care of Older Adults – Supplemental Research in collaboration with Brandeis University.

E. Kahana, Ph.D., B. Kahana, Ph.D., and K. Stange, Ph.D., Co-Investigators
Funded by the National Institute of Aging, 1999-2004

This study considers how self-care efforts by older adults and the responsiveness of their health care partners (physicians and health significant others) enhance their quality of life. Our study represents a five-year follow-up and elaboration of a long-term longitudinal study of the disablement process in two groups of healthy community-living old-old adults including residents in Florida retirement communities and urban dwellers in Cleveland, Ohio.

In its broadest terms, our research seeks to understand social buffers of the disablement process among the old-old. Declines in cognitive function, and particularly in learning and in memory, are important elements in this disablement process. Assessments of cognitive functioning are included in our ongoing sociologically-anchored research, but are limited to basic indices of orientation to time, place, and person (Folstein MSQ), to a measure of fluid intelligence (the digit-symbol-substitution test), and to self-report questions about previous memory deficit.

The administrative supplement to enable us to administer a series of state-of-the-art memory measures to our respondents which can be readily administered to older adults (Wingfield, Lindfield & M. Kahana, 1998; M. Kahana & Wingfield, in press). Respondents will participate in a follow-up interview which entails a computer-administered battery of memory tests that assess a subjects' ability to learn and remember newly-experienced information. Because of the existing infrastructure of our ongoing project, and our committed cohorts of respondents, administration of targeted measures of learning and memory is feasible and can be accomplished in a cost effective manner.

We will benefit from availability of extensive data based on ten earlier study waves which allow us to plot health trajectories of study respondents. These will be modeled as latent growth curves via structural equation models. We will thus also be able to relate how health and sensory motor changes during the prior ten study waves may foreshadow subsequent changes in cognitive functioning.

17. Naturally Occurring Retirement Communities (NORC) Resident Adaptation

E. Kahana, Ph.D. and C. King, Ph.D., Co-Investigators
Funded by the Jewish Federation, 2003-2004

This study considered service preferences, service needs, and service utilization of diverse community-dwelling elderly living in NORCs. The focus was on empowerment of older adults to direct development of services particularly well-suited to their individual needs. The study examined well-being of older adults who utilize different types and levels of services. Data include interviews with both African-American and Caucasian elderly living in NORCs.

18. Co-morbidity and Cancer Prevention among Older Adults

E. Kahana, Ph.D., K. Stange, Ph.D., B. Kahana, Ph.D., and C. King, Ph.D.,
Co-Investigators
Funded by the National Cancer Institute, 2004-2006

This two-year pilot study, *Co-morbidity and Cancer Prevention among Older Adults*, addresses two important topics of research priority identified by the NIH call for proposals on integrating aging and cancer research: (1) prevention, risk assessment, screening; and (2) co-morbidities. Our project will survey 600 randomly selected, community-dwelling aged who are committed participants from our prior longitudinal studies of *Adaptation to Frailty among Older Adults* (E. Kahana, P.I.). Co-principal investigators Eva Kahana, Ph.D. and Kurt Stange, M.D., Ph.D., with the support of the Elderly Care Research Center team, constitute an experienced group of investigators with prior funded studies in aging research and cancer prevention research. A major goal of the proposed study will be to determine the effects of patient age, health beliefs, and co-morbidities on cancer screening and preventive health behaviors in late life. Individual interviews will be conducted with respondents to test elements of a model exploring patient sociodemographic characteristics and co-morbidity as they influence cancer prevention in late life. Based on information obtained through this pilot study, we plan to develop a proposal for funding of a comprehensive follow-up project, which would obtain data from physicians of respondents in our study, as well as their informal health care partners (e.g., family members or caregivers), regarding their beliefs and advice about cancer prevention and screening for elderly study participants. It is anticipated that this pilot study will yield important data on the interrelationships among co-morbidities and cancer prevention, including patient risk assessment, screening preferences, and preventive health behaviors, among the aged.

19. Buffers of Impairment/Disability Cascade Among Old-Old – Continuation

E. Kahana, Ph.D., J. Angel, Ph.D., B. Kahana, Ph.D., C. King, Ph.D., and K. Stange,
M.D., Ph.D., Co-Investigators
Funded by National Institute of Aging, 2003-2008

We requested renewal of our ongoing study of Buffers of the Impairment/Disability Cascade for five years, to achieve four primary aims that follow for major conceptual and methodological contributions: (1) provide a test of our innovative proactivity-based model of health maintenance and successful aging (Kahana & Kahana, 1996;2000); (2) generalize the model across social (demographic and community) contexts; (3) generalize the model across temporal contexts (age cohorts); and (4) extend the follow-up of long-term surviving members of our original sample from thirteen to seventeen years. We plan annual longitudinal follow-ups with a representative sample of 1,250 participants recruited from our two original study communities (On Top of the World Retirement Community in Clearwater, Florida and Cleveland, Ohio) and from two newly added committees (Celebration, Florida and Miami, Florida). Recognizing the growing diversity of lifestyles and ethnic backgrounds of the aged of the 21st Century, we are newly recruiting Cuban-Hispanic study participants, and older adults who live in communities supporting age-integrated living, high levels of technology use, and social engagement. We thus maximize our understanding of the range and efficacy of proactive adaptations used by diverse older adults. Our cross-sequential cohort design will also permit comparison of a birth cohort of older adults

who entered the original study 13 years ago with a birth cohort of the same age (70-83) entering the study 13 years later. Individual interviews will be conducted by trained interviewers with respondents randomly selected from Centers for Medicare & Medicaid Services (*formerly HCFA*) lists. Attrition rates of the 7-13% per year are estimated to yield a total sample size of 920 respondents during the final fourth year follow-up. To the extent that the proposed model is supported on four very different study populations, across a broad range of communities and in two different cohorts, the casual relationship proposed would appear to be highly generalizable, rather than being restricted only to unique and homogenous groups of elders. We can realistically aim to achieve the ambitious goals of our planned study because it is closely linked to continuing our long-term research on Buffers of the Impairment/Disability Cascade among the Old-Old, which provides a committed cohort of long-term study participants, a closely collaborating research team, and an infrastructure of field work experience and measurement resources.

20. Health Care Partnerships in Cancer Communication

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We proposed a five-year longitudinal study to test a “Health Care Partnership” (HCP) model of doctor- patient health communication related to cancer prevention and care among elderly persons. We consider not only doctor- patient communication, but also proactive roles played by consumers and their family members in information gathering and communication concerning health. We examine how communication among health care partners influences health care experiences of the aged. For respondents diagnosed with cancer, we also explore how communication in an ecological context (Kreps, 2002) by considering structural and personal influences on health care partnerships. We will conduct four annual face- to – face interviews with two representative community samples of elderly participants in our prior research (N= 900). Telephone interviews will be conducted with physicians and informal health care partners of our elderly respondents diagnosed with cancer, to assess their orientations to communications about cancer care. We will use both auto- regressive and latent growth curve structural equation models (SEM) to assess potential transitory and developmental processes in our HCP model of health communication. We also propose in-depth qualitative interviews with older adults who have been diagnosed with cancer and with their HSOs. Through use of these multiple methods, we hope to develop insights that may inform interventions with elderly consumers, with health significant others, and with physicians to enhance communication skills that may benefit patient care and elderly persons’ quality- of - life outcomes.

21. **Elders Marshalling Responsive Care and Enhancing Quality of Life in the Final Years**

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Funded by National Institute of Nursing Research, 2007-2012

As more people are living to old-old age, maintenance of quality of life, particularly in the final years of life, assumes increasing importance. This five-year study tests a model of maintenance of quality of life during the final years of life. Most research on end of life has focused on advance directives or quality of life of the terminally ill during their last days. This study examines a longer period prior to the end of life in order to identify changes in health and quality of life (i.e. physical frailty, dependency moves, and psychological well-being), as well as the predictors of quality of life outcomes during this period. We consider stressors faced by old-old persons, including chronic health problems, critical health incidents (e.g., falls, hospitalizations), and social losses. Our model explores the buffering role of ameliorative resources (proactive adaptations, social supports, and congruence between patient and caregiver preferences) in counteracting the adverse effects of stressors on quality of life. Frequent follow-ups of respondents and their caregivers allows us to capture changes in health, health care, supports, and quality of life that may occur at shorter intervals towards the end of life. In addition to conducting annual face-to-face interviews with 600 older adults, we also conduct telephone interviews with the older adults and their caregivers four months and eight months after each annual interview to determine if critical life events occurred and how these events relate to changes in the use of ameliorative resources and in quality of life outcomes. We explore the convergent and divergent perspectives of old-old adults and their caregivers on study variables. We focus on decision-making about care during this little understood final phase of life.

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