

transitions

iog INSTITUTE OF GERONTOLOGY / Promoting Successful Aging in Detroit and Beyond / Spring 2012

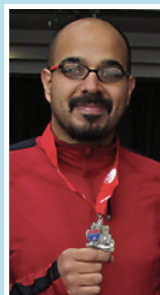


Green & Lean

We're trying to save trees and cut costs. Starting with our Fall issue, if we have your email, you will receive Transitions in your computer inbox instead of your mailbox. The email version includes live links to event registrations and other features to make your life easier. Thank you for your loyal readership on the page and on the screen.

Reversing Myths of Immigrant Healthcare

The word “prolific” barely scratches the surface in describing the work ethic and productivity of Dr. Wassim Tarraf. A research faculty member at the IOG for only 18 months, he has already co-authored nine publications while teaching statistics and methodology courses at Wayne State that earn him consistently high ratings. Over the years, he has published research on breast cancer screenings, healthcare quality, depression, and medical costs. The connecting thread is minorities, especially how Latinos and other recent immigrants access healthcare and receive treatment.



Dr. Tarraf as a Detroit marathon relay member

ceptions about how minorities and immigrants access and use healthcare,” Dr. Tarraf said. “They are commonly thought to be a burden on the U.S. economy, especially the healthcare system. We are finding that is not the case.”

A recent paper written with his mentor and main collaborator, IOG faculty member Hector González (and Patricia Miranda at Penn State) analyzed medical expenditures among immigrant and non-immigrant groups in the U.S. The statistics upend popular assumptions. “Immigrants spend less on healthcare and use fewer healthcare resources,” Dr. Tarraf said. “Many are not insured, yet this does not translate to higher use of emergency department services. They simply use less of any type of health care.” While this addresses some critics who blame immigrants for rising healthcare costs, it could be a problem for

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Clicking Our Way to A Healthier Life

In the bright basement room of a Detroit senior high-rise, eight men and women sit at modern computer terminals searching for their roots. “Let’s see what’s available through the Detroit Public Library site,” says the upbeat instructor. The clicks of her mouse project onto a large screen as she navigates each web page. “Wait a minute,” says a woman in the front row. “I missed the last thing you did.”

Dr. Kay Cresci, assistant professor at the IOG

and the College of Nursing, patiently backtracks until everyone in the class is literally on the same page. She’s teaching older adults, age 58 to 91, in weekly computer sessions, on topics ranging from genealogy to Googling tips to safe health websites. The students, their faces awash in the light of flat screen monitors, hang on her every word.

“I like it so much,” says Cassandra Stephens, 58. “This is only my second class, but Dr. Cresci

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research
education
outreach
partnerships

When It is Not

Alzheimer's

Alzheimer's disease is a type of dementia that causes problems with memory, thinking

Despite years of research, Alzheimer's disease remains a clinical diagnosis with no definitive biological test results to identify it. Without this, a diagnosis is based on an array of cognitive and physical assessments combined with an experienced interpretation. Many behaviors, diseases, and even medication side effects can look like Alzheimer's disease in an older adult – but they are not. Misdiagnosing Alzheimer's can have especially devastating effects on patients and their families. In addition to the emotional toll, the patient's freedom to handle finances and other life affairs can be at risk.

Alzheimer's disease affects more than five million older Americans and is the most common form of age-related dementia. This prevalence

can cause physicians and psychologists who are not familiar with cognitive dysfunction to view Alzheimer's as the cause of all cognitive impairment. Once Alzheimer's is diagnosed, some lawyers and judges assume that the person is completely incompetent to handle his or her affairs, which is not always the case.

Dr. Peter Lichtenberg, the IOG's director, has participated in approximately 75 probate cases to determine an older adult's capacity to oversee finances and make other major decisions. "I have found that professionals, even experienced ones, misdiagnose older adults," Dr. Lichtenberg said. These misdiagnoses have a serious and significant impact on judgments about their capacity. Dr. Lichtenberg recently published the details of two cases of misdiagnosis in the journal *Clinical Gerontologist*. "I wanted to underscore the importance of careful diagnosis," he said, "particularly when individual liberties are at stake."

In one case outlined in Dr. Lichtenberg's paper, the patient had died but his will was being contested by three of his four children. The bulk of the estate had passed to one son who had been the father's primary caregiver. Dr. Lichtenberg's

evaluation relied on the patient's medical records documenting several medical problems. His careful analysis found no evidence of a progressive dementia in the patient. The patient had exhibited delirium secondary to an infection, which cleared as the infection cleared, but had no cognitive dysfunction when he wrote the final version of his will.

In the second case, a combination of slight cognitive impairment and being a non-native English speaker caused an Alzheimer's diagnosis that stripped an 87-year-old woman of her right to manage her own finances. Dr. Lichtenberg's evaluation included tests of memory, language, attention, visual-spatial skills and executive functioning administered over two days a few weeks apart. "I also assessed her money-management and math skills," Dr. Lichtenberg said. He chose a memory test that had been validated cross-culturally and was less reliant on English skills. "She showed no errors on checkbook balancing or check writing," he said. "She recorded checks in the correct order and amounts. She showed no evidence of money being mishandled in the account."

The patient did exhibit signs of depression over the death of her brother, but her right to handle her own finances and decide how her estate was to be bequeathed was restored. "Protecting vulnerable older adults is important," Dr. Lichtenberg said. "But prohibiting competent elders from handling their own affairs can be a major source of stress, particularly for those who value their independence." He recommends that clinicians involved in legal cases review medical records and attain a thorough understanding of dementia, related geriatric syndromes and how to correctly assess older adults. "We can't afford to make these mistakes with people's lives."

"I wanted to underscore the importance of careful diagnosis, particularly when individual liberties are at stake." – Dr. Peter Lichtenberg

YES!

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Dr. Lichtenberg's full article can be found in
Clinical Gerontologist, Vol. 35, Issue 1, 2012, pg. 42-56.

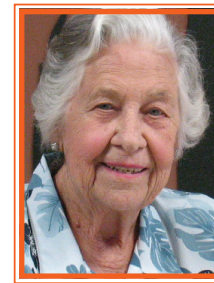
The Joys of Hard Work and Long Life

For a first-hand view of successful aging in action, visit the corporate offices of Bortz Health Care. In the basement of their Warren facility – one of 13 Bortz locations in Michigan – you will find three dynamos juggling employee responsibilities well into their 80s. That’s right – their 80s.

Executive housekeeper Gloria Latos works full-time supervising a staff of 12 to keep the Bortz buildings spotless. At 89, she bears a remarkable resemblance to a young Queen Elizabeth. “I don’t ever think about my age,” she said with a smile. The personnel director at Bortz is 84. A cook is in her 90s. And the scion of Bortz Health Care, America’s largest and oldest family-owned and operated nursing home group, is 86-year-old Donald Bortz. “He works 24 hours a day,” said his assistant, Executive Vice President Judy Smythe. “When he’s not here, he’s calling.”

Don, a Navy man who later captained his own 100-foot yacht, describes the work in nautical terms: “I guide the ship through narrow passages.” Under his leadership, Bortz expanded from the two homes his father bought in the 1950s to 1600 beds across 15 facilities in two states. “Our mission has never changed,” he said. “We provide superior care to those no longer able to care for themselves.”

While the Bortz mission has not changed, the paperwork required to run nursing facilities has. Don worries that surveyors assigned to judge the quality of care examine the paperwork more closely than the people. “They used to assess the patients, check their hygiene, activity, the quality of their meals. That’s the best way to make sure a person is being well cared for,” he said. “Now it’s all about filling out forms.” He believes in the basics: good care, a comfortable bed and nutritious, good-tasting meals. “We all eat the food served here,” Don said proudly. “It’s delicious.”



“I like working with older adults. It feels good to talk to the residents, to cheer up the people who don’t have many visitors.”

–Gloria Latos, 89

Gloria chats with a Bortz resident to make sure she is comfortable.

The Bortz affiliation with the IOG began decades ago, when Don attended Issues in Aging Conferences to earn continuing education credits. “Issues in Aging is one of the best quality conferences in our field,” Don said. He was one of Michigan’s first nursing home administrators; his license number is 24. “I’m actually number one now,” he said, “the oldest, active administrator in Michigan.”

The first two nursing homes purchased by the Bortz family fulfilled a personal challenge. Don’s grandfather needed inpatient nursing care after a stroke left him unable to talk. “The care was bad. Theft was rampant. One of my grandfather’s only joys was to smoke a cigar, and someone kept stealing them,” Don said. “My dad said to me, ‘There’s got to be a better way of taking care of the elderly.’ Then he bought two homes.”

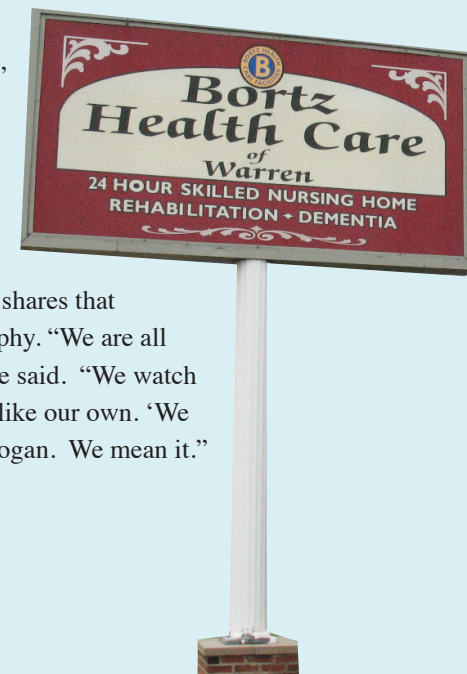
Several Bortz employees caring for older adults are

older adults themselves. Some are in their 70s, and a few special employees are in their 80s. Gloria Latos, 89, is nimble, spry and straightforward with the energy of a high tension wire. “I was an only child, raised on a farm,” she said. “I never had time to play like other kids. I was cutting down rows of rhubarb with a butcher knife when I was 8. I’ve always worked hard.”

She credits her good health and mental clarity to a lifetime of fresh fruits and vegetables, few processed foods, no smoking and no drinking. Her nickname is Toughy Latos; she once broke her ankle and drove herself to the hospital. In January, she contracted pneumonia, a bout of illness so rare that her local pharmacist of 20 years said that was the first time she’d seen her buy medicine. Even sick, she tried to stay busy. “I made some meals for Mr. and Mrs. Bortz from home,” she said. “They like my fresh soup.” She has worked at Bortz for 22 years.

Gloria also attends church regularly and socializes with friends from her condominium complex. She has no time or patience for TV or online games. Paula Law,

who works with Gloria, praises her for giving back to the community. “I’ll bet she gives away most of her salary,” Paula said. “She is generous with her employees, her grandchildren and anyone who is struggling.” Don shares that supportive philosophy. “We are all family at Bortz,” he said. “We watch over every patient like our own. ‘We Care’ isn’t just a slogan. We mean it.”



AWARDS & HONORS

Assistant Professor **Dr. Waverly Duck** held a colloquium at the IOG on *Why Do Middle Class Black Seniors Remain in Violent, Poor Urban Areas*. About 50 students and faculty attended the lecture. Dr. Waverly was an IOG post-doctoral trainee in 2004 and is now at the University of Pittsburgh department of sociology.



DR. DUCK

Daniel Paulson, Ph.D., an IOG trainee under the mentorship of Dr. Peter Lichtenberg, successfully defended his dissertation and is headed to his first-choice internship. Dr. Paulson was accepted into the neuropsychology track of the Charleston Carolina Consortium Clinical Psychology Training Program.



DRS. MAST AND MARGRETT

Former IOG trainees **Benjamin Mast** and **Jennifer Margrett** were honored to be inducted as fellows in the Gerontological Society of America in Boston last November. Dr. Mast recently published the book, *Whole Person De-*

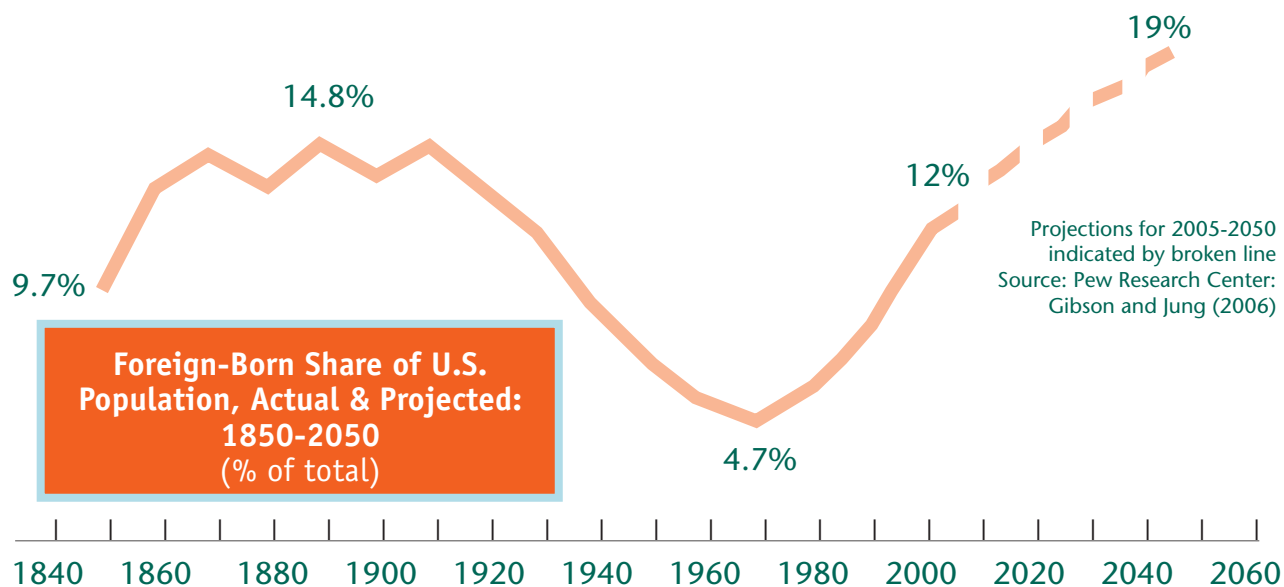
mentia Assessment. Dr. Margrett is an assistant professor in the department of Human Development & Family Studies at Iowa State University.

Dr. Thomas Jankowski interviewed with Free Press columnist Ron Dzwonkowski for the Sunday article *What's State Doing for Seniors?* Dr. Jankowski cited statistics from his *SeniorsCount!* project (www.seniorscount.org) showing the importance of older adults to the Michigan economy.

Andrew Bender won the Rumble Fellowship for 2012-13, a prestigious psychology department award recognizing outstanding academic ability.



BENDER



Reversing Myths from page 1

the country later when un-treated conditions require extensive medical care.

By 2050, one in five people in the U.S. will be foreign born with as many as one-third a first or second generation resident. "We don't know enough about why immigrants don't access healthcare," Dr. Tarraf said. "We do know that immigrants tend to be healthier and willing to endure stressful conditions, at least in their first 10 or 15 years here." What happens after that, to a population that sees a doctor and uses preventative healthcare at lower rates than the general population, is subject to debate.

"Our research would argue that we need to facilitate healthcare access for these groups now so they don't burden our fragile healthcare system later," Dr. Tarraf said.

Dr. Tarraf is himself an immigrant. He moved to Detroit, where he met his wife, after completing a B.S. in finance at Lebanese American University in 1999. At Wayne, he received an M.B.A. in finance, and then an M.A. and a Ph.D. in political science. The couple now lives in Royal Oak with their 2-year-old daughter. "I love the city of Detroit," he said smiling. "It was an excellent, supportive environment for me after I moved to the U.S."

Dr. Tarraf has found the perfect academic fit at the IOG. "I love being here. Ask anybody," he said good-naturedly. "The interdisciplinary nature of the IOG is excellent. Whether I have a question

"Immigrants tend to be healthier and . . . spend less on healthcare resources."

— Dr. Tarraf

on economics, mathematics, epidemiology, or psychology, there are faculty experts here to talk with. This environment is hard to replicate in academic departments. It's refreshing."

Having identified that today's immigrants underutilize healthcare, Dr. Tarraf ponders how to reverse this trend before their long-term health deteriorates. He is studying the idea of the "patient centered medical home" a new healthcare service model. "Each person's healthcare is directed by a central physician wholly responsible for their total health," he said. This would be an upgrade of the current primary care model with more access to doctors and clinics, use of technology and more efficient use of resources. Several demonstration projects have been funded, but implementation is still uncertain.

In the meantime, Dr. Tarraf manages his own health with Bikram yoga sessions with his wife, Sarah, and long-distance running. He joined the Turtles, the IOG's Detroit marathon relay team, last year but ran the shortest leg. "No one knew I was a distance runner," he admitted, "so I thought I'd start small." This year, though, he plans to run the full 26.2 miles. "Good health matters," Dr. Tarraf said. "I can't ignore the research."

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makes it easy and simple.” Cassandra moved into River Towers only seven months ago, so she appreciates the social connection, too. “It’s been a great way to meet people,” she says.

Older adults are the fastest growing consumer segment of Internet users in the world. They bank, shop and manage their healthcare online, and pursue a wide range of leisure and social activities. From a research perspective, though, little is known about how older adults use computers and how computer and internet use could be made safer and more relevant.

Dr. Cresci has spent much of her career trying to fill that knowledge void. With a doctorate in nursing, plus nursing experience in gerontology, Dr. Cresci is uniquely positioned to help older adults use technology, especially to manage their health. For 20 years, she has been fascinated with the intersection between information technology and health, but her previous position at Johns Hopkins University School of Nursing required extensive teaching, leaving little time for research, especially in IT.

Ahead of Her Time

“I was selected as a research scholar for the Hartford Foundation’s Institute for Geriatric Nursing program in 2001,” she says, an honor and rare opportunity to present a research idea to leaders in geriatric nursing for expert guidance. Dr. Cresci’s interest in how older adults use information technology resonated with one of the leaders, a woman who had once been a scholar there herself. “She encouraged me to move my idea forward,” Dr. Cresci recalled. “I made some progress, but there was still a sense among funders that people of limited means, with food and housing issues, could not care about computers.”

Years passed. The nagging desire to research IT and older adults strengthened. The opportunity to return to Wayne State in 2005 and join the faculty at the IOG meant that, after years of trying, Dr. Cresci could finally conduct research on how older adults use computers. To do that, she developed a deep, trusting relationship with the

Dr. Cresci will retire in May, but her research and website plan will continue.



Dr. Cresci guides a member of her computer class in safe navigation of websites.

residents of River Towers, where she has held free computer classes since 2006.

One current student is the Rev. Samuel King, 71, of Beulah First Baptist Church. He learned computer use so he could write his weekly sermon in a large, legible font. Now he has graduated to genealogy, trying hard to find a great-grandfather who served in World War I. He types with one finger, a trait Dr. Cresci admires since she typed her entire dissertation with only two fingers. She is always in motion – good instruction requires a hands-on approach – and walks to Rev. King’s seat for over-the-shoulder help. “I don’t know what I did, but I’m back on Ancestry.com,” he tells Dr. Cresci with a sigh. She explains how certain paid sites try to hijack users from free sites to get customers. “That’s just wrong,” another student says and the class calls out a big “uh-huh” in support. Resident Rose Stewart is the genealogy coach, helping Rev. King while Dr. Cresci teaches. “Older adults make perfect coaches,” she says.

A Website Just for Seniors

Dr. Cresci has published research looking at how urban elders use computers and the internet, the type of internet information they access, and especially their use of computers to manage health. “The design of computers and websites, the way we teach computer use to older adults, all this should be driven by what seniors say they need and want,” Dr. Cresci says. “We must start with asking them – not telling them. If we took the time to survey elders, they would tell us exactly what they need and how they’d like it to look.”

Her weekly computer class doubles as a research lab where she learns the best way to teach a wide range of seniors. “I’m at retirement age myself,” Dr. Cresci says, “so I understand age-related changes in a personal way. I’m continuously adapting my teaching strategies to these changes.” The tendency to have young people teach computer skills to seniors often fails; their pace is too rapid and their patience too thin. Dr. Cresci believes in engaged learning, her students actively participating in the process. “No matter how long it takes, the objective is learning. If the people in my class don’t learn, I have failed.”

Right now she is field-testing a questionnaire about older adults’ use of computers to manage their health. In focus groups, reading ability emerged as critical. “Internet information is mostly written, so if you aren’t a good reader, computers are intimidating. Website developers must take this into account.”

Dr. Cresci’s “ultimate end goal” would be a personal health information management website designed by and for older adults. “Seniors decide what they need and how information should link,” she insists. No website like this now exists, so her dream is to qualify for a small business loan and launch it. Though she plans to retire in the spring, her research – and website plan – will continue. “Computers can be such a cost-effective, efficient way to help us manage our health,” she says. Physicians already use technology to monitor blood pressure, blood sugar and weight changes from the home. “Let’s get computer connections and internet information into the hands of every elder in America.”



Promoting Successful Aging in Detroit and Beyond

UPCOMING EVENTS

FREE unless otherwise noted

Call Donna MacDonald at 313-664-2605 for details

PROGRAMS FOR EVERYONE

The **“Mind, Body and Spirit”** Series at
Waltonwood Senior Living Communities
3250 Walton Blvd., Rochester Hills 48309
Refreshments provided

March 13 (3 – 4:30 pm) *I Can't Remember . . . Can You?*

March 20 (3 – 4:30 pm) *Fighting the Blues*

March 27 (3 – 4:30 pm) *10 Signs of Alzheimer's Disease*

April 19 & 26 (2 – 4 pm)

The Brightstar **“How the Brain Ages”** Series

Grosse Pointe War Memorial

32 Lake Shore Drive, Grosse Pointe Farms 48236

June 5 (8 am – 2:30 pm)

Healthier Black Elders Annual Reception

Pain Management, Health Screenings, Panels, Entertainment, Lunch

Free but advance registration required

Greater Grace Conference Center

23500 W. 7 Mile Road, Detroit 48219

Call Deborah at 313-664-2610 to register

CONTINUING EDUCATION FOR PROFESSIONALS

March 8 (8:30 - 11:30 am)

Bringing Quality to Life – 3 CEs

Oakmont Manor

41255 Pond View Drive, Sterling Heights 48312

April 17 & April 24 (8:30 am – 12:30 pm)

Improving the Quality of Services & Supports for LGBT Older Adults – \$10 per CE

Area Agency on Aging 1-B

29100 Northwestern Hwy, Ste. 400, Southfield 48034

April 19 (9:00 am – 12:25 pm)

Comprehensive Overview of Multiple Sclerosis Care – 2.5 CEs

Wayne State Oakland Campus

33737 W. 12 Mile Road, Farmington 48331

May 14-15 (7:30 am – 4:05 pm)

Issues in Aging Conference – 12 CEs, 12.5 AMA PRA

Day One: *Best Practices in Dementia Treatment*

Day Two: *Optimizing Physical and Mental Health among Frail Elders*

Dearborn Inn Conference Center

20301 Oakwood Blvd., Dearborn 48124

One day cost is \$75; Two day cost is \$140

Register online at: <http://specialevents.wayne.edu/issues-in-aging-2012/>

May 22 & June 19 (8:30 – 11:00 am)

Enhancing Life for Older Adults – 2 CEs

Waltonwood Senior Living Community

Details to be determined. Call Donna at 313-664-2605 for more information.

