



Elderly Care Research Center

Case Western Reserve University

Eva Kahana Ph.D. Director
2015-2016

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 Distinguished University Professor and Robson Professor of Sociology, Humanities, Medicine, Nursing, and Applied Social Science at CWRU. Research related to aging, health, and mental health is conducted by Center staff and associates. Funding for these projects has been 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 have an opportunity to obtain “hands on” experiences 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 for 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 our 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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Case Western Reserve University

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Department of Medicine Center for Clinical Epidemiology
Cancer Survivors Research Program
Center on Aging and Health
Francis Payne Bolton School of Nursing
Ireland Comprehensive Cancer Center – University Hospitals
Mandel School of Applied Social Science

Cleveland Community

Benjamin Rose Institute
Cleveland Clinic
Jewish Family and Children's Services
Menorah Park Center for the Aged
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
University of Pennsylvania, Philadelphia
University of Washington, Seattle
Haifa University, Israel
Department of Medical Sociology, University of Koln

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 institutional 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 pointed 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 occurred 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. 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 avoidant modes of coping with problem situations were accompanied by higher morale. A small, but notable, subgroup of the respondents (12%) was able to move back into the community after institutionalization.

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 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. Throughout the study period, 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 longitudinal study examined older persons who voluntarily relocated to new geographical areas in their retirement years. The study focused on older persons who continue to make plans, take risks, and retain a high desire for engagement in their later 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. Elders who initiated long distance moves expressed a high level of post relocation satisfaction. 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 90% were retired, 39% reported being engaged in some form of volunteer work.

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 viewed the elderly primarily as recipients of help. This study examined various forms of helping behavior among community-living older persons: helping within a family context; helping friends and neighbors; and helping through volunteer activities. The sample consisted of 400 individuals randomly chosen from senior housing sites. Findings of the study indicate that helping others is a prevalent form of engagement among older adults. Helping behaviors were often motivated by altruistic attitudes. Furthermore those older adults who engaged in helping behaviors demonstrated both social and psychological benefits.

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 examined 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. Findings of this research demonstrated the cumulative impact of recent life events and long-term stressors on health and psychosocial well-being of older adults. Social supports and instrumental coping strategies ameliorated the adverse effects of recent stressful life events.

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

B. Kahana, Ph.D., Z. Harel, Ph.D. and E. Kahana, Ph.D., Pls.

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 Holocaust survivors in the United States and 150 in Israel and with two comparison groups of elders who immigrated to those countries prior to World War II. 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 the long-term impact of this massive trauma on the survivors' post-war adjustment, their adjustment to the aging process, and their subsequent physical and mental health. Holocaust survivors exhibited consistent stress reactions, including nightmares and depressive symptomatology in the aftermath of extreme trauma. Notably, however, they also portrayed high levels of social functioning both in terms of family relations and work activities. Self-disclosures, altruistic lifestyles, and close family ties appear to mitigate the impact of extreme trauma among survivors. Survivors living in Israel derived major benefits from high levels of social integration.

9. Mental Health, Adaptation and Caretaking of Aged

R. Young, Ph.D. and E. Kahana, Ph.D., Pls

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 caregivers. 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 heart patients. 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. The study provides better understanding of predictors of recovery among older persons. Older adults who possessed adequate personal and social resources exhibited positive illness adaptation outcomes. This study documented

both the value of support from caregivers to the older patient and the costs of caregiving as impacting physical and mental health of elderly caregivers.

10. Attitudes Toward Alzheimer's Patients and their Care

E. Kahana, Ph.D., PI

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. The aims of this investigation were to document nursing home employees' attitudes toward well elderly, physically impaired, and cognitively impaired elderly. 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. Results indicate that staff demonstrated the most negative evaluations for the AD patients, and rated them the lowest on most variables. Staff 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, almost half still reported a sense of efficacy in working with Alzheimer's patients.

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, 1989-1994

This research aimed to gain a better understanding of adaptation of elderly living in retirement communities as they approach old-old age and face increasing frailty. The study sought an in-depth understanding of personal, environmental, and social resources, and service needs of old-old residents of a Florida retirement community. The sample was comprised of 1,000 old-old (age 72+) 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, documented the types of resources exchanged, the directionality of exchanges, and satisfaction with the relationships for both formal and informal supports. Our study revealed that older adults living in retirement communities engaged in meaningful leisure oriented and health promoting life styles. They developed close social ties with neighbors and found meaningful new social roles in volunteering. Most elders maintained good health and psychological well-being. Positive quality of life was facilitated by helping others and by maintaining future orientation and healthy life styles.

12. Buffers of the Impairment Disability Cascade

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

Funded by the National Institute on Aging as MERIT Award, 1994-1999

This study examined 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. Aims included: (1) providing a test of our proactivity-based model of health maintenance and successful aging (Kahana & Kahana, 1996; 2000); (2) generalize the model across social (demographic and community) contexts. We conducted annual longitudinal follow-ups with a representative sample of 1,250 participants recruited from two study communities (On Top of the World Retirement Community in Clearwater, Florida and Cleveland, Ohio). We also added respondents from two additional communities (Celebration, Florida and Miami, Florida). Findings of this study offer support for the proactivity model of successful aging. Those older adults who engaged in proactive adaptations, such as health promotion, planning ahead, and marshaling support were more likely to maintain good quality of life over time, both in terms of psychological well-being and social activities.

13. 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 responsiveness of Health Care Partners (Primary Care Physicians and Health Significant Others) lessens the adverse impact of chronic illness on older adults' ability to function and help maximize the quality of their lives. Physicians, patients, and Health Significant Others are seen as partners in care, with responsiveness of Health Care Partners enhancing preventive and corrective self-care by patients. A major innovative focus of the study deals with mutual influences between patients and physicians. We collected four annual waves of data based on in-home interviews with 350 respondents in Florida and 350 respondents in Cleveland. These elderly constitute committed cohorts in two probability samples of community-based elders. We conducted telephone surveys with Primary Care Physicians and Health Significant Others of respondents to ascertain responsiveness in terms of provider's knowledge of patients, involvement, and communication. Findings revealed closer communication between elders and health significant others than those between elders and their doctors.

14. Health Care Partnerships in Cancer Communication

E. Kahana Ph.D., G. Deimling Ph.D., B. Kahana, Ph. D., C. King, Ph.D.,
and K. Stange, Ph.D., Co-Investigators
Funded by the National Cancer Institute, 2004-2008

This study was designed to test a “Health Care Partnership” (HCP) model of doctor-patient health communication related to cancer prevention and care among elderly persons. We considered not only doctor-patient communication, but also proactive roles played by consumers and their family members in information gathering and communication concerning health. We examined how communication among health care partners influences health care experiences of the aged (N= 900). We also conducted in-depth qualitative interviews with older adults who had been diagnosed with cancer. Among cancer patients, consumer initiatives or self-care were seldom reported as personal coping strategies, but emerged as important coping approaches in advice given to others (6% vs 29%, and 5% vs 12%, respectively). The findings of the current study suggest that a transition may be occurring, from a passive to a more active or even activist orientation to the illness experience.

15. Elders Marshaling Responsive Care and Enhancing Quality of Life in the Final Years

Eva Kahana Ph.D., May Wykle, Ph.D., RN, FAAN, Boaz Kahana Ph.D.,
and Jessica Kelley-Moore Ph.D.
Funded by National Institute of Nursing Research, 2007-2013

This study examined adaptation of older adults during the final years 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. Our study explored 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. We focused on decision-making about care during this little understood final phase of life. Beyond the actual experience of health problems and events among study participants, over one-third (36.0%) expressed significant worry about their existing health conditions, and almost one-third noted concerns about the prospects of a future serious illness (31.8%). Findings of our study pointed to a paradox of elders reporting health events and worries along with limited planning for care. Minority respondents and the less educated were particularly limited in their orientation to planning for care needs. Our findings revealed that elderly respondents in our study desire close connections to family during the final years of life. At the same time, respondents also want to protect family members from burdens of caregiving. Lack of planning, especially among disadvantaged elders, indicates that interventions are called for.

16. Intervention to Promote Health Communication by Consumers About Cancer Prevention and Screening

Eva Kahana Ph.D., Gary Deimling, Ph. D., Boaz Kahana Ph.D.,
Jessica Kelley-Moore Ph.D., and Kurt Stange, Ph.D.
Funded by National Cancer Institute, 2011-2017

This study implements a novel, community based educational program to inform and motivate underserved older adults to forge partnerships with their doctors, targeting cancer prevention as a shared goal. Using a randomized controlled trial (RCT), we evaluate the efficacy of our social learning theory based intervention that promotes patient participation in order to enhance patient centered medical care. This educational intervention (“Speak Up” program) aims to improve patient initiative, competence, and confidence in communication with physicians. Based on foundations of social learning theory the intervention is expected to result in increased discussion about cancer prevention and screening between older adults and their primary care physicians. Participants in the intervention are also expected to receive more age and risk specific preventive advice from their doctors and report greater satisfaction with their health care. Participants in the “Speak Up” facilitated discussion groups (N=250) will be compared to participants in “Connect” attention control groups (N=250). The latter program addresses important goals of enhancing civic and social engagement. The study is being conducted among community based older adults who attend Senior Center programs, sponsored by Area Agencies on Aging (AAA).

17. Proactive Adaptations and Resources as Stress Buffers among Minority and Disadvantaged Elders

Eva Kahana Ph.D., Claudia Coulton, MSW, PhD, Norah Feeny, PhD, Adam Perzynski, PhD, John D. Thornton, MPH, MD, Kurt Stange, PhD, MD, Jaclene Zauszniewski, PhD, RN, FAAN
Submitted to National Institute of Aging, 2016

This multi-method and multidisciplinary study seeks a comprehensive understanding of life course stressors. It aims to describe the influence of lifetime stressors (early life adversity, discrimination, financial strain) and current stressors (e.g. neighborhood disadvantage, recent negative life events) on the biological stress response and on current physical and mental health of older African American and white adults. We will examine the role of psychological and social resources and of proactive behavioral adaptations in buffering the deleterious effects of stressors on health outcomes of African American and white elders. We will also evaluate the impact of changes in stressful life events experienced during the course of the study, on respondents’ biomarkers of stress and their physical and mental health outcomes. We aim to further elucidate the processes of stress exposure and resilience by life history interviews that provide personal narratives of 40 older adults selected based on high stress exposure coupled with alternative (positive or negative) health outcomes. We propose a three wave longitudinal study of 900 elders (annual follow-up of 450 African American and 450 white) to consider the physical and mental health impact of stressors. Respondents will be recruited from senior centers sponsored by Area Agencies of Aging (AAAs) in three regions of the country that represent different historical and socio-political challenges for black elders.

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