

# Research Highlights

AN UPDATE FROM THE EDWARD AND ESTHER POLISHER RESEARCH INSTITUTE OF THE  
MADLYN AND LEONARD ABRAMSON CENTER FOR JEWISH LIFE (FORMERLY PHILADELPHIA GERIATRIC CENTER)

## Tracking disability trends

*Polisher researchers receive \$1 million grant to find out which seniors are improving and why*

The fastest growing population in the United States is the oldest of the old. According to the U.S. Census Bureau, 50,000 people have reached or passed the century mark, and demographers project that there might be close to one million centenarians by 2050.

“Over the last 50 years, life expectancy has increased from 70 to 77 years. That’s an enormous increase,” notes Vicki A. Freedman, Ph.D., director of the Polisher Research Institute. “The debate has been, are seniors living healthier, or are we just expanding the unhealthy years?”

Dr. Freedman, a population epidemiologist with training in both demography and epidemiology, and scientists nationwide have found increasing evidence over the past 20 years that disability is declining among the elderly in the United States. A few studies also suggest that severe cognitive problems may be declining.

But many questions remain. Are all groups improving? What factors are causing the improvements? Are today’s seniors healthier or are they just able to better manage chronic illnesses?

In May, the National Institute on Aging (NIA) awarded the Polisher Research Institute a \$1 million grant to examine these and other issues pertaining to disability trends. The four-year grant, says Dr. Freedman, will focus on three areas:

- Updating disability trends among seniors
- Determining if some groups of seniors are improving while others are being left behind, based on criteria such as race, ethnicity and gender



- Understanding the impact of early- and mid-life factors on recent trends

The researchers will be analyzing data collected by the University of Michigan, which will be partnering with Polisher in the study along with the Population Council of New York.

It is important to understand, says Dr. Freedman, what people are doing at different points in their lives that prevents disability in old age. Childhood diseases, occupational exposures, workplace injuries and, for women, reproductive history may have an impact on physical disability. This new study will enable researchers to examine in depth the forces behind the trend.

“Monitoring and understanding trends in disability among older Americans will be increasingly important, especially as the baby boomers age,” says Richard M. Suzman, Ph.D., associate director of the

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## A Focus on Quality

By Vicki A. Freedman, Ph.D.

Our nation is aging, and it is a relatively easy task to quantify how much. The most recent figures suggest that the number of Americans age 65 and older has grown from less than 5 million at the turn of the 20<sup>th</sup> century to over 35 million at the 2000 census. Five million Americans have reached age 85, and roughly 50,000 nationwide are centenarians. In percentage terms, nearly 13 percent of Americans are age 65 or older—that's one out of eight Americans. Last year life expectancy reached 77, up from 50 at the turn of the last century.

It is far more difficult to assess the quality of life of seniors. Certainly, health is a vital component of well-being, but good health alone does not produce “the good life” that our former director, the late M. Powell Lawton Ph.D., strove to understand. Indeed, assessment of quality of life involves understanding the physical, psychological, cognitive, social, and environmental circumstances of an individual's life, both in an objective sense and as they are perceived by the individual.

For over 40 years, understanding the forces influencing the quality of life of older Americans has been a primary focus of the Polisher Research Institute of the Madlyn and Leonard Abramson Center for Jewish Life. Studies conducted here have led to the development of creative living environments and programs for seniors, particularly those with dementia; others have contributed to our basic understanding of how people cope with chronic illnesses that commonly occur with aging.

This issue of Research Highlights looks at three ongoing studies at the Polisher Research Institute, each of which aims to enhance our understanding of how to improve the quality of life for older people. Polisher's longest running study, involving over 300 seniors living in



the Philadelphia area, probes the value seniors with chronic illness place on their own lives and their preferences for care at the end of life. A newly awarded grant funds a study seeking to understand the factors driving national-level declines in disability among seniors that Polisher researchers have been tracking. A third story highlights research around the development of the Palliative Care Program at the Center's Abramson Residence. This pacesetting program emphasizes individualized comfort care—for example, relaxation aids, pain management, and spiritual support—to maintain quality of life through the very end of life.

Together these studies and others at the Polisher Research Institute are designed to assist the medical and social services professionals who serve the elderly and to guide social policy issues where quality—not quantity—of life is the ultimate goal.

*Vicki A. Freedman, Ph.D. is the director of the Polisher Research Institute*

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## Tracking disability trends

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NIA, Behavioral and Social Research Program. “For example, examining the most recent data, which show a dramatic decline in rates of disability even at very advanced ages will help us find ways to maintain or possibly improve the trend amid a steep rise in the number and proportion of older people over the next few decades.”

Building a consensus, Dr. Freedman notes, was an important first step in monitoring trends. When she began studying the topic nearly 10 years ago, different studies produced conflicting results. Dr. Freedman notes that because researchers use different methods to

analyze data, two researchers can look at the same information and end up with opposing conclusions.

Last year, she and her colleagues reviewed eight national studies on disability trends. Although they concluded more research is needed on the topic, they did find a consensus that disability has declined among seniors, except for the most severe disabilities. Their findings were published in an article in the *Journal of the American Medical Association (JAMA)* in December.

In September, the Polisher Research Institute brought together a dozen experts to resolve the

remaining inconsistent findings about severe disability. The group found conclusions depended in part on how disability is measured. They also found that, for some tasks, seniors may be using assistive devices rather than relying on hands-on assistance. The findings of the daylong workshop funded by the NIA were presented in May at the annual meeting of the Population Association of America.

The irony, notes Dr. Freedman, is that while physical disabilities are declining, the rate of chronic disease among the elderly is increasing.

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# Even without perfect health seniors can have a high quality of life

## *How close is the connection between good health and quality of life?*

When the Polisher Research Institute first began studying that question, almost 10 years ago, conventional wisdom held that as health declined, so did the quality of life. This simplistic view did not satisfy Polisher's founding director, the late M. Powell Lawton, Ph.D., a behavioral psychologist.

Even people in the poorest of health, approaching death, find many reasons to live, contended Dr. Lawton.

To fully define just what quality of life means to elderly people still living independently, Dr. Lawton obtained a grant from the National Institute on Aging and initiated a long-term study. A group of 600 seniors over 70 years old agreed to participate. The sample included those already suffering from chronic diseases, such as diabetes, bowel cancer, arthritis and heart disease, along with healthy seniors.

People with chronic illnesses are rarely interviewed, explains Jana Mossey, Ph.D., M.P.H., M.S.N., a senior researcher at the Polisher Research Institute and a professor of Public Health at the Drexel University School of Public Health. Dr. Mossey became principal investigator for the project following Dr. Lawton's death in 2001. Usually, she adds, people interviewed for studies are the healthier members of the population because they are more willing to participate.

For example, the 1987 MacArthur Foundation Study Of Aging In America looked at only healthy seniors, excluding those with chronic health problems, and drew conclusions about successful aging.

*"The fastest  
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of the old."*

"Dr. Lawton was interested in the factors that really influenced changes in quality of life," says Dr. Mossey. "How frequently [the elderly] had contact with friends and family members. What they thought of the quality of their days. How did they use their time? Were they bored with their time?"

Although the Polisher Research Institute's researchers are still collecting data, they have discovered that even with declines in health, a person can report a high quality of life.

"If you can do what you want to do, you can have a lot of compromise in your physical functioning, but you can still value your life," says Dr. Mossey.

She points out that worldwide, "the fastest growing population is the oldest of the old." And those oldest people, she adds, want to maintain their independence. Forty percent of the sample group was living alone at the outset of the project six years ago. The study data suggests that older individuals, even those living alone, will make great efforts to maintain their independence.

Over the course of the project, 325 seniors have been through three waves of extensive two-hour interviews conducted every two years. These interviews were initially conducted in their homes. The researchers maintain contact by making telephone calls between visits. Participants are asked how they spend their days—specifically the day before the interview—about their relationships, and how frequently they have contact with friends and relatives. The interviews typically last two hours, says Dr. Mossey, and the subjects usually enjoy the experience.

Of the original sample group, 156 seniors have died. For most of this group, the team was able to interview a surviving spouse, sibling or child.



This information was especially valuable since during the interviews the seniors had been asked what sort of medical treatment they wanted when they were close to death.

Many of the questions posed to the participants are speculative says Dr. Mossey. For example, "Based on your current state of health, how much longer would you want to live?" is a key question. This would be followed by, what if you were in a nursing home, how long would you want to live? What if you were bedridden? The interviews with the survivors provided information about the actual choices made by the participants.

Dr. Mossey, whose background is in public health, sees the project as an opportunity to look at factors that help seniors maintain their independence and affect the way they value their lives. Although economic factors were not a factor in the

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## New and noteworthy

The following is a partial list of recent publications authored and co-authored by Polisher Research Institute staff.

### NEW GRANTS

#### Development of an Assistive Technology and Environmental Assessment Instrument for National Surveys

Office of the Assistant Secretary for Planning and Evaluation in cooperation with National Center for Health Statistics and the National Institute on Aging

#### Late-life Health Trends: Disparities and Explanations

National Institute on Aging

#### Lexicon of Technologies in Long-Term-Care Settings

Office of the Assistant Secretary for Planning and Evaluation in cooperation with National Center for Health Statistics and the National Institute on Aging

#### Multimedia Biography Program for Nursing Home Residents

Lawrence J. and Anne Rubenstein Foundation

### JOURNAL ARTICLES

“Another Look at Aggregate Changes in Severe Cognitive Impairment: Cumulative Effects of Three Survey Design Issues.” by \*Vicki A. Freedman, \*Hakan Aykan, and Linda G. Martin. *Journal of Gerontology: Social Sciences*, 57(2):S126-S131. (2002)

“Different Ways to Hurt: An Elder’s Narrative of Suffering,” by Helen K. Black, Ph.D. *Journal of Aging and Identity*, 7(3): 3-15. (2002)

“Epidemiological Trends of Cancer in Older Adults: Implications for Gerontological Nursing Practice and Research.” by Nancy Hodgson. *Journal of Gerontological Nursing*, 27(4) 34-43. (2002)

“Motivation in Later Life: Personal Projects and Well-being.” by \*M. Powell Lawton, \*Miriam S. Moss, Laraine Winter, and \*Christina Hoffman. *Psychology and Aging*, 17(4): 539-547. (2002)

“Recent Trends in Disability and Functioning Among Older Adults in the United States: A Systematic Review.” by \*Vicki A. Freedman, Linda G. Martin, and Robert Schoeni. *Journal of the American Medical Association*, 288(24): 3137-3146. (2002)

“R-E-M Psychotherapy: A Manualized Approach for Long-term care-Residents with Depression and Dementia.” by Brian Carpenter, Katy Ruckdeschel, Holly Ruckdeschel, and \*Kimberly Van Haitsma. *Clinical Gerontologist*, 25(1/2): 25-50. (2002)

“The Social Context of Adaptation to Traumatic Events: Soviet Jews and the Holocaust.” by Allen Glicksman, and \*Kimberly Van Haitsma. *Journal of Clinical Geropsychology*, 8(3): 227-237.

“Terminal Care for Nursing Home Residents with Dementia.” by \*Miriam S. Moss, H. Braunschweig, and Robert. L. Rubinstein. *Alzheimer’s Care Quarterly*, 3(3):233-246. (2002)

“What Forgiveness Teaches us about Research Methods. Different Ways to Hurt: An Elder’s Narrative of Suffering,” by Helen K. Black. *Gerontology and Geriatrics Education*. Forthcoming. 23(4). (2003)

### BOOKS AND BOOK CHAPTERS

“Dying in Long-term-care Facilities in the U.S.” by \*Miriam S. Moss, \*Sidney Z. Moss, and Stephen Connor in *End of Life in Care Homes: A Palliative Care Approach*. Jeanne Katz and Sheila Peace, eds. Oxford, England: Oxford University Press. (2003)

“Late-Life Morbidity Trajectories and Socioeconomic Status.” by Robert Schoeni, \*Vicki A. Freedman, and Robert Wallace in *Annual Review of Gerontology and Geriatrics* 22, New York: Springer Press. (2003)

“Narratives of Forgiveness,” by Helen K. Black in *Ways of Aging*, Jaber Gubrium and James Holstein, eds. Oxford: Blackwell Publishers. (2003)

“Nursing Home Staff Reactions to Resident Deaths,” by Miriam S. Moss and Sidney Z. Moss in *Disenfranchised Grief: New Directions, Challenges, and Strategies for Practice*, Kenneth J. Doka, ed. Champaign, Ill.: Research Press. (2003)

“Narratives of Suffering,” by Helen K. Black in *Aging, Spirituality and Religion, A Handbook*, vol. 2. Melvin Kimble and Susan McFadden, eds. Philadelphia: Fortress Press. (2003)

\*Polisher Research Institute researcher  
A complete list of presentations and reports can be found on the Polisher Research Institute web site, [www.abramsoncenter.org/PRI](http://www.abramsoncenter.org/PRI).

## Seniors can have high quality of life

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project, Dr. Mossey notes that seniors with more money will be able to purchase more services to assist them. Those with less money will still struggle to stay independent, but may fall through the cracks of social services. “This is important from the

public health perspective,” she explains “because we need to know what kinds of assistance we need in place to identify those at risk of losing their independence. We’re going to have to make a lot of societal decisions.”

Society’s challenge, she says, is to provide services to enable those seniors without economic resources to remain independent regardless of their physical limitations.

# Researchers examine elements needed to start a palliative care program

The creation of a Palliative Care Program at the Center's Abramson Residence last fall gave Polisher Research Institute researchers an opportunity to help other nursing homes interested in establishing similar programs. The Palliative Care Program offers comfort care to the Center's elderly residents at the end of life and provides support for residents' family members and bereavement counseling.

Polisher Research Institute researcher Nancy Hodgson, R.N., Ph.D., who helped organize the Palliative Care Program, explains that because of the unique format of the program, which draws from virtually every department at the Center, the organizational process was key to the program's success. For research purposes, the Polisher's ethnographer, Anne Bower, Ph.D., taped all interactions between staff members at those initial meetings.

The recordings were analyzed as part of an eight-month study funded by the Hartford Center of Geriatric Nursing Excellence at the University of Pennsylvania. Drs. Hodgson and Bower presented their findings in April at the Sixth World Congress of Psychosocial Oncology in Banff, Canada.

The researchers found three findings that were key to developing a palliative care program in a nursing home setting:

**1. A multi-disciplinary approach.**

Dr. Hodgson compares creating the program to constructing a quilt. Each person contributed a different style and color, and they had to fit them together to make a pattern.

**2. Leadership.** The Palliative Care Team formed a two-person leadership model with one person as the coordinator and the other person as the visionary leader. At the Abramson Residence, Dr. Hodgson took on



*Joanne Lynn, M.D., (right, second row) director of the Washington Home Center for Palliative Care Studies, Washington, D.C., visited the Madlyn and Leonard Abramson Center for Jewish Life in April. She spoke to researchers and staff members about palliative care. Joining her in the photo are, Nancy Hodgson, R.N., Ph.D., (left second row) and (front row, left to right), Susan Denman, M.D., the Center's medical director, Ann Wilkinson, Ph.D., associate director of research at the Washington Home, and Vicki Freedman, Ph.D., director of the Polisher Research Institute.*

the administrative role and Chaplain Sheila Segal, the Center's director of chaplaincy services, became the visionary leader. Dr. Susan Denman, the Center's medical director, informed and guided the team in best clinical practices regarding palliative care. Under this joint leadership, "it became a spiritual program, as well as a medical one," says Dr. Hodgson.

**3. A core group of people who have a personal commitment to the project.** Dr. Hodgson says that their team had six core staff members who attended every meeting, while others came when they could. But because of the core group, they were able to divide the work and accomplish their goals.

"So many facilities are beginning to work toward improving care for residents who are coming to the end of life. Having a comprehensive and

thoughtful roadmap built on the work at Polisher will be of great help in making the end of life meaningful and comfortable in nursing facilities nationwide," commented Joanne Lynn, M.D., director of the Washington Home Center for Palliative Care Studies, Washington, D.C. Dr. Lynn visited the Polisher Research Institute in April and spoke to researchers and staff about palliative care.

Now that the program is in full swing, Dr. Hodgson says that the Polisher Research Institute is planning to examine the most successful elements of the program and produce guidelines that can be used by other nursing homes in running a palliative care program.

To learn more about the Center's Palliative Care Program, contact Dr. Hodgson at [nhodgson@abramsoncenter.org](mailto:nhodgson@abramsoncenter.org) or 215-371-1896.

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The Institute is supported by major grants from the National Institutes of Health, the Alzheimer's Association, private foundations, and contributions from individuals interested in fostering research on aging. The Center is a nationally recognized leader in geriatric care, education and research.

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## Tracking disability trends

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In an earlier study, Dr. Freedman found that while older Americans experienced fewer problems with lower body functions, they also reported an increase in eight-out-of-nine chronic conditions. However, the researchers noted, these chronic diseases, most notably arthritis, appeared to be less debilitating than in previous generations.

Many questions remain unanswered, adds Dr. Freedman. With her previous research as a building

block, she looks forward to the next step in the process—understanding both the disparities in disability trends and the causes of today's improvements.

*Reprints of Dr. Freedman's article in JAMA are available free of charge from the Polisher Research Institute. Contact Karen Kohn, the Institute's assistant librarian, at 215-371-1334 or [kkohn@abramsoncenter.org](mailto:kkohn@abramsoncenter.org).*