

Spring
2006

HEALTHY AGING

A publication of

Lincoln University Cooperative Extension

Paula J. Carter Center on Minority Health and Aging



Deborah Jenkins addresses the participants at the 2004 MIMA

MIMA Plans

The planning is just about completed for the 10th Missouri Institute on Minority Aging (MIMA). The Institute will be held August 3, 2006 at the Scruggs University Center on the campus of Lincoln University in Jefferson City, Missouri. The Missouri Institute on Minority Aging is the only opportunity in Missouri to provide training and educational guidance to improving the quality of life of minority older adults. This year's theme is "*Cultural Health = Wellness for Seniors*." There will be two panels; one in the morning discussing **The Impact of Chronic Illness** which will start at 9:45 a.m. – 11:15 a.m. The

afternoon panel (**About Wellness**) will begin at 2:30 p.m. – 4:00 p.m. Panelist will make a presentation followed by a question and answer period. The cost of registration is \$100, and there are some scholarships available. If you would like more

information about MIMA, or the scholarships, please call the Paula J. Carter Center on Minority Health and Aging (573) 681-5530. Make your reservations now. We'll see you there!

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2004 MIMA participants in a workshop

From the desk of Coordinator Treaka Young



Spring is here and I am so happy to have the warm weather and sunshine. However, along with the good weather in Spring comes tornadoes and storms. As you know parts of southeast Missouri were destroyed by a tornado in April. My heart and prayers go out to the people who lost their homes or other valuables as a result. Here at Lincoln University Cooperative Extension Programs we are collecting clothes, food, and other items to help the people in the Bootheel that lost so much. We ask you to help us by donating to our cause. Items will be collected through the end of May in Allen Hall on the campus of Lincoln University in Jefferson City. Please call Darrell Martin, 573-681-5591 for more information on how you can help.

Treaka



The Lincoln University Cooperative Extension/Paula J. Carter Center on Minority Health and Aging is proud to continue our series of 8 video conference presentations dealing with health disparities, cultural competency and working with ethnic populations. The videos are generally shown on the last Wednesday of the month.

Video presentations include:

Voices of Wisdom: Seniors Coping With Disaster (May 24),
 It Takes A Whole Indian Village: Decreasing Health Disparities In Indian Country (June 28),
 The Health Of U.S. Pacific Islander Populations: Emerging Directions (July 26),
 Preventing HIV Among Women: Diffusing A Group And Community Level Intervention Part 1 (August 30),
 Preventing HIV Among Women: Diffusing A Group And Community Level Intervention Part 2 (September 27).

These FREE presentations come from the University of North Carolina, Chapel Hill School of Public Health Research Institute and Videoconference on Minority Health. They will be held in Room 100, Allen Hall on the Lincoln University campus. Each presentation is scheduled to begin at 10:00 a.m., and will end at noon. There will be light refreshments available.

Arthritis care falls short for the elderly

Many older Americans with arthritis aren't receiving the care they need, and when they do get medications to control their pain they often aren't told about the side effects of those drugs. That's the conclusion of a new study in which doctors sat down and talked to patients about their care -- a departure for such research, which usually is based on information from insurance claims or medical records. Of the 339 people aged 75 and older who were interviewed, they received the recommended care for osteoarthritis -- the most common form of the disease -- just 57 percent of the time, and only 44 percent were told about potential side effects of their medications. That's an important omission because the frail condition of arthritis sufferers makes them vulnerable to drug side effects, said study author Dr. David A. Ganz, a research fellow in geriatrics at the University of California, Los Angeles. The study, by researchers at Rand Health, the David Geffen School of Medicine at UCLA and the Greater Los Angeles VA Healthcare System, appears in the April 15 issue of *Arthritis Care and Research*. The new study is part of a larger effort to assess the quality of health-care offered to older people, and the results so far are somewhat discouraging, Ganz said. A big part of the problem is the assembly-line nature of many medical practices, Ganz said. "It's hard to make a conscientious effort when you see a patient every 15 minutes." Part of the solution could rest with the patients themselves, that they should ask simple questions, like, 'Doctor, what are the side effects of this medication?' The health-care provider has responsibilities, too, Ganz said. It's common for doctors to write a prescription on the computer, the patient's potential vulnerability to side effects should be taken into account.

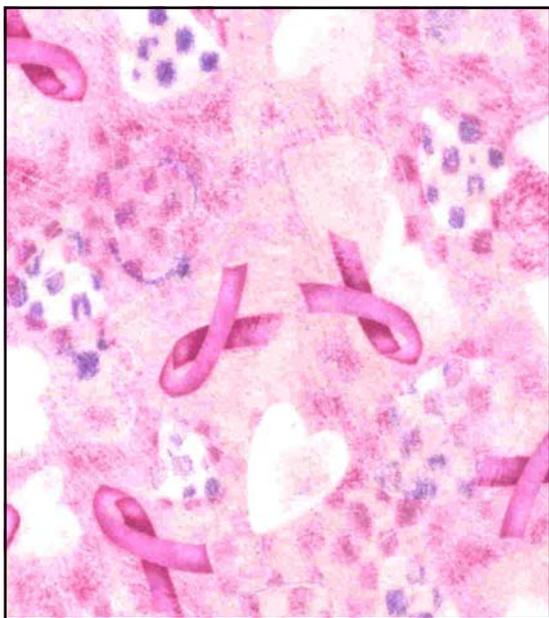


SOURCE: <http://www.HealthDay.com>

Dim view of aging linked to hearing loss

Older adults who harbor negative stereotypes about aging may have a more rapid decline in their hearing, a new study suggests. Researchers at Yale University found that among older men and women, between 70 and 96 years old, those who held to the stereotypes of older adults as "frail" and "senile" showed a greater decline in hearing over the next three years. The link was independent of a number of factors in hearing loss, including age, physical health and depression. The effect was seen even in study participants who had "perfect scores" on hearing tests at the study's start. This suggests that age stereotypes themselves may affect older adults' sensory perception. There are several ways in which stereotypes could influence older adults' hearing, one of which involves the effects of stress. Another possibility is that because people with dim views on aging may expect to physically deteriorate, these expectations sometimes become "self-fulfilling prophecies." Older adults who believe hearing loss is inevitable may not seek medical help. The findings are based on data collected from 546 men and women who had their hearing screened at the start of the study and again three years later.

SOURCE: *Journal of Gerontology: Psychological Sciences*, March 2006.



Breast Cancer deaths higher among black women

African American women are more likely to die from breast cancer, and minorities in general do not receive the best treatment for the disease compared with white women, according to two studies published in the *Journal of Clinical Oncology*. Researchers found that African American women, even after adjusting for socioeconomic differences, are 19 percent more likely than white women to die of breast cancer. A second study found that women in minority groups, including Hispanics, are half as likely to receive complete follow-up treatment for the disease. The second study, found that, compared with white women, minority women with early-stage breast cancer had twice the risk not undergoing radiation, chemotherapy or hormonal therapy following breast cancer surgery. The likelihood of not getting proper follow-up treatment among whites was 16 percent, much lower than the 23 percent for Hispanics and 34 percent among blacks. Researchers found that women from minority groups were more likely to have other illnesses and have less insurance than white women, suggesting that these factors could influence a physician's decision to prescribe treatment and a patient's ability to actually receive treatment. According to the authors, significant progress can be made toward reducing racial disparities in cancer death by eliminating the disparities in breast cancer treatment.

SOURCE: Reuters Health

There is a national effort encouraging people to plant a victory garden with pink flowers for women who have had or have breast cancer.

Winter: Flowering currant *Ribes sanguineum*, pink hellebores, *Sasanqua camellia* 'Jean May' or 'Egao.' The winter flowering cherry *Prunus subhirtella* 'Autumnalis' has pale pink flowers.

Summer: You could dress an entire summer garden in pink roses like 'Ballerina', 'Felicia', 'Queen of Sweden', and the sturdy, richly scented rugosa roses like 'Frau Dagmar Hartopp' or 'Will Alderman.' *Dianthus* like the old-fashioned pinks and Sweet William are heavily fragrant perennials in shades of pink. Look for lilies, dahlias, lavatera and clematis in pink. In June, *Styrax japonicus* 'Pink Chimes' drips little pink bell-shaped flowers.

Spring: Lilac 'Maiden's Blush,' the ruffly tulip 'Angelique,' bleeding hearts, Columbine 'Nora Barlow' and the silky flowers of the Oriental poppy 'Blue Moon.' Many of the ornamental cherries, magnolias, plums and crabapples bloom pink. *Clematis montana* 'Elizabeth' is pale pink and smells like baby powder.

Autumn: Pink persists through the season in asters, such as the watermelon bright 'Alma Potschke' or 'Harrington's Pink,' ornamental oreganos, Japanese anemones, 'Mother of Pearl' phlox and roses that bloom until frost.

African Americans low trust of docs linked to communication

A new study raises the concern that black patients with lung cancer have lower levels of trust in their physicians in part because of poorer perceived communication about their treatment. In an interview with Reuters Health, Dr. Howard S. Gordon from the Michael E. DeBakey VA Medical Center in Houston noted that "other investigators have found that blacks have lower trust in their doctor than white patients" do, but the reason for this difference is poorly understood. Gordon and his colleagues used a questionnaire to assess levels of trust of 103 lung cancer patients in their physician and the VA health system before and after care. They found that pre-visit trust in their physician was statistically similar in black and white patients. "Contrary to expectations, when compared with white patients, black patients did not have lower pre-visit trust in either the physician or the VA," the investigators report in the *Journal of Clinical Oncology*. However, black patients did have significantly lower post-visit trust in their doctor than did white patients. Compared with white patients, black patients perceived that physician communication was "less supportive, less partnering, and less informative," Gordon and colleagues report. "Black patients rated doctors worse overall on these three measures than white patients," said Gordon, "and those worse ratings explained the differences in trust." The study shows that doctors who communicate better seem to have patients with higher levels of trust, he added. The researchers also note in their study that post-visit trust in the VA was predicted by "the degree to which the physician was perceived as caring, concerned, and interested in the patient's well-being."



SOURCE: *Journal of Clinical Oncology*, February 20, 2006.

Some Handy Resources For You!

Medline Plus: www.medlineplus.gov

Alzheimer's Assoc. www.alz.org



Medicare 1-800-633-4227 www.medicare.gov



Paula J. Carter Center - 1-573-681-5530 www.luce.lincolnu.edu/pjccmba.htm

Mo Dept. of Health/Sr. Services 1-573-751-6400 www.dbss.mo.gov

Mid-Missouri Alzheimer's Assoc. 1-800-693-8665 www.midmoalz.org

CROSSWORD PUZZLE

All answers can be found in this edition of the Healthy Aging Newsletter

Down

1. _____ stereotypes can cause problems
2. older citizens
3. Self-fulfilling _____
4. Racial _____ leads to healthcare issues
5. Patient/doctor problem
7. _____ control (for healthy eating)
8. _____ J. Carter
11. Mo Institute on Minority Aging

Across

6. _____ conference
9. Breast _____
10. Poor communication leads to lack of this
12. _____ University...site of MIMA
13. The elderly may experience a decline in this sense.

Reaching Out

Staff members from the Paula J. Carter Center on Minority Health and Aging recently held a workshop for Cole County Residential Services. Staff representatives included managers, support staff and case workers. Community Outreach Workers Brian Valentine and Shirmere Singleton taught staff about healthy eating habits, including portion control. The workshop also highlighted the importance of appropriate exercise, and a good attitude. Another important message for the participants was to practice what they preach. In this workshop the participants were health care providers, rather than just consumers. Staff at the Paula J, Carter Center can provide programs ranging from healthy eating to stress management. If you are interested in a workshop with the Paula J. Carter Center staff, please call 573-681-5530.



Outreach Worker Shirmere Singleton lectures on healthy eating

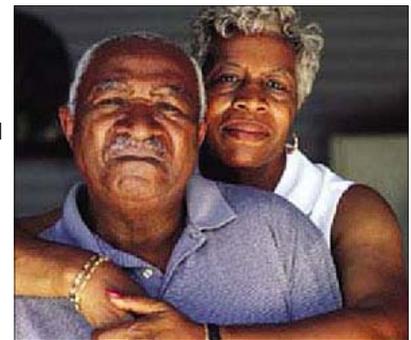
Our Mission is to provide leadership in addressing the health, social, and psychological needs of Missouri's minority and the underserved elderly populations. This can be accomplished through education, research-based information, policy analysis and the use of technology as strategic tools.

We have information concerning arthritis, cancer, diabetes, healthy eating, heart disease, and many other topics. This information focuses on specific health concerns of people who are African American, Native American, Asian/Pacific Islander American, or Hispanic/Latino American.

Some material is available in Spanish.



**We would be happy to talk with you
and send you information.**



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