



# M A G E C M E S S E N G E R

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## *The Importance of Staying Connected*

by Susan Reisine, PhD

We all enjoy family, friends, church activities, and community gatherings. However, being a part of groups and being socially active may provide more than just enjoyment. Many studies of health and social support show that being connected to your family and to social groups may provide health benefits. Belonging to social groups provides emotional support, task assistance and information that helps buffer the effects of stress and may enhance the body's immune response mechanisms. Relationships with your family, friends, and various social groups, such as church, bridge, or exercise groups, make up your social support.

### *What research has been done in this area?*

One of the first studies to look at the relationship between social support and health found that people who had more social contacts and community ties had lower mortality rates compared to people with fewer social contacts. In 1965, the Human Population Laboratory of the California State Department of Health collected information from 6,928 adults living in Alameda County, California on four sources of social contacts:

- □ marriage,
- □ contacts with close friends and relatives,
- □ church membership, and

□ □ informal and formal associations.

Mortality status was obtained nine years later as part of a follow-up survey in 1974. The researchers found that men with few social contacts were almost twice as likely to die as men with many social contacts. The risk of dying for women with more social contacts was cut by two-thirds compared to women with few social contacts. This finding held even when other health risks such as smoking, alcohol intake, obesity, physical activity, and use of preventive health services were taken into consideration.

### *What other benefits were found?*

This initial study was published in 1979 and sparked a whole new area of health research. First investigators tried to reproduce these surprising results. Next, they tried to understand how social support reduced the risk of dying for those with strong social ties. Several large, national epidemiology studies have found remarkably similar results. Not only did social support reduce mortality, but having better social support was associated with better health outcomes, such as less pain and fewer disability days among arthritis patients, better recovery after heart attacks, better mental health among people living in the community, and fewer disease recurrences among breast cancer patients.

### *How does having greater social connections do this?*

Why social support helps improve health is not well understood. One prominent explanation is that having good emotional support reduces the effects of stress on health. Another explanation is based on improvements in the immune system. One study of breast cancer patients showed that having strong social support was associated with a better immune system and an increased ability of the body to fight off cancer cells.

### *What can you do to improve your social network?*

There are many ways to improve or develop your social connections. Staying in touch with family and friends and keeping social ties with community organizations, such as social and church groups, are important sources of support. Preserving long-time relationships does become more difficult as problems with mobility and other health problems increase. You'll find, however, that making the effort to keep up with friends and family will, in the long term, be worth the effort.

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*Article taken from Successful Aging, A newsletter of the Claude Pepper Older Americans Independence Center and the UConn Center on Aging, University of Connecticut Health Center, Spring 2000, Volume 3, No. 3.*

## ***Gore Likely to Oppose Bush on Proposal to Create Private-Sector-Style Medical Savings Accounts***

The idea of developing medical savings accounts for uninsured or underinsured seniors and low-income families may be the center of a campaign battle between Vice President Gore's and Texas, Gov. Bush's health care plans, a policy analyst says.

Key policy observers of different political persuasions expect debates in the presidential race to hinge on the candidates' differences over medical savings accounts.

Bush is proposing medical savings accounts while Gore, who has strongly challenged the governor's national health care plan, especially his gubernatorial record on the issue and his proposed \$1 trillion tax cut earlier this year, is expected to fiercely oppose them.

Asked what kind of health care policy he would craft in the Oval Office, Bush says you would support a refundable tax credit of between \$1,000 and \$2,000 for lower-income uninsured individuals and families.

Many critics, especially Democrats, oppose Bush's plan. Ron Pollack, executive director of Families USA, a national organization for health care consumers, says medical savings accounts will draw healthy and wealthy families but not help those needing health coverage the most.

Pollack says as young, healthy and wealthy people sign for medical savings accounts, older, sicker and poorer people would be left alone in insurance pools and their premiums would be more costly.

But Jack Strayer, vice president of external affairs with the Nat'l Center for Policy Analysis, discounts claims by some Democratic lawmakers that MSAs were proposed to benefit insurance companies.

Strayer argues that the young, healthy and rich won't be the only ones to benefit from the accounts because of the flexibility of MSAs.

He dismisses the argument that

medical savings accounts are a tax shelter for the rich, attributing this view to illinformed federal employees and families.

The older, poorer and sicker persons will profit from the accounts because MSAs will pay for out-of-pocket expenses such as drugs.

Other payment plans such as Medicare, Medicare+Choice or Medigap don't cover all of seniors' healthcare needs.

MSAs will permit portability of health insurance for employees, long-term care and new policies for those who were previously uninsured, Strayer says.

The accounts never originated with insurance companies, he says. They were invented by the American Medical Assn. in the 1980s, Strayer says.

Member doctors created the accounts to weed out the "middleman," insurers and administrators who were dictating to them on how to pay for health care.

Strayer adds that patients benefit from the medical savings accounts because they are given more flexibility and choice to pay for any aspect of their care they want.

Seniors and the whole system save money since Medicare funds, not seniors' personal savings or extra federal spending, are used to create the accounts, he says.

Aside from linking-MSAs to the young and rich and insurance companies, Strayer says the media also fuels another misperception that Republicans are the only supporters of medical savings accounts.

Strayer says Democratic lawmakers such as Sen. Torricelli (ICJ.), House Minority Leader Dick Gephardt (Mo.) and Sen. John Breaux (La.) support MSAs.

Strayer says Bush might be best suited to carry out a federal health policy plan because, as a governor, he understands that states are in the best position to decide what's best for its residents—a view not shared by those who question the governor's record on children's health insurance in Texas. The governor also says he would allow for state flexibility for the Children's Health Insurance Program (S-CHIP).

Strayer says Gore only has congressional and senatorial experience and, thus, is not in touch with what affects states.

He adds that when state decision makers craft policy, residents can feel the effects almost overnight.

Like Bush, Gore supports a Patients' Bill of Rights, which would divorce employers from the responsibility of having to provide health care coverage for their workers, Strayer says.

But Gore would also call for a prescription drug benefit for seniors, which isn't feasible if Medicare is broke, Strayer says.

A drug benefit would become another unfunded mandate for a system facing insolvency.

Gore would also expand Medicare to include all children, rich or poor, and to persons aged 55 to 64, Strayer says. These ideas, too, would translate into unfunded mandates.

The vice president is also calling for expanding access to long-term care, a cure for Alzheimer's and cancer, more protection for seniors against insurance scams, access to hospice care and clinical drugs trials for underrepresented demographic groups.

Gore backs President Clinton's views on a Medicare prescription drug benefit and \$1,000 tax credit for families to care for senior relatives suffering from long-term illnesses.

The vice president opposes restricting the Medicare program by increasing its age eligibility and, in 1997, criticized a Senate proposal increasing the eligibility age for Medicare from 65 to 67.

Gore also supports more research on Alzheimer's disease, a cause he tried to seek funding for as senator in the 1980s. He and Clinton in 1998 proposed an increase for the Nat'l Institute of Health to boost funding for the disease.

## TECHNOLOGY

### *Czaja Bridges the Gap Between Technology and Older Adults*

**T**welve-year-old Johnny likes to surf. He does it everyday, navigating his way around the World Wide Web as easily as water runs downhill.

Johnny's 65-year-old grandfather likes to surf, too, only to him it means riding the whitewater waves of Malibu and Daytona Beach.

The fact is, it's easy for Johnny's grandfather to imagine a world without technology. Back when he was 12, he never heard of things like hard drives and downloads. To him, a mouse was a household pest, not a tool for pointing and clicking your way around the Internet.

"The current cohort of older adults really hasn't been exposed to technology like younger people have," says Sara Czaja, professor of psychiatry and behavioral sciences at the School of Medicine. "Sending e-mail, searching for something on the Internet-it's foreign to a lot of older adults."

Czaja, however, is changing all that. As director of the new Center for Research and Education on Aging and Technology Enhancement (CREATE), she is helping to bridge the gap between technology and older people-in a sense, teaching 'old dogs' new tricks.

"The whole focus of our research is to try and design technical systems so that they're more user-friendly for older people," says Czaja, who is also a professor of industrial engineering. "Our view of technology is that it really can be used-if it's designed and implemented correctly-to help improve the quality of life for older adult populations. So we're looking at things such as how the elderly can use e-mail systems to communicate with family, and friends. We're doing research with voice recognition and telephone menu systems, and soon

we're going to start a project on the World Wide Web."

It's a tall order. But the \$3.2 million multisite CREATE is well-equipped to tackle the task. Researchers from the University of Miami School of Medicine and College of Engineering, Florida State University, and Georgia Tech comprise the center.

Funded by both the National Institutes of Aging and National Institutes of Health, the center will not only identify shortcomings of existing technical systems but also offer ideas on potential design models that might help maximize technology use among older adults.

"At the end of five years we'll have data on several thousand people ranging from 18 to 80 years old," says Czaja. "We will be collecting different measures of cognitive abilities such as memory attention and reaction time, and socio-demographic data such as attitudes toward technology-it's a pretty extensive battery."

Conducting research on aging is not new to Czaja. She is the codirector of the Center on Adult Development and Aging at the School of Medicine, and has written numerous book chapters and scientific articles in the field.

Add to that stints as either chair or cochair of several national committees on aging and you might regard her as an unofficial sentinel for seniors. "I've always had an interest in aging and what happens to people as they grow older," she says. "It's upsetting to me that older people are often pushed aside in this society when in other societies they're given tremendous respect."

Czaja also has directed a large part of her research at the population group that is arguably most directly linked to older adults; caregivers. She is the coprincipal investigator of REACH, a multisite project that

examines effective measures for enhancing the quality of life for family caregivers of Alzheimer's patients.

At the Miami site, Czaja and her team of researchers are studying the way computer telephone technology can be an asset in helping caregivers to access formal and informal services.

Through the REACH project, caregivers are able to participate in on-line support groups, a particularly vital benefit, according to Czaja, because "caregivers don't have to leave their homes."

REACH has also put the Alzheimer's Resource Guide on-line in both English and Spanish-giving caregivers easy access to a slew of community resources and services.

The battle of addressing the problems of the aging population is just beginning, though.

"There's a lot of rhetoric being paid to the fact that the population is aging," explains Czaja. "But the problem is not really being systemically addressed. We have to think differently about things like transportation, employment, housing, and medical services. We don't have a lot of infrastructures that support an aging population."

Complex problems with no easy answers. But at least older adults can rest a little easier with Czaja on the case.



"Our view of technology is that it really can be used - if it's designed and implemented correctly -

to help improve the quality of life for older adult populations."

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## CALENDAR OF CME/CEU EVENTS

Mark Your 2000 Calendar! Contact MAGEC for more information at (305) 243-6270

### October 30, November 6, 13, 2000

2000 IGT: *Psychiatry Module*  
 CME/CEUs: 20 for psychiatrists  
 Location: 1424 NW 10th Avenue,  
 Miami, FL

### November 3, 2000

Miami-Dade Coalition on Aging  
*The Aging Puzzle:*  
*Putting the Pieces Together*  
 CME/CEU hours: 5 approved for  
 NHA, OT, PT, RN, SW  
 Location: FIU, 3000 NE 151 Street  
 North Miami, FL

### November 3, 10, 17, 2000

2000 IGT: *Nutrition Module*  
 CME/CEU hours: 20 approved for RD  
 Location: UM/JMH Medical Campus,  
 Miami, FL

### November 10, 2000

Alzheimer's Association  
 Health Care Associate Training  
*Stranger in a Strange Land*  
*Caring for Someone with Dementia*  
 CME/CEU hours: 6 approved for  
 NHA, RN, SW  
 Location: 1175 NE 125th Street  
 North Miami, FL  
 Call (305) 891-6228 for information

## IGT Part B Discipline Sessions

Please be advised  
 that the following  
 Intensive Geriatric Training  
 Part B: Discipline Sessions  
 will be offered:

Occupational Therapy	12/00
Nursing	01/01
Psychology	02/01
Optometry	05/01

## CE PROGRAM DESCRIPTION

Miami-Dade Coalition on Aging

presents

### The Aging Puzzle: Putting the Pieces Together

Co-Sponsored by:  
 Alliance for Aging, Inc.  
 MAGEC

Southeast Florida Center on Aging

### The Aging Puzzle: Putting the Pieces Together

is scheduled for November 3, 2000, at the Roz and Cal Kovens Conference Center at Florida International University - North Campus. This is the only event in South Florida targeted to the training needs of more than 350 professionals and para-professionals in the field of aging. The conference consists of a continental breakfast followed by many notable speakers of Miami-Dade's businesses, organizations, and

aging network. Workshops are offered throughout the day in 5 tracks: Administration & Board of Directors, Practitioner, Home Care/Day Care Aide (English/Spanish), and Driver. Lunch and refreshment breaks will be an excellent opportunity to network and visit the exhibitors.

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