

PASSING PREMATURELY

Age 50 may be the new 30 for some Americans, but it equals elderly for many Detroiters who are getting sick and dying long before their time

By Robin D. Stone

Ten years ago, James Armstrong considered himself a healthy man. Though the 6-foot-1, Detroiters was 20 pounds overweight and his blood pressure was high, he couldn't understand why his legs were growing weaker.

He suffered a leg aneurysm, and later, a routine eye examination revealed he also had a stroke. He was 52.

Today, when he should be "running around the building," as he says with a

chuckle, Armstrong gets around in his trusty Hoveround wheelchair and has an aide attend to his needs 24-7.

Armstrong, a former gravedigger who lives on the city's southwest side, is among a growing number of Detroiters who are getting sicker and dying from preventable illnesses far sooner than their peers in other parts of Michigan. As people age, they may expect declining agility and strength—but, as a recent study shows, more metro Detroiters are confronting severe health

problems that they might typically see in their parents. In fact, for many Detroiters, the study says, 50 is the new elderly.

The study, "Dying Before Their Time," commissioned by the Detroit Area Agency on Aging and conducted by researchers at Wayne State University's School of Medicine/Detroit Medical Center, examined death trends from 1999 to 2009. The study, which ran 2007-09, found the death rate for seniors ages 60-74 was 60 percent higher in Detroit compared to the rest of the state,

and a startling 131 percent higher for ages 50-59.

Because so many Detroiters lack health care coverage, younger residents are developing chronic illnesses that are not treated at an early stage, says Paul Bridgewater, CEO and president of the Detroit Area Agency on Aging. Heart disease, cancer, stroke, diabetes and kidney disease are among the most common issues hospitalizing seniors in Detroit and urban areas—and obesity is a major factor underlying many of those conditions. At this rate, he says, “This age group is not going to be able to grow old or live a long healthy life.”

The study followed a similar one published in 2003 covering 1999-2001. Unfortunately, not much has changed since then, says Dr. Herbert C. Smitherman Jr., assistant dean of community and urban health at the Wayne State University School of Medicine and a study author, citing premature illness, excessive hospitalizations and high death rates.

The biggest change in the study, however, is that while the death rate declined among Detroit-area residents ages 60 to 74 in the state, it increased among 50-60 year olds.

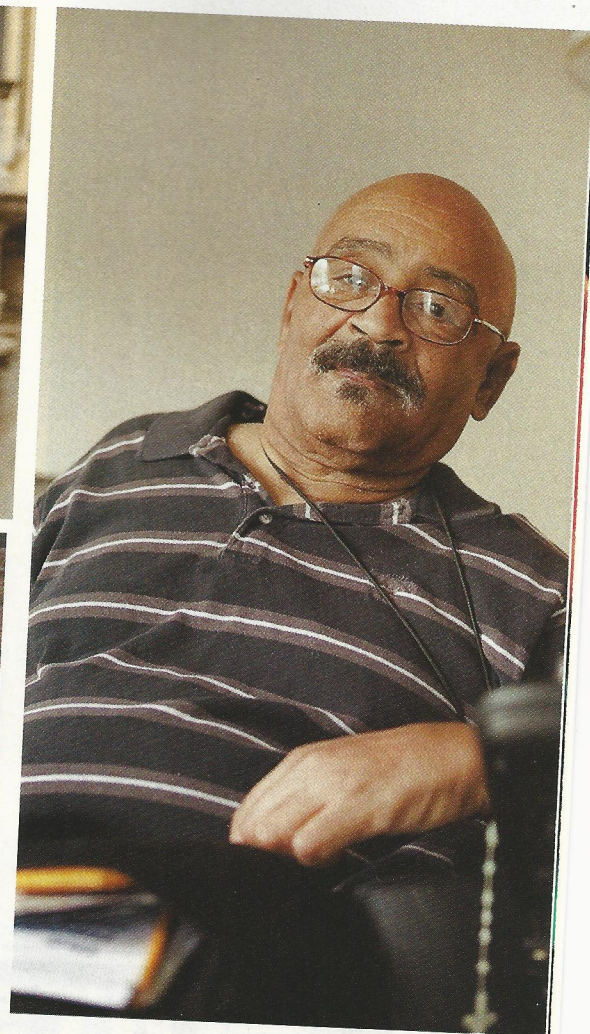
Detroit is not alone: Researchers see similarities in the state and even nationwide. “Saginaw, Pontiac, Flint—in urban areas that have predominantly lower socioeconomic status and more people of color—excess mortality rates are anywhere from 200 to 450 percent higher than in the state of Michigan,” Bridgewater says. “This is an urban issue, and probably a rural issue, though we didn’t specifically look at some of rural communities.”

In some ways, too, it’s a suburban issue. Detroiters may have moved up and out to places like Southfield and West Bloomfield, where their new communities boast major grocery chains selling fresh produce, but many took their lifestyle with them.

“There’s not any magic pixie dust that



Above and right: Betsy Spratt of Detroit shed 100 pounds. Far right: James Armstrong.



occurs because you cross Eight Mile,” Smitherman says. “A lot of issues occurring in Southfield were occurring in Detroit 10 years ago. Blacks in the suburbs may have more resources, but eating habits and lack of exercise follow. Then health problems follow.” The difference, Smitherman says, is this group tends to have health insurance, so it might receive intervention more quickly, reducing some of the health challenges.

REVERSING THE TREND

If there is the onset of chronic illnesses in ages 50-59, then we need to look at the 40-50 group to help them understand the challenge of making good health and lifestyle changes, Bridgewater says.

“When we’re young, we think we’re going to live forever. Look at the young fellow sitting there with a martini with six ribs and French fries and mac and cheese. Anytime you talk about changing lifestyle, people look at you like you’re crazy. But we need to start upstream as far as possible, changing the health care system to talk about not just treating disease but preventing disease.”

Betsy Spratt could have been counted among the new elderly, but she heeded a warning from her doctors. Last year, the

54-year-old Detroit, sick with diabetes, high blood pressure, high cholesterol and other ailments, was informed her vision eventually would fail—one of the many debilitating complications from diabetes.

Her response? “I said there was no way in hell I’m going blind.”

Spratt, who lives in the city’s New Center area and works as a community organizer for a Detroit nonprofit agency, joined Food Addicts in Recovery Anonymous, or FA, in July 2011. Since then, she says, she has lost 100 pounds—and her health has improved so much that she no longer needs the eight medications she was taking.

She boasts about shrinking from a size 22 waist to a 6 and not having to shop at full-figure stores. But mostly, she speaks to how the support group’s regular meetings and simple-but-strict eating plan helped her to do what she had struggled to do for years.

“I had always been a big girl, and always physically active,” she says. “But no matter what I did, I couldn’t lose the weight.” FA pinpointed two foods to avoid: Flour and sugar. “Once I cut those out, everything straightened up.”

Spratt has the benefit of a job and health insurance; many Detroiters are not as for- ▶

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tunate. Experts say the Affordable Health Care Act will play a big role in getting "upstream" to meet them. Once it is fully in play, they say, additional funding will help doctors focus more on prevention instead of mainly responding to crises in the emergency room—which often is too late.

STARTING UPSTREAM

"If we screen them and treat them, we have prevented a stroke," says Smitherman, noting high blood pressure is the top killer of Black people worldwide—a silent killer, because most victims have no symptoms. "If a child is gaining weight, you say to the mom, 'You've got to do something about this because they're 12 and off the growth chart'" and direct them to a nutritionist.

He adds that the act also will bring doctors back to communities with high rates of underinsured and uninsured people because more insured people will mean higher numbers of patients who can pay for services.

Researchers are looking at improving all aspects of health care, including doctor-patient communication. Dr. Robert Chapman, director of the Josephine Ford Cancer Institute at Henry Ford Health Systems and head of the division of medical oncology, cited a major study underway that explores how racial disparities affect treatment plans of Black cancer patients by doctors, the vast majority of whom are White.

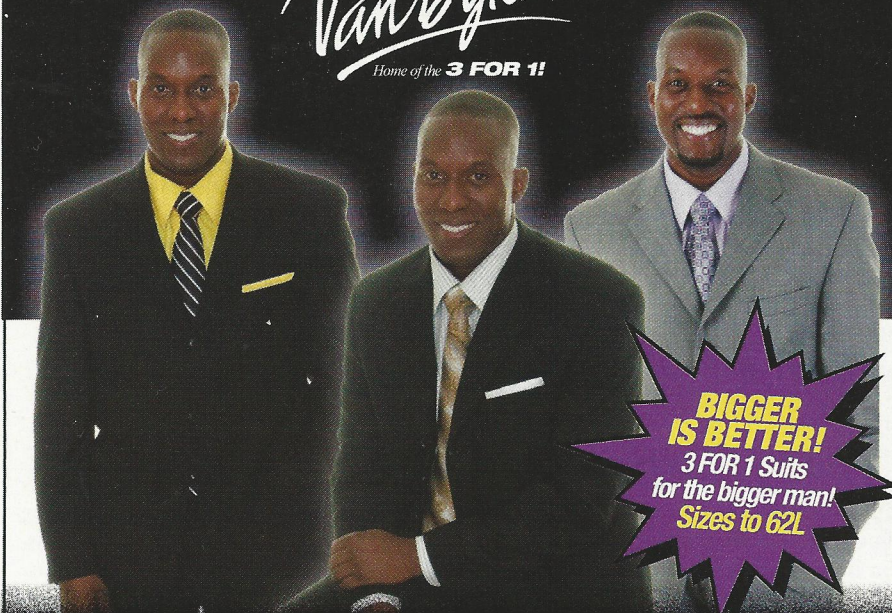
"It sounds terrible," he says, adding that Black patients are more likely to go to appointments alone instead of with someone who could ask questions the patient might not think of, "but if a patient is less likely to ask questions, the doctor is less likely to give thorough explanations of what's going on and the session will end with less understanding and communication."

Solutions that bridge the race and socioeconomic gap include giving patients a list of questions that they could pose to doctors. Starting "upstream" also means taking

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a wider-angle view of all major issues that affect health in Black communities.

Describing the early rates of illness in urban areas as “advanced aging,” Dr. David R. Williams, a professor at the Harvard School of Public Health, says it’s important to consider the cumulative effects of poverty, adversity and stress—how even experiences as a child impact health today.

ENVIRONMENTAL IMPACT

“What you’ve been exposed to becomes biologically embedded—it becomes a part of who you are,” says Williams, a leading expert on how race and class influence health. “It can put you at higher risk of illness in adulthood.”

Williams argues that while the health care act helps, fixing health care alone is not enough. “Our system, to a large degree, is an illness-care system—a repair shop that takes care of us after we’ve gotten sick,” he says. “Where you live, love, learn, work, play

and worship have a lot more to do with our health than health care.”

He suggests redefining health policy to include education, employment and transportation. “If economic development and community development is key to a healthy people, then a good job is a part of the strategy of improving health in Detroit. Provide good jobs with decent salaries so people can provide a home and a future and a sense of hope. Then they can take care of themselves.”

Doing that means broadening the scope of other policies. To make that happen, in addition to taking charge of their health, Detroiters need to play a more active role in their community and their government.

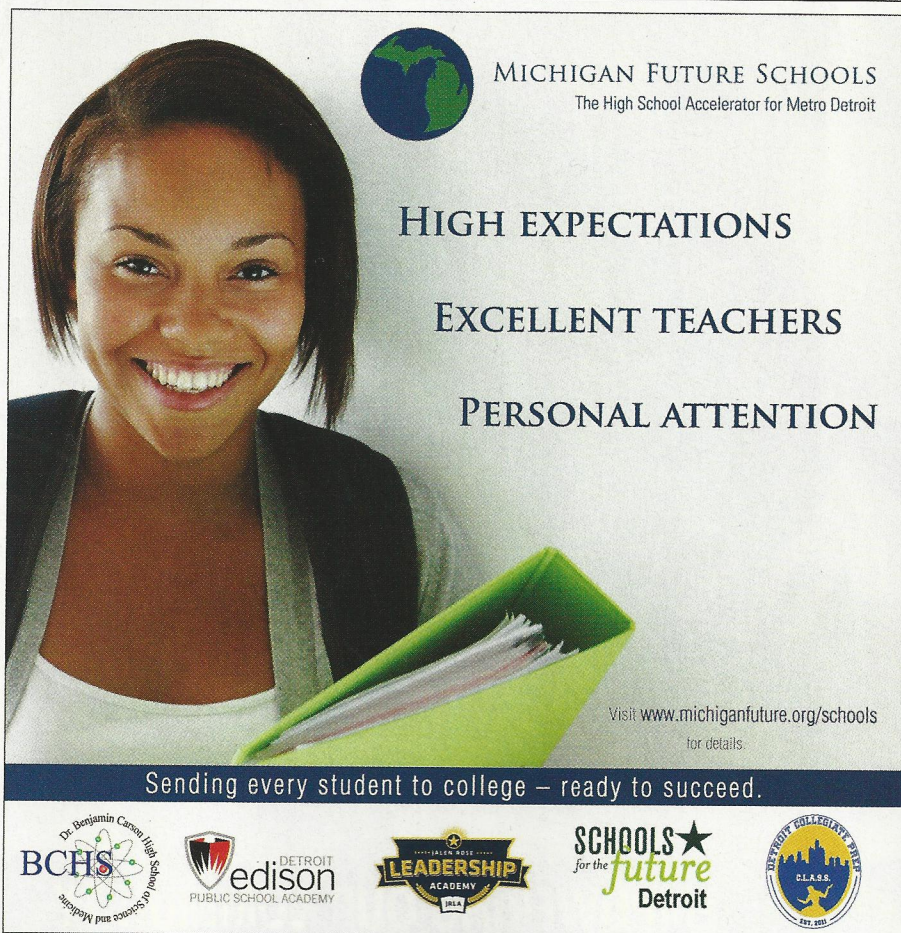
“The most important thing you can do right now is vote,” Smitherman says. “Voting is how we distribute resources that can promote health. If you don’t participate, that means somebody else is getting your stuff.”

For Spratt, it took the threat of blindness

to get her to take control. “The doctors were saying this is a condition that pretty much just happens, and I’m going to just have to live with,” she says. “I knew that wasn’t the case—the body is designed to heal itself if you give it the tools. Through FA, I learned that we are eating more flour and sugar than the human body is designed to consume. I saw how I became a part of the statistics.”

As for Armstrong, that stroke 10 years ago made him take the reins, too. “I’m eating more healthfully, something green every other day, and I have to take a substitute for salt,” says Armstrong, whose last job was as a grave digger. “And I gave up all that pig—we used to put pig in the ground and barbecue it. That helped significantly. Because that will kill you seven different ways.” **B**

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