

Concerns regarding working conditions in institutions centered around:

- heavy caseloads;
- confusion about the CNA role; and
- not being considered part of the team.

Both types of CNAs identified the need to work two jobs in order to make a living and agreed that they needed more job security with a better salary, benefits, and guaranteed hours. As a result of this discussion and survey, additional information has been shared, and resources pooled, to help solve these problems.

** Based on "Recruitment and Retention of Nursing Assistants: Community Perspectives on a National Issue," an "Occasional LTC Policy Paper No. 9" from the Duke Long Term Care Resources Program.*

Churchgoers Live Longer* ✕

Center on Aging researchers have found that elderly persons who attend religious services every week were 46 percent less likely to die over a six-year period than people who attended less often or not at all.

After controlling for factors that could influence death rates—such as medical illnesses, depression, social connections, health practices, and demographics—the frequent religious attenders were still 28 percent less likely to die than others. The size of the effect was so strong that it was equal to that of not smoking, Harold Koenig, MD, said.

Results of the study, funded by the National Institutes of Mental Health, were published in the July/August issue of *Journal of Gerontology: Medical Sciences*. Koenig, lead author of the report, said it is the fourth major study published in the past two years documenting a relationship between religious attendance and longer survival.

The current findings build on a series of earlier studies at Duke and elsewhere

showing that religious people have lower blood pressure, less depression and anxiety, and stronger immune systems, and cost the health care system less than people who are less religiously involved.

In the Duke Center study, researchers arrived at their conclusions by analyzing data from a massive 10-year research effort funded by the National Institutes of Health. Called the Established Populations for the Epidemiologic Studies of the Elderly (EPESE), the study catalogued information on how older North Carolinians age—everything from social practices to religious behavior to eating and exercise habits.

The researchers say there is evidence that religious participation benefits people through a number of psychosocial, biological, and behavioral pathways. First, frequent religious service attenders reported having larger social networks and greater social support than infrequent attenders. High levels of social support have been linked to better mental health, and they may also increase the likelihood that illnesses will be detected by friends and family, and thus treated more rapidly, Koenig said.

Moreover, better mental health may confer protection against a wide range of physical illnesses, from heart disease to stroke, that have been linked to people with depression.

Second, the worship in religious rituals may directly contribute to mental well-being by serving as coping mechanisms for stressful events. Third, said Koenig, people who cope better with stress are less inclined to drink, smoke, and engage in other destructive health habits. Even at baseline measurement in the current study, religious older people were physically healthier and reported healthier lifestyles than less frequent attenders.

Future EPESE studies will attempt to identify the specific psychosocial, behavioral, and biological mechanisms by which religious involvement affect health and mortality.

** Adapted from "Churchgoing Linked to Lower Mortality" by Rebecca Levine in the August 27, 1999, issue of Dialogue.*

