

Prospects and Challenges for Healthy Aging Programs in Multicultural, Subsidized, Senior Housing

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Background and Rationale

- **Almost two million older adults live in federally subsidized housing and account for up to 15% of all subsidized households in America.**
- **Older adults in America are more likely to live in federally subsidized housing than in nursing homes.**
- **Increasing numbers of seniors in subsidized housing are aging in place experience greater risk for chronic illness and disability**
- **Need to implement of multifaceted programs to enable residents to maintain wellness.**

Background and Rationale

- **Multidisciplinary wellness project at Monte Vista Terrace with 160 seniors aged 60 plus**
- **Residents are very diverse - representing 5 linguistic groups: Chinese, English, Russian, Farsi, and Korean.**
- **Project led by faculty and students from six different professions/disciplines.**
- **Goal of conducting assessments and educational interventions related to healthy aging in the context of the daily lives of residents**



Method and Approach

- Examined existing needs assessment survey and semi-structured interview data; proposed a series of tailored wellness interventions
- 3 community forums to obtain resident feedback on the interventions; 3 data collection events to collect pre- and posttest data
- Interventions include:
 - Blood pressure monitoring (Nursing),
 - Recreational activities (Recreation Therapy)
 - Workshops on home safety and Strategies for better sleep (Occupational Therapy)
 - Matter of Balance classes (Kinesiology),
 - Nutrition education (Nutrition)
- MOS Short form-36v2 was administered to determine its utility as a standardized assessment tool for the housing facility (Social Work).



Programs and Resident Participation				
Discipline	Title and Type of Intervention	Number & Length of Sessions	Individual Participants & # of sessions	Total # of Individual Contacts (all sessions)
Kinesiology	2 separate Matter of Balance Classes	8 + 6 = 14 sessions – 2 hours each	N = 43 (range = 1-7)	98
Nursing	Blood Pressure Monitoring	13 sessions – 2 hours each	N = 49 (range = 1-8)	92
Nutrition	Food Tasting Event	1 session – 2 hours	N = 31	31
Occupational therapy	2 workshops: Home safety; Strategies for Better Sleep	6 sessions – 2 hours each	N = 59 (range = 1-3)	80
Recreation Therapy	Varied topics: Chair Yoga, Dance Tx, Tai Chi, Art Tx, Email, Guided Imagery	21 sessions – 1 hour each	N = 40 (range = 1-16)	132
Social Work	Community Forums	3 forums – 2 hours each	N = 65 (range 1-2)	124
Social Work	Resident Assessment using SF-36v2	3 data collection events	N = 132 baseline interviews (50 pre & post-tests)	182 (+ 3-5 younger residents)

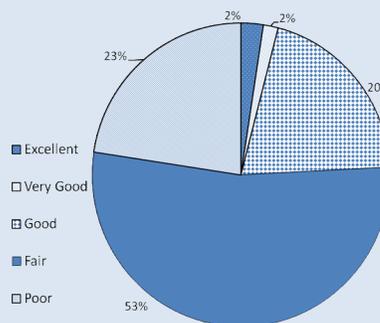
Participants/Residents

- Overall Participation (programs & assessment):
 - 126 or 79% of residents (demographic survey and SF-36v2).
- Female: 68%
- Age: 65- 74 years (29%), 75+ years (69%)
- Health indicators – only from kickoff
 - Body Mass Index (n=53):
 - 34% Overweight; 17 % Obese
 - Blood Pressure (n=58):
 - Diastolic - Pre-hypertension (26%); Hypertension (8%)
 - Systolic – Pre-hypertension (47%); Hypertension (41%)
 - At Risk for Falls – Timed Up & Go (n=51): (29%)

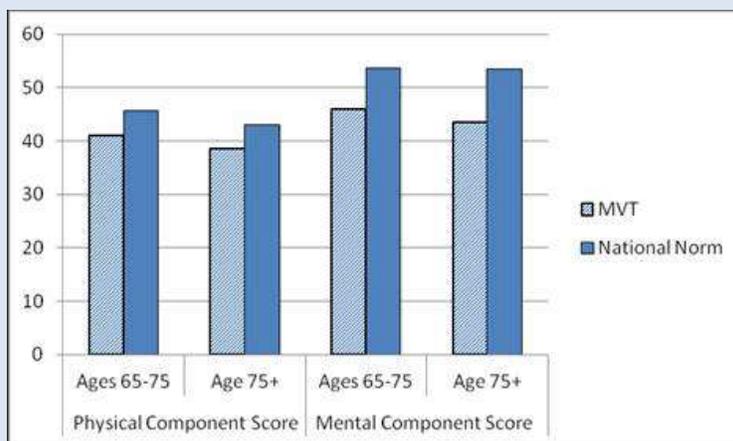
Results

- Self-reported Chronic conditions – (n = 96)
 - High Blood Pressure (71%); Arthritis (53%); Diabetes (31%); Heart condition (28%)
- **SF36v2: Self-rated health: 3.9 ± 0.84**
- (between fair and good)

1 = excellent health
 2 = very good;
 3 = good;
 4 = fair;
 5 = poor;



MVT Overall Physical & Mental Health Dimensions & National Norms 2009



MVT residents' scores as a group fell below the national norms established in 2009 for persons in these age categories, showing poorer physical and mental wellbeing

Did interventions attract participants most in need?

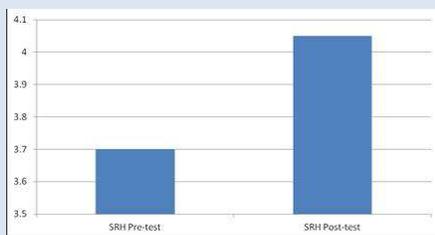
- T-Tests comparing average scores on each SF-36 v2 dimension between participants and non-participants found significant differences in:

	Physical Functioning*		
	Participants	Non-participants	Significance
Matter of Balance	M=40.04; SD= 23.42	M=55.96; SD= 27.25	P <.01
Nutrition	M=41.75; SD= 24.90	M=54.65; SD= 27.09	P<.05
Recreation Therapy	M=42.77; SD=26.29	M=54.87; SD=26.78	P<.05
	Social Functioning*		
Recreation Therapy	M=50.00; SD= 26.56	M=62.36; SD= 26.40	P<.05

- Overall, these findings show that the wellness programming offered by CHAMP appeared to attract those in poorest physical and social health
- * higher scores indicate better functioning

Impact of Wellness Program Participation on Overall Health

- Paired-Samples T-Test compared the pre and post average health dimension scores for residents who participated in any wellness activity.
- Significant increase in self-rated health between the pre-test (M= 3.70, SD=.86) and posttest (M=4.05, SD=.61). No changes seen in specific health dimensions.



- Lack of a control group limits ability to attribute the change in self-rated health solely to participation in the wellness programs.
- Results suggest that participation in the wellness program may help improve residents' perceptions of their overall health.

Resident Feedback (subjective)

- **Overall the feedback was positive**
- **The feedback from the MOB(Eng) class was particularly noteworthy in terms of the quality of the interactions between the residents who attended and the leaders.**
- **Many residents also greatly appreciated having translation services for their primary language**

What we Learned - University Perspective

- **Experienced challenges of implementing interventions in multicultural settings such as:**
 - **scheduling events**
 - **student and room availability;**
 - **finding translators and interpreters for all the languages**
 - **providing enough lead time to have materials translated**
 - **coordination of project activities**

What we Learned - Facility Staff

- **The project was in sync with the goal of the Senior Services Program.**
 - providing residents with a variety of needed activities to maintain wellness
- **Challenges included**
 - Scheduling, advertising programs
 - encouraging and reminding residents to attend programs
 - additional coordination responsibilities
 - Resident challenges – language and mobility

Resources needed - Investments

Staff

- 1) Developing and maintaining a bank of volunteers and/or staff with different language capability to enhance the accessibility of wellness programs.
- 2) Increasing staff presence when students are providing programs especially as there is turnover, and each group will have a new learning curve.
- 3) Develop internship programs to allow for consistency

Equipment

- 1) Consider purchasing appropriate equipment for MVT recreation activities. For example, additional computers to allow more residents to use this technology.
- 2) Chairs without arms should be purchased for chair yoga.

Resources needed - Investments

Resident Input & Assessment

1. Need time to understand resident preferences for guiding the programs.
2. Using residents' perceptions of their health, i.e. self-rated health is a useful indicator for assessing residents overall health status.
3. The SF-36v2 provides a good understanding of the nature of the population served and may be useful to determine the impact of particular wellness programs at the group or population level. However, cost and complexity make it less desirable.

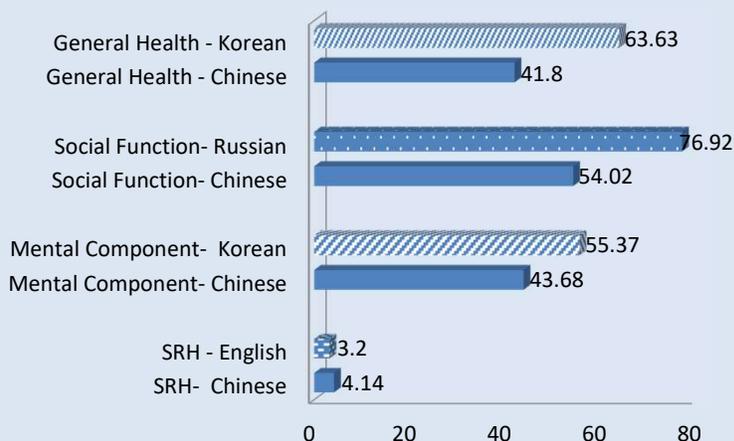
Program Issues

- 1) Alternative formats for wellness programs should be considered. Wellness fair or event formats brought out more residents than weekly monitoring. Thus "events" would be useful in doing screenings for blood pressure, balance or fall risk assessments, etc.
- 2) Examine evidence-supported interventions that are not as heavily dependent on language. Using pictures, video, etc. would be useful aids in demonstrating and delivering interventions.

Conclusions

- **Implementation of the wellness programs provided significant opportunities to:**
 - 1) **train the future workforce on multidisciplinary perspectives on healthy aging through service and research**
 - 2) **provide evidence-supported programs to vulnerable seniors in low income housing**
 - 3) **engage in meaningful university-community partnerships to establish ongoing training/internships for future students to continue and expand the wellness programs.**

MVT Significant Differences in Health between Language Groups



Comparison of SRH with other studies

- MVT residents' mean SRH score of 3.92
- Higher than previous studies with similar populations where the average self-rated health was: 2.17 (Weinberger et al., 1986) and 3.46 (Giber, 2003).
- However, despite rating their own health more positively as compared to other samples, residents at MVT as a whole are not doing well with 76% of them reporting poor or fair health.

