

## Student Poster Presentations

**Title:** A transitional care plan within a facility

**Author:** Serene Park, San Francisco State University, Gerontology

**Faculty Sponsor:** Dr. Darlene Yee-Melichar, Professor/Coordinator Gerontology Program

Older adults are at risk for stress associated with uncertainty when unexpectedly moving from one environment to another living environment. Transitional care plans (TCP) are designed to ease this stressful burden of this transfer trauma (TT) by fostering certainty, but no studies to date have compared the effects of a TCP on the mood and behaviors of healthy aging older adults. To fill this gap in the literature, 36 patients moving from long-term to another long-term care with TCP were contrasted with 12 patients who were moving from short-term care to long-term care facility without TPC. Minimum Data Set (MDS) Mood and Behavior were assessed before and after the move, with a 3 to 6 month pre to post difference on average. Data were analyzed using Statistical Package for Social Science (SPSS) and hypotheses were tested at a statistical significance threshold of  $p < .05$ . Mixed ANOVA revealed no significant benefit of TCP on MDS Mood, but it is important to note that TCP participants experienced no significant increase in MDS Mood, as might be anticipated in cases of TT. TPC was associated with a significant reduction in MSD Behaviors. These results suggest that TCP may be ineffective in reducing MSD Mood but TCP may be effective in reducing MSD Behavior. Combined, these findings support the efficacy of Transitional Care Plans in reducing transfer trauma.

**Title:** Impact of nutrition education food tasting event on nutrition knowledge, behaviors, and attitudes among multi-cultural, low-income, older adults living in a residential housing community

**Authors:** Micha R. James, M.S. Candidate, Kasuen Mauldin, Ph.D., R.D., SJSU

**Abstract:** The population of older adults is expected to continue to increase, with estimated numbers reaching 79.7 million by 2040. As life expectancy continues to increase, the need for health-promoting nutrition education programs focused on healthy aging has become exceedingly important. Current research supports that older adults who engage in participatory activities and who enjoy meals with others are more likely to adopt health promoting practices as habit-forming and are more likely to have higher caloric intakes. In the current study, the role of a nutrition education intervention in the promotion of healthy eating through socialization was considered. Specifically, researchers in the current study asked, "Will a nutrition education food tasting event positively impact nutrition knowledge, attitudes, and beliefs among low-income, multi-cultural older adults living in a residential housing community?" Utilizing Bandura's Social Learning Theory, participants attended a food tasting event, during which they received nutrition education information related to a featured produce item used across three different recipes. Pre- and post-surveys using a 4-point forced-response Likert scale were administered and evaluated using a

non-parametric statistical analysis, to determine whether the nutrition education information positively impacted nutrition knowledge, attitudes, and beliefs among participants. Subject demographics ( $n = 33$ ) include 82% females, 52% Chinese, 36% Caucasian, and 12% Other. The average age was 79 years old (+/- 9 yo). The survey included 8 healthy statements to which subjects responded with their level of agreement: 1 = "Strongly Disagree" → 4 = "Strongly Agree." The summative mean for pre-intervention surveys was 2.8 (+/- 0.4) while the mean for post-intervention surveys was 3.4 (+/- 0.1). Results show an increase in nutrition knowledge and a positive shift in attitude toward the chosen food item post-intervention as indicated by increased agreement with the healthy survey statements. The implications for the current study are potentially far-reaching and may have significant influence on nutrition education efforts in community-dwelling older adult populations where support and interaction are more feasible and more strongly encouraged.

### **Title:** Predictors of Perceived Access to Mental Health Services Among Older Adults

**Authors:** Ralph Don H. Rueda, Nicholas Inguillo, Maria Danel Noveno, Dylan K. Fernandez, & Erin L. Woodhead, San Jose State University, Department of Psychology

**Background:** Older adults are less likely to use mental health services than other age groups. This may be partially due to low perception of access to mental health services. Perceived access to mental health services is often associated with use of services, however, there have been limited studies about what influences perceived access to mental health services among older adults. Understanding variables that increase perceived access to services may inform interventions to increase mental health service use among older adults. The current study examined need and predisposing factors related to perceived access among older adults, according to Andersen's behavioral model of health services use (Andersen, 1995).

**Method:** Data were taken from the 2003-2005 graduate cohort and the 2004-2007 sibling cohort of the Wisconsin Longitudinal Study ( $N = 15583$ ). Participants were included in analyses if they were over age 65 ( $M = 74.4$ ,  $SD = 3.9$ ). Measures assessed predisposing (i.e., age, education, and sex) and need (i.e., mental and physical health) variables. Correlations were used to examine which predisposing and need variables were significantly correlated with perceived access. Variables significantly associated with the outcome were included in a hierarchical linear regression. Gender, age, and education were examined as moderators of associations between predisposing and need variables and perceived access to mental health services. Predisposing factors were entered in Block 1, need factors were entered in Block 2, and interaction terms were entered in Block 3 of the regression. Interaction terms were entered separately and retained if they contributed significantly to the overall model.

**Results:** The predisposing factors of female sex ( $\beta = 0.12$ ) and more years of education ( $\beta = 0.03$ ) significantly predicted higher ratings of perceived access to mental health services. Need factors of lower physical symptoms ( $\beta = -0.01$ ), better self-reported health ( $\beta = 0.06$ ), and fewer depressive symptoms ( $\beta = -0.004$ ) also predicted higher ratings of perceived access. The interaction of gender

by education was significant ( $\beta = -0.23$ ). Gender was significantly associated with access among participants with low education but not among those with high education. Among participants with low education, older women reported higher perceived access than older men.

**Conclusions:** Perceived access to mental health services was highest among older adults with lower levels of need for services. This is problematic, as those with the highest need for services have low perceived access to mental health services. Our results also suggest that older men with lower levels of educational attainment are particularly at risk for underuse of mental health services, due to low levels of perceived access. Implications and further research include exploring novel ways to reach groups of older adults that perceive low access to mental health services.

**Title:** Clinical and Counseling Psychology Graduate Student Expectations for Working with Older Adults

**Authors:** Veronica Naranjo, Ralph Don H. Rueda, Diana Chavez, & Erin L. Woodhead  
San Jose State University, Department of Psychology

**Background:** The projected increase in the older adult population increases the likelihood that clinical and counseling psychology graduate students will see older adult clients in their future practice, even if they specialize in a specific population and have received limited training in working with older adults. Despite the high likelihood that most clinical and counseling psychologists will provide services to older adults, little is known about whether and how graduate clinical and counseling psychology students anticipate working with older adults.

**Method:** Clinical and counseling graduate students (N=316) completed a training questionnaire, open-ended questions about their expectations for working with older adults in their future careers, and a measure of self-reported geropsychology competencies, the Pikes Peak Geropsychology Knowledge and Skills Assessment Tool. All participants reported that they expected to work with older adults in the future, but indicated that older adults were not their primary population of interest. Qualitative analysis was undertaken on the responses to the open-ended questions to determine expectations for future work with older adults. Available geropsychology training opportunities and self-reported geropsychology competencies were compared to a separate sample of students who indicated older adults as their primary specialization (N=92).

**Results:** The themes that emerged regarding work expectations with older adults were: personal experiences that created an interest in working with older adults (n=24), school and work experiences that led to expectations for future work with older adults (n=36), expectations to work with older adults but concerns about lack of training (n=11), recognizing the greater need for services for the aging population (n=72), acknowledging that their discipline will include older adults despite not being the primary focus (i.e., neuropsychology; n=109), and working in settings that will include older adults (i.e., private practice; n=119). Independent samples t-tests revealed

that, compared to students who expected to specialize in work with older adults, participants in the current study had less coursework on aging topics, lower self-reported geropsychology competencies, fewer available practicum sites that included older adults, and fewer direct contact hours with older adults.

**Conclusions:** Geropsychology training opportunities for students are limited, yet many clinical and counseling graduate students expect that they will work with older adult clients in some capacity in their future work due to our aging population and/or working in settings or with clients that will include older adults. This raises concerns about the competency of professionals who will provide mental health services to older adults, and suggests that students and professionals could benefit from opportunities to improve geropsychology competencies.

**Title:** Examining the Multiple Dimensions of Self-Rated Health in a Multicultural Subsidized Housing Community of Older Adults

**Author:** Megan Perdue, Candidate for Masters of Social Work from San Jose State University

**Faculty Sponsor:** Dr. Sadhna Diwan, Professor, School of Social Work at San Jose State University and Director, Center for Healthy Aging in Multicultural Populations

**Background/Rationale:** Research shows that older adults who live in subsidized housing have significantly lower self-rated health statuses than their community-dwelling counterparts. These findings are significant because self-rated health is the greatest predictor of individual morbidity and mortality across populations. Thus, older adults living in subsidized housing appear to be at greater risk of experiencing negative health problems leading to decreased quality of life, increased comorbidity, and increased healthcare utilization than older adults living in non-subsidized housing. Almost two million older adults live in federally subsidized housing and account for up to 15% of all subsidized households in America. In fact, older adults in America are more likely to live in federally subsidized housing than in nursing homes. To date, comparative research between subsidized and non-subsidized older adult tenants' shows that the lower income status of subsidized tenants accounts for their poorer self-rated health. However, the composition of subsidized housing communities varies greatly and it is important to examine the self-rated health of local such communities and compare it to existing research on similar populations. It is also important to understand the multiple dimensions of self-rated health in order to identify potentially modifiable aspects of perceived functioning that contribute to their report of self-rated health. This study examines the following:

- 1) How do residents at a local subsidized senior housing community rate their: overall health, physical functioning, mental health, and social functioning as assessed by the SF36v2?
- 2) How do these findings compare to other studies on similar populations?

**Method/Approach:** The Medical Outcomes Study 36-Item Short Form version 2 (SF-36v2) was used to examine these ratings. Descriptive statistics were used to analyze the results.

**Results:** Data were collected from 89 seniors representing 56% of the residents. Twenty-eight percent of the sample was male, 72% were female, and 78% identified as Asian, non-Hispanic. Seventy-nine percent of the residents rated their health as fair or poor. The residents' average self-rated health was  $M=3.98$ ,  $SD=.78$ , as compared to Weinberger et al.'s (1986) finding of  $M=2.17$  and Giber's (2003) finding of  $M=3.46$  in older adult subsidized housing communities. Using the SF36v2, physical functioning score was  $M=48.34$ ,  $SD=26.49$ , social functioning was  $M=57.63$ ,  $SD=25.46$ , and mental health was  $M=58.28$ ,  $SD=22.51$  as compared to a study by Clark et al. (2012) which found lower levels of physical functioning ( $M=38.51$ ), social functioning ( $M=45.02$ ) and mental health ( $M=47.47$ ) among senior residents recruited from subsidized housing, retirement communities, and senior centers.

**Conclusions/Implications:** The results indicate that these senior residents have higher ratings of overall self-rated health, physical functioning, social functioning, and mental health than other similar populations that have been studied. This may possibly reflect the ethnic make-up (largely Chinese) of our sample. However, a large subgroup of residents in this housing community has very low self-rated health. These findings show the importance of examining the self-rated health of older adults living in subsidized housing so that subgroups of residents who are not doing well versus those who are doing well can be identified and provided with interventions tailored to meet their specific needs. Additional research on the characteristics of these subgroups is planned.

**Title:** Using Occupational Therapy Approach to Address Strategies for Better Sleep in Subsidized Senior Housing

**Authors:** Abigail Paquia, OTS; Samantha Wong, OTS

**Faculty Sponsor:** Megan Chang, PhD, OTR/L, Assistant Professor, Department of Occupational Therapy, SJSU.

**Background:** Although sleep patterns change with age, studies have shown that the ability to sleep precipitate complaints among older adults (Ancoli-Israel, 2005; Foley, Ancoli-Israel, Britz, & Walsh, 2004). The common complaints include trouble falling asleep, nocturnal waking, waking too early, and daytime napping. Poor sleep results in increased risk of falls and mortality, decreased performance, slowed response time, and difficulty with memory (Brassington, King, & Bliwise, 2000; Neikrug & Ancoli-Israel, 2010). In this multidisciplinary and multilingual research project, Occupational Therapy student researchers provide evidence-based health promotion program that focused on home safety and strategies for better sleep at a subsidized housing community.

**Method/Approach:** A 90-minute educational intervention session was designed to help residents understand sleep patterns and the impact on home safety; identify behavior and environmental challenges; and practice mindfulness (MBSR) techniques for better sleep. The MBSR techniques consist of body scan and breathing techniques. Each educational session was held twice to

accommodate different language speaking residents; one for the Mandarin-only group and the other for the non-Mandarin group (English, Farsi, and Russian). The interpreters were onsite for simultaneous interpretation for all sessions. At the end of each session, residents filled out the Epworth Sleepiness Scale (ESS) as well as another sleep-related questionnaire to understand their sleep quality and strategies they have used to improve their sleep. The ESS is a useful 8-question scale to measure one's likelihood of falling asleep in routine life situations, such as sitting and reading, which may be related to an older person's sleep quality, particularly duration of sleep at night. The total score ranges from zero to 24, and a higher score indicates increased chance of sleepiness.

**Results:** Approximately twenty residents attended the two 90-minutes educational sessions, which include interactive presentations and group practice of MBSR. We will present data on the prevalence of sleep difficulties among participants prior to the intervention.

Prior to the first session, 84% of attendees reported experiencing sleep difficulties and the daytime sleepiness score on ESS ranges from 0 – 22 with an average of 7.4, which is between the typical range for adults (Johns, 1991). However, it is worth noting that there were 6 residents whose scores above 9 and up; and two of those were above 20, indicating the need to acquire strategies for better sleep. Post-test data will be analyzed to examine what strategies people reported having tried using as a result of participating in the session.

**Conclusion/Implication:** Residents appeared engaged in the educational session and expressed an interest in learning about and trying strategies to enhance their sleep. The two learning modules were prepared in lay language that can be easily understood and adopted for use by other trained service providers, thereby providing useful information on health behaviors and healthy aging to older residents in other subsidized housing communities.

## SESSION ABSTRACTS

### **Session I- Long-Term Care (SPX 75)**

#### ***Panel Discussion: Multi-Dimensional Aspects of Aging and Long-Term Care***

Darlene Yee-Melichar, EdD, CHES, Gerontology Program, San Francisco State University  
 Courtney J. Donovan, PhD, Dept. of Geography and Environment, San Francisco State University  
 Andrea Renwanz Boyle, DNSc, RN, BC, School of Nursing, San Francisco State University  
 Christopher Cherney, MA, LNHA, Kaiser Post-Acute Care Center and SFSU Gerontology Program  
 Nancy Dudley, MA, RN, PhD Candidate, University of California San Francisco and SFSU Gerontology Program

**Overall Objectives of Panel Presentation:** At the completion of this panel presentation, the participant will:

- Know and understand concepts of health and wellness to services for older populations of diverse backgrounds.

- Identify and assess multiple means to promote and deliver preventative and restorative health services to persons who have been historically under-represented and underserved.
- Discuss and relate the physiological, psychological, and social manifestations of individual health and well-being over changing range of needs.
- Identify and assess short and long-term care plans that are sensitive to and respectful of the diverse older persons to be served.
- Describe the continuum of care and long-term care continuum, including how it developed and what key strengths and weaknesses exist in cross cultural context.

**Brief Description of Panel Presentation:** Long-term care involves a continuum of care for meeting the differential needs of older adults, and is in a period of expansion and innovation. This panel/symposium contains essential information for students new to the field, as well as innovative approaches for professionals looking to enhance their competencies and skills. This comprehensive and informative panel/symposium provides multifaceted insights to address the ever-changing world of the long-term care industry, containing effective practices and quality programs in elder care. The presenters provide the necessary information to maximize the quality of care and quality of life for older adults living in long-term care communities.

**Paper 1 Title: Aging-In-Place and Naturally Occurring Retirement Communities**

**Authors:** Courtney J. Donovan, PhD, Associate Professor, Geography & Human Environmental Studies Department & Darlene Yee-Melichar, EdD, CHES, Professor, Gerontology Program, San Francisco State University

**Abstract:** This paper will familiarize the reader with the Naturally Occurring Retirement Community (NORC), a community or neighborhood where residents remain for years, and age as neighbors. It describes how NORCs develop and access services to aid those needing assistance. Successes and challenges of NORC development are considered and case studies of model NORCs are discussed.

**Paper 2 Title: Assisted Living Communities and Diversity Issues**

**Authors:** Andrea Renwanz Boyle, DNSc, RN, BC, Associate Professor, School of Nursing & Darlene Yee-Melichar, EdD, CHES, Professor, Gerontology Program, San Francisco State University

**Abstract:** This paper introduces the reader to the concept and philosophy of licensed Assisted Living communities. Issues related to diversity, including cultural and sexual orientation as related to both caregivers and residents in assisted living facilities will be examined. Special attention will be given to issues that are connected to both caregiver and resident diversity.

**Paper 3 Title: The Skilled Nursing Facility and Emerging Resident Needs**

**Authors:** Christopher Cherney, MA, LNHA, Assistant Administrator, Kaiser Post-Acute Care Center, Lecturer, San Francisco State University and San Jose State University & Darlene Yee-Melichar, EdD, CHES, Professor, Gerontology Program, San Francisco State University

**Abstract:** This paper details the factors that define U.S. nursing home operations at the start of the 21st century. Clinical operational risks—including pressure ulcers, falls with injury, resident wandering and dehydration/weight loss—are explored, as well as strategies for mitigating these ever-present risks. U.S. nursing home resident sub-populations were profiled, with an emphasis on emerging diagnoses including morbid obesity, chronic depression, and behavioral disturbances.

**Paper 4 Title: Palliative Care and Optimizing Quality of Life**



**Authors:** Nancy Dudley, MA, RN, PhD candidate, University of California San Francisco and Lecturer, Gerontology Program & Darlene Yee-Melichar, EdD, CHES, Professor, Gerontology Program, San Francisco State University

**Abstract:** This paper defines palliative care and explains the framework for quality palliative care programs, including its domains of care and the increasing importance for long-term care. Ways to measure the effectiveness of long-term care palliative care programs according to common chronic illness disease trajectories are discussed in conjunction with strategies for optimizing quality of life.

## **Session II: Daily Activities and Engagement (SPX 89)**

### ***The Occupational Needs of Frail Chinese Elder Immigrants for Aging in Place***

Sheama Krishnagiri, PhD, OTR/L, FAOTA, Dept. of Occupational Therapy, San José State University

The elder population generally prefers to age-in-place due to the familiar setting and an established social network. There are significant cost savings to society when elders age-in-place. Given the rapidly expanding population of elders of various ethnic backgrounds, the particular cultural routines and needs need to be known in order to facilitate their aging-in-place. The purpose of this study was to assess the activities, routines, and needs of low-income frail Chinese elders who immigrated to the United States post-retirement. A secondary aim of the research was to determine the occupational needs of these elders in order to support their ability to age-in-place. Twenty frail Chinese elders were recruited from one low-income housing facility using purposive and snowball sampling and interviews were conducted on-site either in their homes or in an administrative office. A semi-structured interview was used and was verbally translated between English and Mandarin by housing facility staff, and content analysis was performed on the data to determine emergent activity categories. Results showed participants spent most of their time on self-care and health management and leisure. Wellness-oriented activities were predominant in the sample, and solitary and group leisure were important occupational pursuits. Routines revolved around sleep and meals, and were not rigorously adhered to. Age-related physical limitations, a need for companionship, sleep difficulties and language issues were the primary barriers that restricted participation in meaningful occupation. The sample had developed a supportive social community within their housing facility, adjusted to a modernized filial paradigm, participated in traditional Chinese and Western medicine, and valued health, peace of mind, family, and community. It is suggested that these participants would benefit from modifications to para-transit service, translation assistance, and fall risk reduction, sleep-hygiene, and caregiver-education. This type of study was conducted in order to serve as the first step in developing a comprehensive and tailored program of services to support aging in place for the members of this community.

### ***Using Photovoice to Explore Older Adults' Strategies to Establish and Maintain Social Participation***

Lynne Andonian, PhD, Dept. of Occupational Therapy, San José State University

**Background/Rationale:** Social participation has been found to promote health and wellbeing

for older adults. In this study, well older adults participated in photovoice to explore *how* they create and maintain social participation while living alone in an urban community in California.

**Method/Approach:** Photovoice is an action research method in which people create and discuss photographs, and then share them with legislators, policy makers and health care providers to generate personal and community change. Photographs convey the participants' points of view directly and show others what life is like for a given group of people.

**Results:** The study found that social participation is promoted through a sense of belonging, acceptance of differences and change, and healthy and active living. Barriers to social participation included access to safe transportation and costs associated with resources.

**Conclusions/Implications:** The results of this study are important and inform occupational therapy intervention, such as advocating for community resources, connecting people with available resources, helping older adults to develop healthy routines, and promoting a sense of membership through participation in valued activities to support social participation for older adults living alone in urban environments.

### **Session III: Training Future Professionals (SPX 77)**

#### ***Teaching Students How to Develop Multicultural Competencies in Coaching Older Adults to Improve their Self Health Care Skills***

Michelle Kelly, DNP, FNP, PHN, Dept. of Nursing, Sonoma State University

#### **An overall objective for the short oral presentation**

Members of the audience will understand the how valuable multicultural competencies are developed by placing students as health coaches interacting with multicultural older adults.

#### **A brief description of the topic of the short oral presentation**

- Briefly describe the use of an evidenced based model of health coaching serves multicultural older adults after hospitalization in a service learning course.
- Illustrate how faculty and agency staff mentor students to build coaching relationship with older adults through a series of interactions.
- Discuss how the coaching model focuses on the student-coaches understanding and advocating for the individual's health preferences.
- Portray examples of how students gain multicultural competencies by interacting with older adults over several weeks.
- Panelist's will include student-coaches, agency staff and faculty.

Aims and objectives. To identify current trends in readmissions and practices for preventing

readmissions in client populations with chronic disease. The objectives are to review evidence and ascertain if best practice guidelines to prevent readmissions exist. An emphasis was placed on the identification of low resource and easy to implement models for the prevention of readmissions.

**Background.** Chronic disease is increasing in prevalence, and quality improvement is needed as clients transition between a variety of healthcare settings, particularly from hospital to home. People with chronic disease are more likely to need inpatient care, yet studies indicate that readmissions within 30 days of discharge occur. Hospitalizations are considered preventable if linked to unresolved conditions present at the time of discharge and not remunerated by Medicare. In such cases, hospitals bear 100% of the cost of avoidable readmissions.

**Method.** A literature review of databases in English, Internet searches of CINAL, Cochrane database of systematic reviews as well as Agency for Healthcare Quality Research guidelines were conducted. The search terms used were; care coordination, self-care, self-care management of chronic disease, readmission, preventing readmission, and care transition(s).

**Results.** The associations of chronic disease care with the emergence of readmission rates as indicators of quality of care is explored utilizing Coleman's Care Transition Model. This model is suggested as a practical, evidenced-based intervention, which hospitals can implement to reduce avoidable readmissions.

**Conclusions.** The review of evidence revealed a lack of high-level research identifying which interventions designed to avoid readmissions were most effective. The available literature provided several recurrent themes concerning effective strategies to prevent readmission. The themes identified were; patient empowerment and carer inclusion, bridging discharge process from hospital to the client's home, improving self-care capacities and better client understanding of self-administration of medication. Coleman's model consisting of four pillars coincided with effective strategies prominent in the literature. The concept of care transitions is contemporary and very much evolving. New higher-level evidence is needed as models addressing decreasing readmission are rigorously evaluated.

A service-academic partnership program formed from evidence- based literature suggests re-admission rates can be lowered through better preparation of clients during discharge by focusing on areas of client education as developed by Coleman and associates.

### ***Enhancing Nursing Courses with Realistic Geriatric Content***

Colleen O'Leary-Kelley, PhD, RN, CNE, Dept. of Nursing, San José State University  
 Karen Bawel-Brinkley, PhD, RN, CNE, Dept. of Nursing, San José State University  
 Deborah Nelson, MS, RN, Dept. of Nursing, San José State University



**Background:** The population of older adults is increasing in the United States and globally and has produced a demand for nurses better prepared to provide quality care for older adults. Guidelines proposed by the Institute of Medicine (IOM) and the American Association of Colleges of Nursing (AACN) support educational initiatives committed to healthy aging and improved healthcare services based on sound evidence and principles of patient-centered care. Nurse educators are working to meet this challenge by using innovative strategies to enhance student engagement with geriatric content.

**Approach:** Three faculty members in The Valley Foundation School of Nursing implemented a study as part of a SJSU Departmental Student Success Project Award to increase student engagement through curricular enhancements. In Fall 2013, students in a first semester nursing course were recruited to participate. The course was revised to include additional clinical simulation and experiential content focused on care of the older adult. Class sessions were added on age-related physiological changes, geriatric syndromes, and content to promote understanding of the functional and emotional challenges of older adults. A class activity was developed to include an older adult sensory kit, which provided a direct learning experience. The kits were modified from an example previously described in the nursing education literature (Van Son & Fitzgerald, 2012). Each student received a small plastic bag that contained various items and instructions. During one class session, students explored the kit that simulated several sensory, visual and mobility changes of older adults. Activities included problems in discerning colors, reading, changes in smell and taste, and touch and coordination. Thoughts for the students to consider were provided on the instruction sheet as they moved through the activities in the kit. At the end of the class session, students completed a questionnaire, developed by the faculty that explored knowledge, perceptions of aging and nursing care of older adults. The study will be repeated in Spring 2014 with students currently enrolled in the course and will include ethnogeriatric content.

**Results:** In Fall 2013, a total of 60 students were surveyed after receiving geriatric didactic content and participating in an experiential activity using the sensory kit. Preliminary results indicate that students had an increased desire to learn compassionate, evidence-based skills that would help them provide high quality care to older adults. Additional statistical analysis of the questionnaire is in progress.

**Conclusions:** Use of enhanced curricular components within a general nursing course may identify knowledge gaps and provide a framework to improve nursing student understanding of health and functional needs of geriatric clients. Knowledge of ethnogeriatrics is also an important aspect of patient-centered care.

#### **Session IV: LGBT Elders (SPX 75)**

#### ***From Dialogue to Action: Stories of LGBT Elders***

Mitzi Lowe, MSW, PhD, Dept. of Social Work Education, California State University, Fresno  
Patt Boersma, MSW Candidate, California State University, Fresno



**Background:** Even under the best of conditions, the aging process can be challenging. This study documented the concerns of LGBT older adults as they face the struggles of growing old. The purpose of this mixed methods study was to explore the perceptions and experiences of LGBT older adults as they begin to make decisions regarding long term care. The second phase of this study surveyed assisted living and nursing home facilities in the Central Valley of California regarding their attitudes, policies and practices.

### **Research Questions:**

- 1) How do older LGBT persons anticipate the rewards and challenges of aging?
- 2) Where do older LGBT persons anticipate their main sources of support?
- 3) What are their perceptions of the receptivity of elder care facilities?
- 4) To what extent and in what ways do the staff, practices, and policies of elder care facilities provide welcoming and inclusive environments for lesbian, gay, bisexual and transgender residents?

### **Methods:**

- Qualitative interviews and focus groups with LGBT persons over 60 years of age using a snowball sample.
- Surveys of assisted living and nursing care facilities.
- Interview guidelines were developed by Drs. Mitzi Lowe and Anne Petrovich. The interview instrument utilized open ended questions that were coded and analyzed thematically through grounded theory.
- Survey instruments for assisted living and nursing care facilities was developed and implemented by graduate social work student, Janet Forelo under the supervision of Drs. Petrovich and Lowe.

### **Results:** The following themes emerged from this study

- 1) Participants expressed fear of isolation, loneliness, and becoming invisible.
- 2) Participants expressed a lack of knowledge regarding legal rights as a same sex couple in a care facility
- 3) LGBT older adults often lack family support and rely on their partners and close friends for support.
- 4) LGBT older adults have had positive experiences with medical providers, but felt that many doctors did not have knowledge of LGBT health issues.
- 5) Legal and financial challenges are a concern.
- 6) There is a need to educate care facilities and schools of social work on LGBT cultural competency practices.

**Conclusions/Implications:** The outcomes of this study identified the unique needs of the LGBT elder population. Phase 2 of this study identified elder care facilities attitudes and policies regarding the care of the LGBT population. The final outcome will be recommendations for staff training and policy development. In addition, the results of this study will inform curriculum renewal efforts to address the need for LGBT cultural competency in aging services for social work professionals.

## **Session V: Bone Health (SPX 77)**

### ***Is Seventy the New Forty? Paleopathology and Aging***

Elizabeth Weiss, PhD, Dept. of Anthropology, San José State University

Many bone diseases correlate with age. For example, slipped disks increase with age, especially in individuals over 40 years-old. Also, osteoporosis, which is a disease of low bone mineral density that causes spine, hip, and wrist fractures, most frequently occurs in females over 70 years-old. Osteoarthritis, which is ubiquitous in skeletal collections, is strongly correlated with age; hence, anthropologists cannot decide whether it is truly pathological or a process of normal aging. According to clinical data, the National Institutes of Health Osteoarthritis Initiative reports that osteoarthritis is present in nearly every other person who is older than 65 years of age.

These pathologies are likely to increase in frequency as a result of aging populations. This will have consequences for individuals, families, and societies. The current life expectancy in the US for someone born in the last couple of years is 79 years of age according to the Center for Disease Control. Plus, data from the US Census Bureau have shown that the US has about a million more individuals in the 85 to 94 year age group than just a decade ago and thirteen percent of the current US population is over 65 years-old. Between 2000 and 2010, according to the US Census, the population 65 years and over increased at a faster rate than the total US population. Increased longevity is a global phenomenon. In 2011, the life expectancy globally was 70 years of age according to the World Health Organization. However, the life expectancy ranged from 46 years of age in Sierra Leone males to 86 years of age in Japanese females. Nevertheless, much of the lowered life expectancies in Developing Nations are the result of childhood mortality. When examining years of life remaining at age 60, in the high income countries the average is 24 years, which puts the life expectancy up to 84 years-old. In low income countries, at age 60 one can expect to live an extra 17 years, which puts the life expectancy to 77 years of age.

Life expectancy in the modern world is higher than in prehistory regardless of the location. Prehistoric populations often have life spans between 20s and 30s. Prehistoric human remains are rarely determined by anthropologists to be over 50 years-old. For example, the California Amerind collection curated at San Jose State University has an average age of 35 years-old and the sample's oldest individuals were not likely over 60 years-old at time of death. For most of human evolution, our longevity was similar to that of the apes; reaching 30 years-old was a long life.

However, many prehistoric skeletal collections have high frequencies of "old age" diseases in young individuals. Diseases, such as osteoarthritis, osteoporosis, and slipped disks, are often found in individuals who died in their second and third decade of life. This presentation will review the evidence for age-correlated diseases in prehistory and put forward hypotheses to explain why, osteologically, today's 70 year olds look like yesteryears' 40 year olds.

### ***Exo-Arm: Assistive Device for Those with Functional Disabilities at the Elbow***

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According to the Centers for Disease Control, 12.5% of Americans of age 65 and over report that lifting or carrying objects over 10 pounds is very difficult and/or impossible. This difficulty impedes their ability to perform simple daily tasks like carrying groceries or lifting light luggage. Furthermore, over 3 million Americans have a functional disability in their hands and/or forearms [1]. Exoskeletons and other medical assistance devices such as arm/elbow braces and slings are commonly used to aid those with such functional disabilities. While exoskeletons are used to aid and/or enhance mobility and support, its lighter counterparts, namely, braces and slings can be used only to provide support [2,3].

By combining the advantages of both, the robotic exoskeletons and the common slings and braces, a new device, the Exo-Arm, will provide a light, concealable, and aesthetically pleasing alternative that can support and carry a load of up to 20 lbs. This device utilizes a cable driven locking mechanism to transfer the load from the functionally disabled arm to the device. It can be fitted to the user's arm and provide 120 degrees of elbow flexion.

## **Session VI: Wellness in Senior Housing (SPX 89)**

### ***Prospects and Challenges of Implementing Multidisciplinary Healthy Aging Programs in Multicultural, Subsidized Senior Housing***

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### **Background/Rationale**

Increasing numbers of seniors in subsidized housing are aging in place and experience greater risk for chronic illness and disability due to their advancing age and lower incomes, necessitating the implementation of multifaceted programs to enable residents to maintain wellness. We report on the opportunities and challenges of implementing a grant-funded, multidisciplinary wellness project at a subsidized senior housing facility with 160 seniors aged 60 plus led by faculty and students from six different professions. Assessments and educational interventions were conducted related to healthy aging in the context of the daily lives of a diverse group of residents representing 5 linguistic groups: Chinese, English, Russian, Farsi, and Korean.

## **Method/Approach**

We examined the needs assessment data from a recently conducted survey and semi-structured interviews; proposed a series of tailored wellness interventions based on these data; conducted 3 community forums to obtain resident feedback on the interventions; organized two events to collect pre- and posttest data; and implemented the following interventions: blood pressure monitoring (Nursing), recreational activities (Recreation Therapy), workshops on home safety and Strategies for better sleep (Occupational Therapy), Matter of Balance classes (Kinesiology), and nutrition education (Nutrition). The MOS Short form-36v2 was administered to all residents to determine its utility as a standardized assessment tool for the housing facility (Social Work).

## **Results**

Sixteen SJSU students (graduate and undergraduate), supervised by faculty, participated in delivering the program. The project enabled students to learn skills necessary for effective practice such as: learning about different measures and interventions provided by various professions; opportunities to practice skills interacting with multicultural older adults; and work in the context of a subsidized housing community. Additionally, about 15 to 20 students served as translators and assisted with data collection and implementation of interventions. Faculty gained useful insights into resources (peer consultation) that became available through collaboration, and the challenges of implementing interventions in multicultural settings such as: scheduling events that address resident needs/preferences and student availability; finding translators and interpreters to cover all the languages and providing enough lead time to have materials translated; multiple IRB applications; and coordination of project activities. From the perspective of the facility staff, opportunities included providing residents with a variety of needed activities to maintain wellness. Challenges included scheduling, advertising programs, encouraging and reminding residents to attend programs, ensuring translation accuracy, and additional coordination responsibilities. Facility staff also recruited volunteers to assist with translation and program implementation.

## **Conclusions**

Implementation of the wellness programs in this multicultural setting 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. However, these projects require adequate resources (funding, time, and student availability) to start up and maintain. Possible strategies for next steps in the evolution of this partnership will be presented based on a collaborative examination (faculty, students, and facility staff) of the data.

## ***Implementation of a Recreation Therapy Intervention in a Multicultural, Subsidized Senior Housing Facility***

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**Background/Rationale:** Better-educated older Chinese have lower levels of distress than do those who are less-educated and are more likely to engage in cognitively stimulating activities,

have better economic circumstances, and participate in more physical activity. Research also shows that seniors that have a lower education level would spend most of their time watching television or playing Mahjong at home during their leisure time (Ross, 2008).

We report on the opportunities and challenges of implementing the Recreation Therapy (RT) aspect of a grant-funded, multidisciplinary wellness project at subsidized senior housing facility with 160 seniors aged 60 plus that was designed to address some of the types of issues identified in the literature. Data collection was attempted and recreation therapy interventions were conducted in the context of the daily lives of a diverse group of residents representing 5 linguistic groups: Chinese, English, Russian, Farsi, and Korean with Chinese as the largest proportionately.

**Method/Approach:** The grant-funded multidisciplinary team examined the needs assessment data from a recently conducted survey and semi-structured interviews; proposed a series of tailored wellness interventions based on these data; conducted 3 community forums to obtain resident feedback to target wellness related needs. The Leisure Attitude Scale (Ragheb & Beard, 1982) was to be used as a paired pre- and post design and a modification of the scale with 6 questions exacted was to be administered before and after each Recreation Therapy session.

**Results:** Six SJSU undergraduate students, supervised by faculty, participated in delivering the program. The project enabled students to learn skills necessary for effective practice such as: learning about different measures and interventions provided by various professions; opportunities to apply skills learned in the classroom with older adults; and work in the context of a subsidized housing community. Faculty gained useful insights into implementing data collection and Recreation Therapy interventions for non-English-speaking older adults who are very traditional. Outcomes unique to the RT aspect of this multidisciplinary project are as follows: first, no data collected could be used and most of the surveys were not employed; second, it was extremely difficult to design RT interventions until a relationship with the residents was created; third, RT interventions that were effective include various types of chair yoga, tai-chi, ribbon movement, waltz, Zumba and internet education. Anecdotal observations report that RT interventions improved socialization of participating residents and decreased feelings of loneliness. Limitations included: language barriers, cultural barriers to understanding the importance of leisure, faulty or age-inappropriate aspects of equipment, cross-cultural conflict and division among the residents, and difficulty finding staff from the facility.

**Conclusions:** The implementation of Recreation Therapy in this multicultural setting provided significant opportunities to better understand effective ways to conduct research and to facilitate therapeutic recreation experiences to highly culturally traditional people. Possible strategies for next steps in the evolution of this partnership will be presented based on a collaborative examination (faculty and students) of the data.