

CONFERENCE ABSTRACTS Student Poster Presentations

Complementary and Alternative Therapies

Poster # 1

Title: Music therapy to reduce agitation in adults with dementia

Author: Jessica Maltz, Melis Sunay, Sudha Saravanan, J. Erinn Muller, Jackie Sheets, and Robert Pope, San Francisco State University, Department of Nursing

Abstract:

Background/Rationale: The Center for Disease Control and Prevention (2013) estimates that in the United States, 5.4 million individuals live with some form of dementia. Repetitive verbalization and physical aggression towards themselves and others are two harmful behaviors that individuals with dementia display. Medical treatment of dementia has the following two objectives: 1) to prevent further cognitive decline and 2) reduce the disturbing Behavioral and Psychiatric Symptoms of Dementia. Recent research on music therapy (MT) has shown to reduce agitation in dementia patients. This literature review analyzes and critiques the effectiveness of a structured individualized/group MT program with dementia patients and explores ways to increase implementation of MT in clinical settings- we were interested in examining the literature to see if MT reduces agitation in older adults with dementia.

Method/Approach: The literature search was conducted using CINAHL, Cochrane, and PubMed databases and included peer-reviewed articles published from 2007 to 2014 to determine effectiveness of MT on agitation levels in geriatric populations diagnosed dementia.

Results: Results show support for the effectiveness of MT among elderly dementia patients. Studies found strong evidence to support a positive relationship between the use of MT and a reduction in agitation.

Conclusions/Implications: There is a positive relationship between the use of MT and a reduction in agitation in dementia patients. MT is a safe alternative tool that can be used in addition to traditional pharmacological therapy. MT is cost effective, has no known risk factors, does not have any drug interactions, and is readily available.

Poster # 2

Title: Implementing Live-In Animal-Assisted Therapy (AAT) for Residents in a Long-Term Care Facility: A Case Study of Miley the Cat

Authors: Fiona Day Nguyenphuc, Carla Daniels, and Xeno Rasmusson, CSU East Bay, Department of Human Development

Abstract:

Background: Long-term nursing home residents often experience a loss of independence and social connectedness (Martindale, 2008; LeRoux et al., 2009). By utilizing the bond between humans and animals, Animal-assisted therapy (AAT) provides unique opportunity for interaction in LTC residents (Prosser et al., 2008, O'Haire, 2010). AAT involves practical considerations and policy evaluation (Krause-Parello, 2008), but successful programs provide greater tactile comfort than similar programs using non-judgmental strangers and soft toy animals (Kaiser et al., 2002).

Methods: Using the Veterans Administration Quality Improvement (QI) template, generally qualitative data was gathered through naturalistic observations, semi-structured, informal interviews and questionnaires.

Results: Of 52 total staff participants, 71% thought having a cat created a more home-like environment. 67% saw improved social engagement between residents, staff, and visitors. 10% of staff saw no changes in social engagement, and 23% had no opinion. Coding responses to open-ended questions to staff and residents, the primary concerns were allergies and disease transmission to residents; the 33% of participants who thought a cat was a health risk were less likely to have had pets than those who did not report this concern. There were no staff reports of a negative impact on social engagement created by the introduction of a resident cat.

Conclusions: AAT in the form of a resident cat may promote higher levels of social engagement between residents, visitors and staff with minimal risk of negative consequences.

Poster # 3

Title: Designing and Implementing a Dance-based Exercise Class for Community Dwelling Elders

Authors: Sandra Burgess and Xeno Rasmusson, CSU East Bay, Department of Human Development

Abstract:

Background/Rationale: Although clinical trials find benefits of dance-based exercise classes, how practical is it for local senior centers to offer similar programs?

Method/Approach: This participant observation-based case study made use of holistic observations during the process of developing and offering a dance class in cooperation with the Director of an Adaptive PE program.

Results: A one-time free trial dance class was attended by over 30 participants; this free class not only served as a recruitment tool, but also helped to refine the class format. Next, eight participants completed a trial 10-week class for \$80. In addition to improving in their dance skills, most participants also displayed enhanced levels of balance, flexibility and cardiovascular endurance as assessed by field observations. Participants displayed signs of enjoyment during the one-hour class. Because the class size was small, participants were able to engage in a dynamic, powerful, and rewarding experience of dance regardless of level of ability.

Conclusions: One observation is that the free dance class attracted 30 participants, but that only eight participated when a small fee was implemented for sustained instruction. Practical issues of instructor initiative, access to dance studio or similar space, and offering such programs at affordable rates/finding financial support to sustain these programs are all challenges that dance-based exercise programs face.

Poster # 4

Title: Music, Memory and Families

Authors: Kirsten Irgens-Moller and Jocelyn Hermoso, San Francisco State University, Department of Social Work

Abstract: Over 5 million people are living with dementia in this country, a number that is destined to increase as the population ages. The disease can run from three to more than twelve years, with the need for progressively more intensive care giving. Family members provide the majority of

the primary care initially, but as the dementia progresses they often feel the need to move their loved one to assisted living or skilled nursing facilities. Separate memory care units have been established to rise to the challenge of dementia care. New research, popularized by the award-winning film "Alive Inside," has shown that music can be a powerful tool for improving life for people with dementia. Personal musical favorites tap deep memories not lost to dementia and can bring residents and clients back to life, enabling them to feel like themselves again, improving mood and decreasing agitation and undesirable "behaviors". Some residents begin to talk, to socialize, and to stay alert and become more engaged in the moment (Co hen 2014).

This qualitative research project examines the engagement of families with their loved ones diagnosed with dementia who use the Music and Memory program. Individual interviews were conducted with family members of dementia care patients and analyzed using a grounded theory. Themes related to the burden of care, family relationships and the use of music for simple pleasure, stimulation and connection emerged. The implications of the study provide a simple and inexpensive method for strengthening inter-generational and personalized dementia care.

Cognitive Function, Exercise, and Computer Skills

Poster # 5

Title: Stereotype threat affects older adults' subjective hearing abilities

Authors: Rain (Soohyoung) Lee and Sarah J. Barber, San Francisco State University, Department of Psychology

Abstract: Activating negative self-relevant stereotypes can often impair people's performance- this is known as stereotype threat. Although stereotype threat is a well-documented phenomenon, previous studies examining it in older adults have almost exclusively examined cognitive performance.

The current study tests the hypothesis that stereotype threat will negatively influence older adults' hearing perceptions. To test this hypothesis, 115 healthy adults (M age = 50.02, range = 41-67) read either a positive or negative description about how aging affects hearing. All participants then answered a questionnaire in which they assessed their own subjective hearing abilities.

Results showed that stereotype threat can impact older adults' perceptions of their hearing abilities, but this was moderated by chronological age. Participants in their 40's were unaffected by the stereotype threat manipulation. In contrast, participants who were in their late 50's or 60's rated their hearing as being subjectively worse when under stereotype threat. These results suggest that stereotype threat can negatively affect older adults' sensory perception.

Poster # 6

Title: 6-Minute Walk Test: Relationship to Cognitive Function in Healthy Older Adults

Authors: Erik Anderson, Cindyanne Camarse, Brendan Jordan, Kevin Medina, Nang Ei Ei Mon, Nicole Spink, Ritika Vashisht, Sherwood, Shannon Webb, and Cathy Inouye, CSU East Bay, Department of Kinesiology-Exercise Nutrition Program

Abstract: Substantial evidence supports the positive effects of exercise training on learning and memory, to delay loss of cognitive function, and reduce risk of neurodegenerative disease. Exercise training increases vagal tone, as assessed by a faster heart rate recovery (HRR, reduction

in heart rate in the first 1-2 minutes post-exercise). Vagal tone was shown to have a significant positive association with HRR in older adults (60-83 yrs).

We propose to study the association of HRR and cognitive function in older adults without documented cardiovascular disease. Twenty-three participants (4 males, 19 females; $M=79.6$ years, $SD=9.6$ yrs) were recruited from local fall prevention programs, able to walk without assistance, and were generally healthy. Data collection included: 1) 6-minute walk test (6-MWT), 2) HRR following 6-MWT, and 3) maximal hand-grip strength, and the following cognitive measures: 1) Mini-Mental Status Examination (MMSE), 2) Animal Naming (AN), and 3) Trail Making Test (TMT). Additional measures: 1) Physical Activity Scale for Elderly (PASE), and 2) Perceived Stress Scale (PSS).

Preliminary results show that although 6-MWT distance ($M=450.4$ yds., $SD=95.8$ yds.) significantly correlated with the AN cognitive test ($M=16.5$, $SD=4.9$ $p<0.01$), hand-grip strength ($M=13.5$, $SD=6.1$; $p<0.01$), and PASE ($M=162.7$, $SD=67.6$; $p<0.01$), no correlation was found with %HRR (min. 1-5 post-exercise), MMSE ($M=86.2$, $SD=13.1$), or TMT ($M=47.1$, $SD=37.0$). PSS ($M=15.2$, $SD=8.3$) was significantly correlated with MMS ($p<0.01$), but %HRR was unrelated to cognitive measures.

Poster # 7

Title: Physiological and Psychological Predictors of Cognitive Impairment: The Role of Sleep, Depression, and Anxiety in Late Life Cognitive Function

Authors: Melissa Yanovitch, Kaci Fairchild, Leah Friedman, and Jerome Yesavage, Stanford Psy.D Consortium; Sierra Pacific Mental Illness Research, Education and Clinical Center at VA Palo Alto; Stanford University School of Medicine

Abstract:

Background/Rationale: Sleep and mood have been linked to cognitive decline, yet their relationship is not well understood. The goal of this study was to investigate the effects of sleep quality on cognition. We hypothesized that poor sleep quality would be associated with poor cognitive performance and that symptoms related to anxiety and depression would mediate the relationship.

Methods/Approach: Data was collected from 108 community-dwelling, non-demented older adults ages 55-83 ($M=64.68$, $SD=7.73$). Sleep quality was assessed with the Pittsburgh Sleep Quality Index. Cognition was assessed with a brief, neuropsychological battery that included Logical Memory and Digit Span from the Wechsler scales, Trail Making Test, and Symbol Digit Modalities Test. Mood was assessed with the Geriatric Depression Scale and the State-Trait Anxiety Inventory. Apolipoprotein e4 (APOEe4) status was also assessed.

Results: Hierarchical linear regressions were used to analyze the relationship between sleep quality and cognitive function. Results indicated that those reporting poor sleep had significantly higher levels of trait anxiety and depression, and poorer performance on tasks of delayed verbal memory. After adjusting for age, sleep quality accounted for 13% of the variance in delayed verbal memory (Logical Memory II). Inclusion of psychological variables did not significantly improve the model fit. APOEe4 status was not associated with sleep.

Conclusions/Implications: Poor sleep quality was associated with poorer performance on measures of delayed verbal memory. The results suggest that improvement of sleep quality may present as a target for intervention in the management of late life cognitive impairment.

Poster # 8

Title: 6-Minute Walk Test: Relationship to Heart Rate Recovery And C-Reactive Protein In Healthy Older Adults

Authors: Erik Anderson, Cindyanne Camarse, Brendan Jordan, Kevin Medina, Nang Ei Ei Mon, Nicole Spink, Ritika Vashisht, Jennifer Sherwood, Shannon Webb, and Cathy Inouye, CSU East Bay, Department of Kinesiology-Exercise Nutrition Program

Abstract: Quality of life for older adults depends on physical endurance to perform daily activities. Physical activity increases endurance and vagal tone, evidenced as a faster heart rate recovery (HRR), and has a significant positive association with HRR in older adults (60-83 yrs). Regional adiposity assessed as waist-to-hip ratio (WHR) may be used a proxy measure for physical activity. In older participants, higher levels of self-reported physical activity are associated with reduced inflammatory marker, C-reactive protein (CRP). However, the impact of muscular strength, as measured by grip strength, on inflammatory markers remains inconclusive.

We test the relationship between HRR following the 6-MWT, physical endurance (i.e., longer distance walked), muscular strength, WHR and CRP levels. Twenty-three participants (4 males, 19 females; $M=79.6$ years, $SD= 9.6$ yrs) were recruited from local fall prevention programs, able to walk without assistance, and otherwise, generally healthy. Data collection includes: 1) 6-MWT, 2) HRR following 6-MWT, 3) handgrip strength, 4) waist and hip circumference measures, and 5) venous blood draw for CRP measure following overnight fast. Participants also complete: 1) Physical Activity Scale for the Elderly (PASE).

Our preliminary results suggest faster 1 min. post-exercise heart rate recovery ($M=22.1$, $SD=6.8$ %HRR) following the 6-MWT correlated ($p<0.05$) with lower CRP levels ($M=7.5$, $SD= 5.8$ mg/l) in females, but not in males. Neither physical endurance ($M=450.4$ yds., $SD=95.9$ yds.), muscular strength ($M=11.9$, $SD=4.3$ kg) nor WHR ($M=.88$, $SD= 1.2$) correlated with CRP levels in healthy, older men and/or women.

Poster # 9

Title: Learning Computer Skills: Meanings and Influences on Occupations for Older Adults

Authors: Windy Chou, Kris Lee, Vy Dang, Cindy Van, and Lynne Andonian, San José State University, Department of Occupational Therapy

Abstract: The digital revolution is here, yet older adults (OA) lag far behind other age groups in their use of computers and computer skills. Research on OA and computer use have yielded mixed findings: some studies concluded that computer usage has no significant impact on OA; whereas others reported positive attitudes change and psychosocial impact.

Objective: The purpose of this pilot study was to investigate the meanings associated with computer learning and use for OA, to inform the knowledge base about effects of such learning on daily roles and activities of OA, and to describe the experience (successes and challenges) for OA learning computer skills.

Method: This study employed Photovoice methodology, a participatory ethnographic approach in which individualized storytelling is facilitated through the taking of photographs to share participants' lived experience with funders and service providers to promote resources, services provided, and to determine needs. OA (aged 65+, without mental illness or cognitive limitations, have taken at least one computer course during older adulthood) were recruited from community computer classes. Participants took photographs and discussed 1-2 photographs that best captured meanings, successes and challenges associated with computer learning and use, and

effects on occupations. Qualitative data was derived from these interviews and follow-up focus group discussions.

Preliminary Results: Results from one participant reveal computer usage for staying connected with friends and family, as well as the world by keeping abreast of news, and virtual travel and exploration of places of interest.

Poster # 10

Title: Evaluation of the 'Stepping On' Program

Authors: Rusty Mooney, Isaac Pollard, Lynn Tse, Paulina Urrutia, Asa Williams, and Deborah Bolding, San José State University, Department of Occupational Therapy

Abstract:

Background/Rationale: Falls are the leading cause of nonfatal and fatal injuries among older adults and may lead to a decrease in independence and quality of life. The Stepping On program is an evidence-based, multifactorial falls prevention program designed to increase self-efficacy and promote safe behaviors in older adults. The purpose of this study is to evaluate the effectiveness of the program as implemented by the Community Illness and Injury Prevention Program at Stanford Healthcare. We analyze the four components of the Stepping On program including: self-efficacy, increased strength, reduction of fall risks and the perceived value of the program. These outcome measurements will help to assess the effectiveness of the Stepping On program in reducing the risk of falls in community dwelling older adults.

Method/Approach: Secondary data analysis was conducted on archived data of participants in the Stepping On program conducted at Stanford Healthcare from 2013 to 2015. The method for collecting data to determine perceived value, fall risk, and self-efficacy was through self-reported questionnaires given to the subjects during the first session of the program, the last session and at the three-month booster session of the program. The Sit-to-Stand test was used to quantitatively collect data on subjects' lower body strength.

Results: There was a significant improvement in lower body strength, high perceived value, and high reduction of falls risk by participants who responded to the surveys. Exercise was the leading action that participants chose to reduce falls risk. No significant changes occurred with regards to participants' self-efficacy.

Poster # 11

Title: Stepping On: Program Evaluation One Year Post

Authors: Deborah Bolding, Abby Barton, Claudia Gregg, Cristina Navarro, Kristine Paningbatan, and Erica Sturiale, San José State University, Department of Occupational Therapy

Abstract: Stepping On is community-based fall prevention program that utilizes a multifactorial approach for individuals 60 years and older.

Objective: The purpose of this project was to examine the long-term outcomes of Stepping On, a community-based fall prevention program for older adults and to answer the question: What are the one-year learning outcomes for older adults who have participated in the community-based fall prevention program, Stepping On?

Method: Pre existing data from 28 participants of Stepping On was analyzed. Descriptive information was used to depict the demographics, including age, gender, and race. The Wilcoxon Signed Ranks Test was used to examine the rate of falls by participants' pre and post

participation in the program. Comments made by the participants were reviewed for commonality and used to assess the perceived benefit of the program, adherence to the strength and balance exercises, and positive and negative outcomes of the Stepping On program.

Preliminary Results: In comparison to falls previous to attending the Stepping On program, 13 participants saw a reduction in the number of falls, and 13 participants saw neither reduction nor increase. The two remaining participants saw an increase number of falls the year following the completion of the Stepping On program. This shows that the program course elicits a statistically significant change in reducing number of falls ($Z = -2.840$, $p = 0.005$). Participants described the class as beneficial, and they reported they learned to be more mindful, aware of safety, and modified their home environments to prevent falls.

Assistive Devices

Poster # 12

Title: Wheelchair Augmentation Accessibility Device

Authors: Devon Pollard, Ian Qualls, Catharin Schweers, San José State University, Department of Biomedical Engineering

Abstract: Long term use of manual wheelchairs has shown to cause stress in the upper extremities of the body. The constant rotation of the wheels requires the shoulder, elbow, and wrist joints to endure pressure beyond their flexibility. To reduce shoulder fatigue, we have designed an assistive device that produces movement by simple elliptical motion to significantly reduce the user's joint strain. This is accomplished by elongating the distance from which the user applies force to the wheel center, therefore, increasing the torque and requiring less power. In addition, the maneuvering of the device allows natural movement of shoulder, reducing the compression of the shoulder joints. Currently we are constructing a prototype. Future efforts will be targeted at updating our prototype by having human subjects test the prototype to verify the reduction in user strain.

Transportation

Poster # 13

Title: Identifying Barriers to Public Transportation Use Among Older Adults

Authors: Aly Mauro, Alice Chen, Brien Bowles, Matt Heffernan, Regan Dodson, Carolyn Glogoski, and Megan Chang, San José State University, Department of Occupational Therapy

Abstract:

Rationale: As adults age, the ability to access the community by driving wanes. A study on mobility for seniors indicated that over one-third of older adults surveyed have some level of transportation deficiency and that few older adults utilize public transportation (Kim, 2011). Research identifies potential physical, social, psychosocial, and cognitive barriers that may affect older adults' use of public transportation. This study aims to examine the common barriers preventing older adults in the Greater San Francisco Bay Area from accessing public transportation.

Methods: At least 125 older adults (age 65 and over) who are able to read English will be recruited from Bay Area senior and community centers to complete a questionnaire designed to identify barriers for the use of public transportation.

Preliminary Results: A total of 25 respondents aged between 67 and 91 ($M = 79.83$ years of age, $SD=7.19$ years of age) completed the questionnaire; 80% of participants were female. A high percentage of respondents have age-related conditions, including arthritis, hypertension, hearing difficulties, and cataracts. Although 84% of participants reported feeling confident using public transportation alone, there are several barriers identified by the respondents. Of those, 83% reported having low physical endurance followed by fatigue (79%) and a lack of general perceived confidence (55%).

Conclusion: Results of this study may provide valuable insight to occupational therapists who are concerned with designing interventions to increase participation in the Instrumental Activity of Daily Life (IADL) of community mobility and to increase independence for older adults.

Senior Peer Coaching and Working with Ethnic Groups

Poster # 14

Title: Senior Peer Coaching Program

Authors: Kai-fu Lu, San José State University, School of Social Work

Abstract: The City of Fremont's Senior Mobile Mental Health program, a part of the Aging and Family Services division, introduced the first component of the Senior Peer Coaching program in February 2015. Twelve seniors, most of whom have been clients of the Senior Mobile Mental Health program, have consistently attended classes in the seven week training period. Peers that have at least 11 of the 14 training sessions are qualified, upon graduation on April 2, 2015, to become Senior Peer Coaches. Senior Peer Coaches will be matched with peers in the Tri-Cities (Fremont, Newark, and Union City) of Alameda County. Peer coaches will receive ongoing individual supervision from a Licensed Clinical Social Worker as well as group supervision with other peer coaches. The peer clients are clients of the Mobile Mental Health program who would benefit from a supportive peer relationship.

Several instruments were used to measure outcomes among students of the training classes. Measures were taken at the beginning and end of the training program. Preliminary reports indicate higher self-reported levels of self-efficacy among students of the training (Senior Peer Coaches). Preliminary reports also indicate that coaches report lower levels of loneliness, per the UCLA Loneliness Scale. Surveys from peer coaches indicate that coaches have increased their knowledge on the training subjects (e.g. active listening, collaborative action planning, self-compassion).

Because this program is still in process, results of self-efficacy and loneliness measures among peer clients are not yet available. These measures will be available when coaches are partnered with peers.

Poster # 15

Title: Strategies Employed by Community-Dwelling Japanese American Elders to Maintain Social Participation

Authors: Mary Corey, Jenny Knowles, Rose Ngo, Marissa Oshige, Maxine Ziprin, and Megan Chang, San José State University, Department of Occupational Therapy

Abstract: While numerous studies have demonstrated the positive effects of social participation on successful aging in older adults (Bacsu et al., 2014; James, Boyle, Buchman, & Bennett, 2011; Stav, Hallenen, Lane & Arbesman, 2012; Walker & Hiller, 2007), few describe the specific

strategies that older adults use for maintaining social participation (Andonian & MacRae, 2010; Richard, Gauvin, Gosselin, & LaForest, 2008; Yuen, Gibson, Yau & Mitcham, 2007). There is a particular dearth of systematic research that explores this area among Japanese American older adults (Iwamasa & Iwasaki, 2011; Lau, Machizawa & Doi, 2012). Therefore, the purpose of the study is to explore strategies used by older adults to maintain social participation in the Japanese American community of San José, California.

A convenience sample of 10 participants will be recruited. Inclusion criteria include: Japanese descent, residence in the United States for at least 20 years, retired, community-dwelling, participation at The Center*, healthy per self-report, English speaking, and ability to participate in a one-hour semi-structured interview.

Preliminary analysis of the interview data indicates that participants may maintain social participation through engaging in social networks of reciprocal support and assistance. These networks are family, friendship and community based. Social participation for the interviewees revolves around family gatherings, volunteering and attending activities at The Center, churches, and the Buddhist temple. Future researchers can use these preliminary results to design occupational therapy interventions which promote the health and wellbeing of Japanese American older adults.

Poster # 16

Title: The Importance of Cultural Awareness amongst Multidisciplinary Teams in Palliative Care: State of the Knowledge

Authors: Linda Kim, Anna Luong, Nancy Truong, and Robert Pope, San Francisco State University, School of Nursing.

Abstract: The older population in the United States is expected to grow significantly over the next four decades. Currently, 80% of adults 65 or older have at least one chronic condition, implicating the need for increased palliative care services. According to the 2010 census, nearly one third of older adults in the United States were of Asian descent; this number is projected to increase. Due to this growing trend, it is imperative for healthcare professionals to explore perceptions between Western and Asian cultures. A literature review was conducted investigating the impact of cultural differences on palliative care services of chronically ill elderly Asian patients. Researchers from the studies gathered qualitative data using in-depth interviews of patients and their care providers from both community and inpatient settings. Results showed that participants emphasized the importance of dignity, spiritual growth, emotional, social, and family support in palliative care. Common barriers identified in the delivery of care included communication and access to care due to cultural differences. Findings showed that patients and family members reported lack of awareness of palliative services available. Implications for research involve cultural awareness and competency to improve palliative care. These findings in the current state of knowledge demonstrate that a culturally sensitive and family oriented approach should be taken into consideration when caring for chronically ill Asian patients.

Poster # 17

Title: Slavic Communities: Self-reported perceptions on healthcare

Authors: Yekaterina Shemyakin and Darla K. Hagge, CSU Sacramento, Department of Speech Pathology

Abstract: The American Speech Language Hearing Association purports that speech-language pathologists are dedicated to providing culturally and linguistically appropriate services. Accrediting organizations such as Joint Commission and the Commission on Accreditation of Rehabilitation Facilities indicate that health care services be culturally and linguistically relevant. According to the 2011 United States census, 60.6 million people speak a language other than English with Russian being the 12th most-commonly spoken language nationally.

This preliminary study was designed to understand the self-reported healthcare perspectives of the Slavic communities in the greater Sacramento area. This study included 130 surveys representing more than ten Slavic communities. Results indicated the following: When using medical services, 60% preferred services recommended by a Slavic community leader and 45% reported seeking healthcare services from a known professional from within the Slavic community. When using formal health care services, 47% report seeing a primary care physician, 22% visit a hospital, and 19% seek support at a community clinic. In terms of home and herbal remedies compared to prescription medications, 9% reported using prescribed medications only while 24% reported using only home/herbal remedies. Sixty-five percent reported using both home/herbal remedies and prescription medications. Although only 10% reported having a family member with Alzheimer's Dementia, Parkinson's disease, Stroke or Traumatic Brain Injury (TBI), 18% indicated a desire for services. Forty-two percent indicated an interest in stroke education and prevention. Overall, Slavic community leaders' recommendations may be highly valued and there is a need for culturally relevant services and education in the Slavic community.

Gerontology Programs

Poster # 18

Title: An Environmental Scan of the Structure and Content of Gerontology Certificate Programs in the U.S.

Authors: Erin Cummings, Cristina Duenas, Kellie Minor, and Deepa Patel, San José State University, Department of Social Work

Abstract:

Background: This project explores different Gerontology Certificate programs across the country in order to inform changes to the current certificate program at San Jose State University (SJSU). The research questions include an examination of all the programs being offered within the country and the different ways in which the Certificate is offered; for example does the program require in class meetings, or is it offered online, and who can enroll?

Method: Using a cross-sectional design, we utilized both quantitative and qualitative methods to examine existing data. The participants were the different programs in existence and what they offer at this time. The programs were chosen based on convenience sampling.

Preliminary Results: From quantitative data, researchers found that the United States currently has approximately 110 schools offering gerontology certificates. Specifically, in California there are 12 schools offering gerontology certificates. Researchers found that most programs use a stand-alone (that is not embedded within a degree program) and a

multidisciplinary approach to structure their gerontology certificate programs. The few schools that offer single discipline gerontology certificates are for the following disciplines: psychology, nursing, social work, gerontology, and public administration. Researchers will discuss further quantitative and qualitative findings from the different programs.

Conclusion: This research project provides information relevant to designing a certificate program that can train future professionals to meet the demands of increasing aging population and improve the quality of life for older adults within various employment settings.

SESSION ABSTRACTS

Session I: Innovative Research on Diversity and Healthy Aging

Panel Discussion: Innovative Research on Diversity and Healthy Aging

Darlene Yee-Melichar, EdD, CHES, Gerontology Program, San Francisco State University

Robert Pope, RN, MSN, PhD, School of Nursing, San Francisco State University

Yeon-Shim Lee, PhD, School of Social Work, San Francisco State University

Brief Description of Panel Presentation: The commitment to diversity and healthy aging has been longstanding as a general principle among the vast majority of professionals who work on behalf of older adults. 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 innovative research on diversity and healthy aging. The presenters provide the necessary information to maximize the quality of care and quality of life for older adults in contemporary society.

Paper 1 Title: Perceived control and psychosocial/physiological functioning in substance abusing older African American veterans

Author: Robert Pope, RN, MSN, PhD, School of Nursing, San Francisco State University

Abstract: In order to determine the association between the perception of control, and several psychosocial and physiological variables, a PCQ-R and the MOS-SF 36 were employed. African Americans 55 years of age and older (a large majority of whom were veterans) with a history of long term substance use currently in rehabilitation were surveyed. Data from the PCQ-R and the MOS-SF 36 were analyzed to determine the variables which best predicted perceived control and the relationship that perceived control had on several psychosocial and physiological outcomes. Not unexpected, Emotional Well Being Scores were directly associated with scores of General Health.

Paper 2 Title: Perceptions and help-seeking behaviors of elder mistreatment among older Chinese and Korean immigrants: Directions toward culturally competent preventions

Author: Yeon-Shim Lee, PhD, School of Social Work, San Francisco State University

Abstract: Although the numbers of elderly Chinese and Korean immigrants are rapidly growing, beliefs, sociocultural contexts, and help-seeking behaviors associated with elder mistreatment (EM) in these families have been seriously understudied. Using 20 in-depth interviews and six focus groups with Chinese and Korean elders, professionals, and community members, this presentation discusses salient sociocultural themes that influence EM and help-seeking behaviors among older Chinese and Korean immigrants. Development of culturally competent prevention

and intervention strategies for reducing elder abuse among these populations will also be discussed.

Session II: Cultural Immersion as an Educational Tool for Nursing Students

Panel Discussion: Cultural Immersion as a Means to Foster Cultural Humility in Non-Hispanic Nursing Students to Better Understand & Coach Older Hispanic Adults after Hospitalization

Michelle D. Kelly DNP, FNP, PHN, Department of Nursing, Sonoma State University
Arcelia Zavala RN, Care Transitions & CHF Program, Santa Rosa Memorial Hospital

Paper 1 Title: Mentoring Students in Best Coaching Practices to Reduce Hospital Readmissions.

Author: Michelle D. Kelly DNP, FNP, PHN, Department of Nursing, Sonoma State University

Abstract: *Background:* Faculty will share their methodology of preparing nursing students as coaches to empower people in managing their own health care after a hospitalization. High rates of preventable hospital readmissions are a significant concern in the health care arena and indicate a poor quality of care. Preventable readmissions indicate a failure to adequately prepare patients to successfully take care of their basic health needs once discharged from the hospital. The lack of patient skill development in managing their health care is partially attributed to a health care system that does not empower or promote self-care. A coaching model to build a relationship based on empowerment to increase the involvement of patients in their health care developed by Coleman has been widely studied and shown to lower hospital readmissions.

Methodology: In a University-Hospital partnership, Coleman's Care Transitions coaching model was implemented by faculty to better prepare nursing students to enter the workforce. Faculty created a multitier process to prepare and mentor students to develop mastery in a coaching role with patients.

Results: There were positive outcomes identified while mentoring students to effectively coach patients in the workplace. A standardized tool (Patient Activation Measurement [PAM]) was used to measure the effectiveness of coaching on patients. The PAM analysis showed an average of 22% improvement in patient's self-care abilities and the hospital readmission rates were also decreased.

Implications: Students successfully built empowering-coaching relationships with clients, better understood their impact as coaches and also identified areas to improve to promote better patient outcomes.

Paper 2 Title: Mentoring Shaping Service-Academia Partnerships to Facilitate Safe Transitions in Care.

Author: Michelle D. Kelly DNP, FNP, PHN, Dept. of Nursing, Sonoma State University & Starr T.

Abstract: *Background:* 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 (2002). Along with improved client care, the program was intended to address changes in the 2012 Medicare policy that will cease payment for avoidable 30-day re-admissions in the three target diagnoses.

Methodology: To address this change in policy, the service-academic partnership program

sought to share fiscal and administrative responsibilities between the authors' university nursing department and the largest community hospital in the area. *Results*

The tangible impacts and outcomes of the program, including improved patient safety and increased patient satisfaction, in conjunction with a decreased cost of care and reduction in avoidable re-admissions, have solidified the program's standing as a permanent component of the service platform.

Results: The tangible impacts and outcomes of the program, included improved patient safety and increased patient satisfaction, in conjunction with a decreased cost of care and reduction in avoidable re-admissions, have solidified the program's standing as a permanent component of the service platform.

Implications: The program's utilization of best practices and the simultaneous development of new practices to address emerging patient and community needs have created a sustainable framework for the program.

Session III: Listening to the Community to Develop Better Programs

Paper 1 Title: Listening to Seniors: Results of a University-Community Partnership to Implement a Community Assessment Plan in a Senior Living Community

Authors: Deborah A Roberts, EdD, RN, Breanna Caton, Jenna Fenton, Sean Rogers, and Kiley Tonsing, Sonoma State University, Nursing Department

Thirteen percent of California's 38 million people are seniors age 65 or over. Given that the life expectancy has reached its all time high, these seniors are enjoying a more active and vibrant life that includes living in a community of their peers. Four Community/Public Health Sonoma State Nursing students were invited to participate in a community wide assessment of one such community. The assessment expected to query residents in their use of facilities, interests, activities, and plans for the future. Nearly 1,600 surveys were collected and analyzed. This discussion will include the process of community involvement and partnerships as well as the survey results related to our senior population. Both the faculty advisor and the students will inform the audience on the positive benefits to community involvement for students.

Paper 2 Title: Integrating CBPR And Indigenous Research Approaches in Partnership Development to Address Health Disparities in an American Indian and Alaska Native Urban Community.

Authors: Jan Vasquez, CHES, MPH Pathways to American Indian & Alaska Native Wellness (PAAW); Goldman Rosas, L., Stanford Prevention Research Center (SPRC); Naderi, R. (PAAW); Evans, J. Stanford School of Medicine (SSM); McClinton-Brown, R. (SSM); Stafford, R. (SPRC)

American Indians and Alaska Natives (AIANs) are among the most researched in the US, yet few studies vary from western biomedical research methodology. This presentation describes the development of a University/Community partnership initiated by the community partner to engage an AIAN urban community to build research capacity by forming a Community Based Participatory Research Approach (CBPR) partnership to address health disparities. A CBPR approach was used along with concepts from an Indigenous Research Paradigm. This paradigm is based on the framework shared by Wilson (2001) and allows for consideration of the impact of

historical and intergenerational trauma on AIAN people. This project culminated in a design that identified Diabetes as a primary health concern by the community and strategies to enhance an existing diabetes prevention program while placing the community at the center of every phase of the research process including data collecting, analyzing, and interpreting the data.

Session IV: Current Issues and Trends in Diversity and Healthy Aging

Panel Discussion: Diversity and Healthy Aging in Contemporary Society

Darlene Yee-Melichar, EdD, CHES, Gerontology Program, San Francisco State University
Marty Martinson, DrPH, Department of Health Education, San Francisco State University
Clara Berridge, PhD, Center for Gerontology and Healthcare Research, Brown University School of Public Health

Brief Description of Panel Presentation: The commitment to diversity and healthy aging has been a longstanding general principle among the vast majority of professionals who work on behalf of older adults. 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 perspective of diversity and healthy aging, including effective practices in elder care. The presenters provide the necessary information to maximize the quality of care and quality of life for older adults in contemporary society.

Paper 1 Title: Successful aging and its discontents: Exclusionary models of health and aging

Authors: Marty Martinson, DrPH, Department of Health Education, San Francisco State University; Clara Berridge, PhD, Center for Gerontology and Healthcare Research, Brown University School of Public Health

Abstract: This paper analyzes the range of critiques of successful aging models and their implications in a diverse society and world. Findings reveal the exclusionary nature of normative models of healthy aging and suggest that greater reflexivity and reflection about the concept “successful aging” and its ramifications are needed.

Paper 2 Title: Diversity in aging issues: Caring for LGBT residents in assisted living settings

Author: Andrea Renwanz Boyle, PhD, ANP, Department of Nursing, Dominican University of California

Abstract: Provision of care to diverse populations remains an important consideration for residents, clinicians, and administrators working in Assisted Living Facilities. The issues faced by members of Lesbian, Gay, Bisexual, and Transgendered communities throughout the United States are enhanced as these individuals age. Issues routinely encountered include ongoing health care disparities, underinsurance, increases in chronic health care conditions, higher rates of mental health and substance abuse problems, and ongoing discrimination in a number of areas. Challenges in caring for LGBT elders include addressing problems related to fear of stigma and discrimination on the part of elders as well as misunderstanding and withholding of care services on the part of Assisted Living clinicians, staff, and administrators. Strategies to best care for LGBT elders include an increased focus on safety and security, identification of specific needs of LGBT elders, and development and implementation of comprehensive and culturally relevant service

delivery to both LGBT elders and their families and social networks. This presentation focuses on identified issues, challenges, and strategies to best care for LGBP elders.

Paper 3 Title: Minority Women's Health: Living Longer, Living Better

Author: Darlene Yee-Melichar, EdD, CHES. Gerontology Program, San Francisco State University

Abstract: *Closing the Gap: Improving the Health of Minority Elders in the New Millennium* is the third in a series of sponsored volumes from the National Institute on Aging in partnership with the Gerontological Society of America. It helped to focus attention on current issues and problems in research on minority aging. In helping to extend the discussion, this paper has been designed to address disparities in health and health care specific to minority issues in aging and women.

Session V: Mental Health Issues in Older Veterans

Panel Discussion: Mental Health Issues in Older Veterans

Kathleen McConnell, LCSW, VA Palo Alto Health Care System, Geriatric Research Education and Clinical Center.

Christine E. Gould, PhD, VA Palo Alto Health Care System, Geriatric Research Education and Clinical Center & Stanford University School of Medicine, Department of Psychiatry and Behavioral Sciences.

Paper 1 Title: Treating Late Life Depression through Primary Care

Author: Kathleen McConnell, LCSW, VA Palo Alto Health Care System, Geriatric Research Education and Clinical Center

Abstract: This paper discusses an innovative clinical program designed to address the substantial number of older Veterans that were found to not follow through with mental health referrals placed by primary care providers. A co-located collaborative care program called the Geriatric Primary Care Behavioral Health (Geri-PCBH) program was developed to provide specialized assessment of and treatment for geriatric mental health issues. Treatment consisted of psychotherapy, pharmacotherapy, or both. The findings from the program suggest that the Geri-PCBH was effective in improving the acceptance of mental health treatment referrals among older Veterans. Veterans in the program had significant reductions in depression and anxiety symptoms from pre to post-treatment.

Paper 2 Title: Reducing Anxiety and Improving Functioning Using Self-Directed Relaxation

Author: Christine E. Gould, PhD, VA Palo Alto Health Care System, Geriatric Research Education and Clinical Center & Stanford University School of Medicine, Department of Psychiatry and Behavioral Sciences.

Abstract: This paper focuses on a self-directed behavioral treatment for anxiety disorders in older adults. Evidence from the Geri-PCBH program demonstrated a need to use treatments that target both mental health symptoms and functioning in older Veterans. A treatment program was designed to meet this need for older Veterans with Anxiety Disorders. The treatment program, called BREATHE, combines diaphragmatic breathing, progressive muscle relaxation, and activity engagement. Treatment development process and study design will be discussed.

Session VI: Skeletal and Joint Health

Paper 1 Title: Why Can't I Do That Anymore? Knee Osteoarthritis and Functionality: Data from the Osteoarthritis Initiative and their Implications for Sex, Ethnicity, and Body Mass Effect

Author: Elizabeth Weiss, PhD, San José State University, Department of Anthropology

Abstract: Background: Elderly individuals may find it difficult to engage in activities they enjoyed in their younger years and osteoarthritis (OA), which is strongly age-correlated, has been implicated in the decline in physical abilities. Knee OA is the most debilitating form of OA. Yet, there is much variation in symptoms even when controlling for OA severity. This study examines recreational functionality of individuals with knee OA to see whether sex and ethnic differences exist in physical activity abilities that extend beyond age, OA severity, and body mass index (BMI).

Method: This study uses data from the National Institutes of Health Osteoarthritis Initiative (N = 3,563) to understand recreational functionality in individuals with radiographic knee OA. Knee OA was determined using presence of osteophytes and joint space narrowing. BMI was based on a height and weight ratio. Age, sex, and race were self-reported. ANCOVAs were run to examine sex and ethnic differences in recreational functionality adjusted for age, BMI, and knee OA severity.

Results: When age, BMI, and knee OA severity were controlled, recreational functionality differed between sexes ($F = 14.252, P < 0.001$) and ethnicities ($F = 34.202, P < 0.001$). Female recreational functionality scores were lower than were male scores. Asians had the highest recreational functionality scores whereas Blacks had the lowest recreational functionality scores.

Conclusions: Sex and ethnic differences are likely a result of both biological and cultural components. Understanding why recreational functionality scores differ between individuals may help clinical practitioners guide patients into suitable physical activities.

Paper 2 Title: Within Subject Design, Analysis of a Tool Designed to Perform Spinal Joint Mobilization

Author: Clare Lewis, Hendrix A., Padilla J. CSU Sacramento, Department of Physical Therapy

Abstract: Background/Rationale: A tool was developed as a hands-saving device for performing joint mobilization of the spine

Methods/Approach: 22 Physical Therapy students served both as subject and operator.

Operators/subjects were asked to do repetitions of joint mobilizations in the traditional manner using their thumbs and also using the tool to apply spinal joint mobilization. The order was randomized. Mobilizations were performed to C2, 3, 4 and T6, 7, and performed for 1-3 sets for 30 seconds up to 3 minutes. Force was randomized to apply a grade from 1-4. After completion of each set (tool or thumbs) both the operators and the subjects were asked to rate the tools using a numeric rating scale using comfort/discomfort descriptors as well as overall preference; tool or thumbs. All comments/suggestions verbalized by the therapists were recorded.

Results: There was no significant difference between the comfort for the operators, however receivers of the intervention found the tool to be more comfortable at $p = .01$. Consistency of force production was reliable at $p = .05$

Conclusion/Implications: A new tool designed to perform spinal joint mobilization and improve inter-rater reliability; while at the same time increase the time the intervention is delivered has shown promise. Traditional joint mobilization is tiring and uncomfortable for many operators; possibly responsible for arthritis in the joints of the thumbs that is commonly seen in manual therapists who have practiced for many years.