

Facilitating Aging-in-Place for Older African Americans In Southeastern Virginia



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BACKGROUND/SIGNIFICANCE

Older adults want to remain in their own homes to maintain autonomy and independence.¹ However, for the aging African American population, there have been both racial and economic disparities that have limited their abilities to age-in-place as successfully as other demographics to include the following concerns:

- Financial- decreased socioeconomic status
- Psychological- having to cope with everyday needs
- Physical- increased chronic conditions

The disparities this group encounters also are not a result of individual or even group behaviors but result from several decades of systematic inequality within the American housing, educational, work, and social environment. There is extensive research on this population's health, socioeconomic limitations, housing, and even marital status, but not many articles or research studies focused on an occupational therapist's ability to assist with aging-in-place or delivering resources specifically for this group. There is a need for the occupational therapy community to educate itself on the needs of the increasing older African American population and consequently the want of this population to continue to age-in-place with support if possible.

The purpose of this doctoral capstone is to precisely understand the needs of the older African American population, the barriers they face, and investigating interventions like education (via an occupational therapist) to provide a beneficial solution to continue their ability to live at home safely.

PROJECT SETTING

The state of Virginia boasts a total population of 8.6 million residents. Of that population, 900 thousand are 65 years of age and older, and 15.9% are African American.¹⁶ For a historical context, Virginia was a major destination for the Atlantic slave trade but, following the Great Migration to northern industrial cities/states during the early 20th century, Virginia saw a decrease in the African American population. Since 1965 that trend has reversed, resulting in thousands of African American people returning to the south.¹⁵ Many older people find the geographical location of Virginia ideal because the eastern part of the state is on the Atlantic Ocean (with warmer temperatures), and the western part is on the Blue Ridge Mountains. The 757-area code (Virginia Beach, Norfolk, Suffolk, Hampton, Newport News, and Williamsburg) is along the eastern shoreline. It is home to the second-largest African American population in Virginia. This area has rural and metropolitan cities with expansive highways, making it a place that fits everyone's needs.

The 757-area code is where this project was implemented, specifically to African Americans age 65 years and older. This area is expansive and has the unique environment to allow the older African American community to age-in-place. Within the metropolitan areas, there are several hospitals, skilled nursing and assistive living facilities, shopping areas, and senior citizen programs but, in the rural areas, the nearest hospital maybe 20 miles away, there is a local grocery store, and the community resources located within the city are limited or non-existent. Limited resources and even lack of knowledge can lead to higher incidences of admissions to long-term care institutions within this African American community, increased caregiver burden, increased costs on the healthcare industry, and decreased life satisfaction for the individual.¹²

PICO QUESTION

For African American adults aging-in-place, will receiving education on aging-in-place resources increase their satisfaction in performing daily activities?

LITERATURE REVIEW

A total of 15 articles were chosen for the CAT Portfolio. Several themes were found within the printed articles to facilitate safe aging-in-place, increase life-satisfaction, and barriers related explicitly to the older African American population. Of the 15 articles selected, four articles were level I studies, four articles were level III studies, one article was level IV, and six articles consisted of a qualitative research design. The core ideas were then defined and synthesized to connect to the research topic's main idea, and any conclusive data was added for relevance. The themes developed were strategies for successful aging-in-place, barriers to aging-in-place, home-based care, home modifications, education, and technology. The six qualitative research designs also had the most research featuring older African American populations aging-in-place.

Successful Aging-in-Place- Blanchard et al. (2015) found that the six vital themes of most significance were attitude and self-determination, health consciousness, housing choice, access to services, social support, and income.

Barriers to Aging-in-Place- Four studies depicted the challenges both older adults and older African American adults experienced aging-in-place and seeking treatment.^{5, 8, 10, 11}

Home-based Care and Home Modifications- Two level I studies found that home-based care programs utilizing occupational therapists to deliver home modification recommendations, training in the use of assistive devices, education and training in activities of daily living, exercise, and self-awareness showed an improvement in physical functioning compared to older adults who had not received the intervention.^{9, 13}

Education- Elliot et al. (2014) found that caregivers play a vital role in supporting care transitions but were often not involved; however, family members often provided most of the client's past medical history, previous level of function, asked questions and asked for more education, and provided motivation.

Technology- Wang et al. (2019) found that the older population wants to age-in-place and technologies to include Internet of Things (IoT), Ambient/Active Assisted Living (AAL) robots, and artificial intelligence (AI) could further support successful aging-in-place. However, due to financial limitations low-cost assistive equipment suggested by an occupational therapist maybe more feasible.

PROJECT DESIGN

The principal investigator collected data from eleven participants through in-depth semi-structured interviews and observations using written notes as needed. The project was conducted in a home-health setting in southeastern Virginia. All African American adults who were 65 years of age and older, who were applying for or referred for, home-based care services, were potential participants for the study

Participants were asked questions in a semi-structured interview and the Canadian Occupational Performance Measure (COPM) was administered in the home during the initial visit. The semi-structured interview focused on obtaining sociodemographic information and using an ethnographic approach that would emphasize the participant's thoughts and experiences. Please view the following QR code for the survey!



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The COPM was then administered, and the participant and principal investigator engaged in a conversation to establish goals/tools to work on no more than three identified needs. The participant then rated each identified activity's importance and prioritized and rated the three activities they had identified using the 1 to 10-point scales. The principal investigator then disseminated the aging-in-place materials. The aging-in-place handout featured individual exercises, durable medical equipment costs and equipment stores in the community, senior citizen community resources, caregiver agencies, home safety tips, and general information.

Participants received three subsequent visits after the initial visit with an occupational therapist that involved information presented in the aging-in-place handout. Each session ranged from 45 minutes to 1 hour in duration. The focus was on the patient and stimulating their ability to increase safe independence within their home or residence. The interventions consisted of the following activities: education or training in daily exercises, balance and functional mobility, activities of daily living, home safety, assistive device or technology use, simple home modifications, problem-solving, and contacting community resources

After no more than four weeks, the post-COPM was administered again to determine if any changes had occurred regarding performance and satisfaction following the administration of the educational materials, feedback, or therapeutic training. Similarly, the participants rated their performance and satisfaction using the 1 to 10-point scale.

RESULTS

Data analysis consisted of analyzing the data generated from the eleven participants' semi-structured interview questions and the pre and post COPM scores. The first graph (table 1) consists of the participants' descriptive baseline characteristics from the semi-structured interview questions using percentages. These include an analysis on gender, age, marital status, number of chronic conditions, number of medications, level of dependence, support, and amount of income spent on monthly expenses. Table 2 consists of the top three occupational performance deficits identified by the participants. Comparatively, table 1 showed the data, table 3 consists of a descriptive graph (table 2) that highlights the change in performance and satisfaction scores for each participant. Each participant identified three occupational performance problems and was then asked to rate each one in terms of its importance in their life. The graph is the total of the three occupational performance problems for each participant.

Table 1. Baseline Characteristics of the Participants

Characteristic	Number of Participants (11)
Age (65-80) – no. (%)	9 (81.8%)
Age > 81 – no. (%)	2 (18.2%)
Female sex – no. (%)	6 (54.5%)
Male sex – no. (%)	5 (45.5%)
Unmarried – no. (%)	8 (72.7%)
Married – no. (%)	3 (27.3%)
Participants with > 7 chronic conditions – no. (%)	8 (72.7%)
Participants taking > 5 medications	10 (90.9%)
Slight level of Physical Dependence – no. (%)	4 (36.3%)
Moderate level of Physical Dependence – no. (%)	3 (27.2%)
Severe level of Physical Dependence – no. (%)	4 (36.3%)
Participants with a Caregiver or Family Support – no. (%)	11 (100%)
Participants who spend < \$250 monthly on monthly expenses – no. (%)	0 (0%)
Participants who spend > \$251 but < \$500 on monthly expenses – no. (%)	2 (18.2%)
Participants who spend > \$501 on monthly expenses – no. (%)	9 (81.8%)

Table 2. Top 3 Occupational Performance Problems Identified by Participants

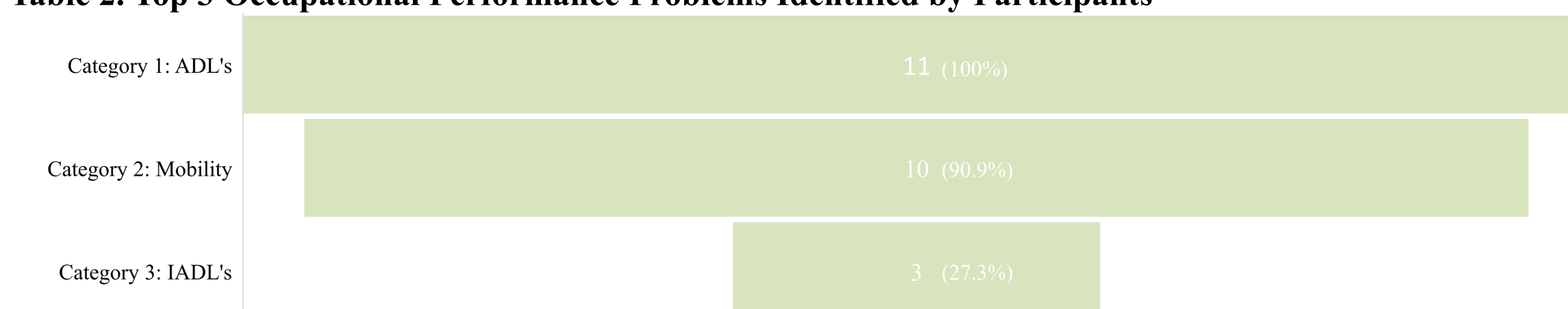


Table 3. COPM Scores

# of participants	Performance	Satisfaction	Performance	Satisfaction	Change in Performance	Change in Satisfaction
	T _i	T _f	T _i	T _f	(T _f -T _i)	(T _f -T _i)
Participant 1	3	3	8	10	5	7
Participant 2	7	5	18	21	11	16
Participant 3	4	3	13	17	9	13
Participant 4	8	3	13	16	5	13
Participant 5	12	11	23	27	11	16
Participant 6	13	14	25	29	12	15
Participant 7	3	3	30	30	27	27
Participant 8	5	3	23	25	18	22
Participant 9	6	3	11	10	5	7
Participant 10	18	18	21	24	3	6
Participant 11	11	13	21	24	10	11

SUPPORTS/LIMITATIONS

This project can be completed at little to no cost to the participant and principal investigator. The participant was given educational materials to include options for assistive devices/technology, home modifications, and knowledge about the cost and use of these materials. They did not have to purchase anything or utilize insurance to cover any services unless they choose to. The physical space and the project's implementation was also conducted in the individual's home/residence.

There have also been several community resources that offered support of the project to include Medical Services of America, Senior Services of Southeastern Virginia, Peninsula Agency on Aging, and the Hampton VA Medical Center. These resources cater to the African American older population and provide resources within their system to increase safe aging-in-place and life satisfaction. The community resources listed also have social workers to assist with specific needs that may not fall in the occupational therapy scope of practice.

One limitation to the project was a smaller number of participants. During the time of project implementation few candidates were referred to home-based care who met the age and race criteria.

SUMMARY

The findings in this study confirm that using educational materials to include home modifications, community resources, and education/training can increase the life-satisfaction and improve the older African American adults' ability to live at home safely in a relatively short time frame. This project has important implications for future research for the older African American adult and its relevance in occupational therapy, housing, care, and healthcare expenditures. Interventions that have been shown to reduce a person's disability status can potentially "reduce the use of home-based care services and thereby reduce (the growth rate of) expenditure".⁹

The data analyzed in this paper synthesized knowledge in the field of both health and occupational therapy by acknowledging that a simple educational program could lead to increased life satisfaction and performance in everyday activities. This project was also client-centered by utilizing the COPM. The COPM allowed the participants to identify no more than three occupational problems and rate them. These occupational deficits were then addressed to increase their independence aging-in-place. The effect of utilizing this assessment and the participant selecting specific items within the educational materials was that the participants were also more motivated to participate and work towards reaching their goals. Active participation and motivation would have been limited if the principal investigator had selected their goals or limited them to just one occupational performance deficit.

REFERENCES

Please scan the following QR code to view references utilized for this project!



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