

Abstract

Charlene S. Aaron PhD (c) RN University of Iowa John A. Hartford Scholar 2010-2012

Title-The Self-Management of Diabetes in African America Women Caregivers of Persons with Dementia

There is a higher prevalence of diabetes in African American women than non-Hispanic Whites and the incidence increases with age (American Diabetes Association (ADA), 2011). One in five African American women over age 55 has diabetes (ADA, 2011). In African American families, women juggle multiple roles and put their needs aside while prioritizing caring for the family. The added role of dementia caregiving further competes with the time allotted for self-care. A literature review on self-care and the self-management of type 2 diabetes in African American women who care for persons with dementia revealed gaps in how African American women prioritize self-care, demonstrate spiritual practices and beliefs on self-care, view barriers to self-management of diabetes, accommodate for aging and self-care practices, and the self-management of diabetes while providing dementia care to a family member. A descriptive exploratory cross-sectional design will be used in this study with a purpose of quantifying how African American women in an urban Midwest setting maintain glycemic control in the management of their diabetes, while filling multiple roles and providing dementia care to a family member with dementia. African American women with diabetes who are non-caregivers will be the comparison group N=50. The aims of the study are: Compare diabetic self-care management of African American caregivers of person with dementia with that of African American non-caregivers; Compare the subjective health assessments to objective health indices; and Examine the relationship between diabetes self-care management priorities and caregiving demands. Barriers to self-management and facilitating factors in both groups will be compared. The findings will inform future intervention research to test the impact of dementia caregiving on self-management of diabetes.

Title: Uncertainty and Stress in Stroke Survivor Caregivers

Authors: Eeeseung Byun, PhD(c), MSN, RN, ACNP-BC, Lois Evans, PhD, RN, FAAN, University of Pennsylvania School of Nursing

Aims: To examine the effect of uncertainty on caregiver perceived and physiologic stress and psychological outcomes (depression, burden and health related quality of life [HRQOL]) in the first 6 weeks of stroke survivor caregiving.

Methods: We will implement a prospective, descriptive study with a repeated measures design during the time period immediately [within 2 weeks] poststroke and 4 weeks later. A convenience sample of 115 caregivers of older adults with stroke will be recruited from one university hospital. Primary outcome measures of interest are uncertainty (Perceived Uncertainty in Illness Scale), stress (Perceived Stress Scale), physiological stress response (Salivary Cortisol), depression (PHQ-9), burden (Zarit Burden Interview) and HRQOL (EuroQol). General linear modeling will be used for data analysis.

Results: Sample description and survey results for the first cohort of caregiver subjects will be presented, together with discussion of any challenges in recruitment and data collection to date.

Conclusions: This study is innovative because of its focus on the weeks of caregiving immediately following the stroke, with a longer term goal of developing interventions to support caregivers in the immediate period after stroke, thus, promoting their long term health outcomes. Given the high prevalence of stroke, efforts to shore up the informal caregiving system and reduce healthcare costs are vital to public health, particularly if experiences in the immediate caregiving period have long term health repercussions.

Multi-caregiving role of Diabetic African-American grandmothers: The context of their
lives

Dana L. Carthron, RN, PhD

Winston-Salem State University

Background: African-American (AA) caregiving grandmothers often have multiple role responsibilities, including care of dependent children or other family members, and their broader community roles. Additionally, many have chronic illnesses of their own to manage. Yet, little is known about the context in which AA grandmothers raise their grandchildren and manage their health.

Aim: to explore the lived experience of diabetic AA caregiving grandmothers.

Method: AA primary caregiving grandmothers living in North Carolina were interviewed to explore their experiences with managing diabetes while raising grandchildren. 4 cases were selected to exemplify the multiple roles and context within which they live and manage their illness.

Results: The grandmothers provided physical, mental & financial support to their children, extended family members, while providing care to their grandchildren. One grandmother with a paralyzed son prioritized his care before her grandchild and her own: "If he's okay, we're okay". Another grandmother caring for a son who suffered a stroke noted the financial challenges: "I had to sign papers saying I'd take care of him and they give me \$200 a month...but I wonder if it's really a help 'cause of all the money I have to spend out."

Conclusion: These cases illustrate how grandmothers often must put the care of dependent children and extended family before the care of their grandchildren and

themselves, Additional research is needed to determine what impact this multi-caregiving role has on the physical and emotional health AA primary caregiving grandmothers as well as the impact on the grandchildren's overall well-being.

A Pilot Study Testing a Hatha Yoga Exercise Program in Older Women with Knee Osteoarthritis

Corjena Cheung, PhD, RN and Jean Wyman, PhD, RN, FAAN

Aim: The primary aims of this study are to assess the feasibility and potential efficacy of a group-based Hatha yoga exercise program in reducing pain, enhancing physical function, and improving quality of sleep/life in older women with knee osteoarthritis (OA). **Methods:** A randomized controlled trial design with two arms was used. 1) A treatment group received the 8-week yoga intervention involving group-based and home-based exercise sessions, and 2) a delayed treatment control group. Community dwelling women age 65 or older with physician diagnosed knee OA were recruited. A weekly 60-minute yoga group-based session was held for eight weeks. Researcher-developed yoga handouts of yoga exercises were distributed to participants to practice yoga at home for four additional 30 minute sessions/week. Standardized measurement tools were used at baseline, 4 weeks (during active treatment), 8 weeks, and 3 months follow-up. Both descriptive and inferential statistics were used. **Results:** A total of 36 older women were recruited. Preliminary results are based on the first cohort (n = 18; 94% white) which will complete their intervention class by the end of September. Between groups and within group changes in OA symptoms, functional status, quality of sleep and quality of life will be reported. Safety, feasibility and acceptability of the yoga intervention program will be illustrated. **Conclusions:** This study will advance current science on yoga for OA management. Information gained from this pilot study will inform the design of a larger clinical trial testing its efficacy.

Title: Use of Mixed Methods Research Designs to Improve Care of Older Adults in Rural Hospitals

Authors: Daniel D. Cline, MSN, RN, CRNP; Elizabeth Capezuti, PhD, RN, FAAN; Christine Kovner, PhD, RN, FAAN; Victoria Vaughan Dickson, PhD, RN
All authors from New York University, College of Nursing

Aims: The purpose is to discuss the philosophical paradigm of pragmatism and its use in mixed methods research, as well as describe a mixed method study that explores registered nurses' perceptions of the nurse work environment and perceived quality of geriatric care in rural hospitals.

Methods: The study uses a concurrent, embedded mixed methods design with emphasis on the qualitative component – QUAL(quan). The sample includes registered nurses working in small, rural hospital of Northern New York State. Thematic analysis of in-depth interviews and responses to a questionnaire will be integrated in the final analysis phase of the study.

Results: Findings will provide information about the work environment and care of older adults in rural hospitals.

Conclusions: Mixed methods research designs present researchers with the option of choosing unique and effective designs that facilitate answering complicated questions that one method alone fails to comprehensively answer. Given the complexity and nuance found in rural settings and the unique needs of older adults, mixed method research designs are a powerful alternative to the more common quantitative and qualitative research designs. The study leverages the unique strengths of a concurrent, embedded mixed methods research design to expand knowledge related to care of older adults in rural hospitals.

Please submit a 250-word abstract highlighting your current research. Your abstract should include:

Title: We don't all fall down: injuries in rural older adults

Authors: Linda S. Edelman PhD, RN
JAHF/AP Claire M. Fagin Postdoctoral Fellow
Assistant Professor
University of Utah College of Nursing
Salt Lake City, UT

Aims: The overall purpose of this study was to describe injuries occurring to older adults in rural Utah by addressing the following research questions:

1. Do the rate and patterns of injury differ between rural and urban older adult populations in Utah?
2. What are the types of injuries for which older rural adults are at most risk?
3. What are the treatment trajectories for older rural adults who are injured?

Methods: A probabilistic linkage of the Utah state Emergency Department (ED), Hospital Discharge (Hosp) and vital records (Death) databases identified injuries occurring to older adults from Utah during 2007-2008. Geographic Information Systems (GIS) mapping was used to construct injury maps. Descriptive statistical analyses were used to describe rural versus urban differences.

Results: Over the study period, 32,437 older adults from Utah were injured; 29% were from rural areas. Injury rates did not differ between rural and urban counties (6.2 vs. 5.9 injuries/100 persons respectively); however all counties in the top quartile for injury rates were rural. Falls accounted for 49% of rural and 53% of urban injuries and injury profiles differed by geographical location. The vast majority (82%) of rural older adults was first treated at an ED; 38% were hospitalized and 12% died during the study period.

Conclusions: The counties with the highest rates of injury were rural. Falls account for the majority of rural injuries; however injury profiles differed by geographical area. Injury programs targeted toward rural older adults living in rural communities are warranted.

Title: Toward Objective Identification of Stage I Pressure Ulcers

Authors: Teresa T. Goodell, PhD,RN,CNS,CCRN,ACNS-BC
Oregon Health & Science University

Aims: Stage I pressure ulcers (PU) comprise nearly half of all PU, but often go unidentified in clinical practice. Pressure relief alone can reverse them, but if unrecognized, they can progress to more severe damage. The long-term goal of this planned series of studies is to develop physiologically-based indicators of Stage I PU for objective, systematic identification of these common skin lesions. Identification of candidate biological indicators consistent with PU pathophysiology that have been studied in humans is an initial step in this process.

Methods: A search of the literature on the term “pressure ulcer” mapped to subject heading, confined to the subheadings “diagnosis” and “classification,” and limited to English, yielded 236 articles in Medline. In CINAHL, 559 articles were retrieved in a search of the terms “pressure ulcer” and “diagnosis” or “classification.” Original studies using human subjects were retained.

Results: Six prospective indicators of PU were identified: subepidermal moisture, transcutaneous oxygen content, transcutaneous carbon dioxide content, skin temperature, perfusion, and tissue oxygen saturation. These measures reflect the processes of inflammation, altered cellular respiration, persistent vasodilation, and ischemia that characterize pressure ulcer pathophysiology.

Conclusions: Much more study is needed to link the pathophysiologic features of PU to objective measures that will be feasible for use in clinical settings. Improved identification of Stage I PU will allow for timely initiation of pressure relief measures, reversal of Stage I PU, and prevention of progression to Stage II and deeper lesions. This will reduce the enormous burden of health care costs, pain, disability, dysfunction, disfigurement, social isolation, and death associated with PU.

Feasibility Study of Problem Solving Therapy for
Prevention and Treatment of Poststroke Depressive Symptoms

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Background: Of 780,000 stroke survivors in the United States, prevalence of poststroke major depression (PSD) ranges from 19.3% among hospitalized patients to 23.3% among outpatient samples. PSD is considered a major cause of morbidity and mortality in stroke patients, contributing to lower functional status and increased cognitive impairment. Problem solving therapy (PST) is a psychosocial intervention that is shown to be effective for treatment of depression in non-stroke patients. Only one study on the use of PST for prevention of poststroke depression has been published, with promising results.

Purpose: This pilot study assessed the feasibility of PST on stroke survivors and compared depressive symptoms, function and quality of life between participants in treatment and control groups.

Methods: A total of 22 stroke patients (n=11 per group) participated in this randomized controlled, non-blinded pilot study. Treatment group participants received weekly PST, while those in the control group received weekly phone calls, assessing depressive symptoms (CES-D), function (FIM), overall health status, and quality of life (EQ-5D).

Results: There were no significant baseline differences between groups. ANCOVA results indicated that overall health status was significantly better in the control group, but did not change from baseline to 10 weeks for either group.

Depressive symptoms were close to being significantly less in the treatment group ($p=.08$).

Conclusion: PST is an innovative approach to treating depression in older adults., Large scale research focusing on long-term impact is needed to address the effectiveness of PST on stroke survivors. (242 words, limit=250)

Title: How Professionals Make Decisions in Rating Behavior Management Skills of Family Caregivers of Persons with Dementia

Authors: Ben Inventor, MSN, CNP; Carol J. Farran, DNSc, RN, FAAN; Olimpia Paun, PhD, PMHCNS-BC, RN; Caryn Etkin, PhD, MPH; Amy Eisenstein, PhD, MPH

Aims:

1. Describe the process of how professionals assess behavior management skills of family caregivers of persons with dementia.
2. Identify challenges professionals face in assessing caregiver skills.

Methods: We conducted secondary qualitative data analysis from an on-going NIH-funded clinical trial (R01 NR009543) that tested a physical activity treatment intervention in comparison to a skill building control. The study developed and tested a 28-item Clinician Assessment of Behavioral Skill: Professional Form (CABS:PR). Content analysis was used to examine interventionists' responses to CABS:PR open-ended questions.

Results: A total of 211 family caregivers are enrolled in this study. Preliminary qualitative findings indicate two processes involved in professional's rating of caregiver skills: 1) how information is gathered, and 2) how caregiver skills are assessed. Professionals gather information using three methods: a) caregiver baseline assessment, b) direct observation, and c) discussion with caregivers. Three constructs used to assess caregiver skill level include: a) knowledge – gained through personal or professional experience, b) relationships – with care recipient and with others involved in care, and c) use of resources – within and outside of home. Challenges to assessing caregiver skills include: care recipient's variability of symptoms, time constraints, language barriers and environmental distractions.

Conclusions: This study provides preliminary information concerning how professionals rate family caregiver skill and has further implications for clinical and research application among caregivers of persons with dementia in home and long-term care settings.

Please submit a 250-word abstract highlighting your current research. Your abstract should include:

Title: Prospective Exploration in Transitions in Settings within Hospice

Author: Susan Lysaght, MA/MS, GNP-BC; Frances K. Barg, PhD, MEd; Neville Strumpf, PhD, RN, FAAN; Mary Ersek, PhD, RN, FAAN, FPCN

Background: One key achievement of hospice was to shift the place of death from hospitals to patients' homes where most older Americans report they would prefer to die. However, even for hospice patients, there has been a recent increase in death in an inpatient facility. Therefore, the overall purpose of this study is to understand how settings of hospice care are negotiated by examining the perspectives of older adults on hospice, their primary caregivers, and the hospice interdisciplinary team (IDT).

Aims: The specific aims are to 1) describe the experience of older adults receiving hospice care, their primary caregivers and the hospice IDT members as they negotiate the settings of care within hospice; and
2) examine the beliefs and practices of older adults, their caregivers and hospice IDT members surrounding transitions between home hospice and inpatient hospice settings.

Methods: This focused ethnography study will provide a rich description of one hospice agency in the Northeast. Observations will occur over six months and focus on patients at home and in the inpatient setting. Interviews (30) will include caregivers, patients and IDT members. Data will include fieldnotes, memos, textual materials and transcribed interviews and grounded theory techniques will be used for analysis.

Implications: This inquiry will provide a foundation for a research trajectory aimed at understanding the relationships among values, place and policy and about where to focus resources within hospice care.

Enhancing Motivation for Physical Activity to Reduce Falls: Intervention Design Guided by Theory

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Background and Significance: The growing number of falls and related injuries among older adults continues to be a major public health concern. Physical activity is a proven preventive strategy, yet the majority of older adults have sedentary lifestyles and the rate of falls continues to increase. Research suggests that motivational factors influence the adoption and maintenance of fall-preventive physical activity, yet few interventions have focused on motivational factors. Developing theory-based interventions designed to prevent falls in older adults can contribute meaningfully to stemming the personal and financial costs of falls.

Methods: The wellness motivation theory (WMT) guided the development of the wellness motivation intervention (WMI), based on theoretical program elements: problem definition, critical inputs, mediating processes, expected outcomes, exogenous outcomes, and implementation issues.

Results: The WMI addresses the problem increased risk for falls and related injury among adults above the age of 74 due to decreased motivation for participation in physical activities that build leg strength and balance. Social network support, empowering education, and motivational support, are WMI critical inputs that operationalize the key constructs in the WMT. Mediating processes of the WMI include contextual factors and behavioral change processes. The intended outcome of the WMI in this program is to reduce fall risk indicated as increased physical activity behaviors and improved leg strength and balance. Exogenous factors, contextual variables that will influence intervention delivery or outcomes, include: (a) individual biological factors that affect fall risk, function, and comfort; (b) prior experiences with physical activity and motivational interventions; and (c) setting characteristics. Attention to potential implementation issues such as fidelity, dose, and strength will also minimize error.

Conclusions: The WMI focuses on mechanisms that link motivational resources to fall-preventive physical activity, fostering social contextual and other resources to facilitate the behavioral change process.

The Impact of Length of Stay on Hospitalization following Home Health Discharge

Authors:

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AIMS: To examine the relationship between home health (HH) length of stay (LOS) on the occurrence of and time to hospitalization within 90 days after HH discharge.

METHODS: A retrospective analysis of five Centers for Medicare and Medicaid-owned national data sets from 2009 was conducted (Outcomes Assessment Information Set, Home Health Agency Standard Analytic File, Medicare Provider and Analysis Review File, Beneficiary Summary and Provider of Services file). Propensity score analysis was applied prior to logistic and Cox Proportional Hazards Regression Analysis.

RESULTS: Among the LOS sample (n=4,500), 741 (16.5%) hospitalizations occurred within 90 days of discharge from HH. A LOS of 6 weeks or more reduced the need for

hospitalization by 24% (OR .761; $p=.0010$; 99% CI 0.614 - 0.942). Additional predictors included frequency of high-risk diagnoses and beneficiaries whose activities of daily living ability was unknown. The analysis of time to first hospitalization showed a longer LOS (≥ 7 weeks) was significantly associated with a reduction in time to first hospitalization by 17.6% (hazard ratio .824; $p=.0011$; 99% CI .707 - .960) compared to a shorter LOS (≤ 3 weeks). Frequency of high-risk diagnoses, being female, having a stasis ulcer, and an inpatient stay within 30 days prior to HH admission also led to reduced time to hospitalization.

CONCLUSIONS: Examination of current HH practice regarding minimum LOS is critical to determining how to structure HH services to reduce the need for hospitalization, particularly among those suffering from high-risk diagnoses or stasis ulcers, who are female and have an inpatient stay 30 days prior to HH.

Understanding the process of staff-resident relationship development in nursing homes

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Development of close staff-resident relationships is being nationally promoted as essential to improving nursing home care. Close relationships are considered fundamental for delivery of person-centered care as they provide a venue for staff to gain intimate knowledge of values and preferences needed to personalize care. However, little is known about the process of relationship development from residents' perspectives, strategies residents feel staff use successfully to develop close relationships and provide person-centered care, or the outcomes of relationships for residents. The purpose of this grounded theory study was to explore how residents define and benefit from development of relationships with nursing staff (nurses and aides) in nursing homes. Residents were theoretically sampled from two nursing homes and interview data were analyzed using a process of open, axial, and selective coding. Residents described existence of several different types of relationships. Only in some relationships did they describe deep interpersonal connections with nursing staff. However, deep connections were not always desired or necessary. Residents felt closest to staff who made them feel a part of their lives and did "little things" for them beyond that required by their jobs. Interpersonal connections were important to residents for improving their overall experience of care and quality of life in a nursing home, particularly when used to personalize care. The findings of this study will inform nurses and nurse aides working in nursing homes of strategies residents find successful for developing close relationships and delivering person-centered care.

Title: Electronic Medication Adherence Monitoring Hawthorne Effect in Older Adults

Author: Todd M. Rupp, PhD, RN, GCNS-BC
University of Missouri Sinclair School of Nursing

Background: Electronic monitoring (EM) of medication adherence is often criticized in that monitor use may impart an unintended intervention effect. In studies of HIV and kidney transplant patients, electronic adherence monitoring showed an intervention effect ranging from 35 to 40 days from initiation. No published studies have evaluated the presence or duration of intervention effect from EM of medication adherence in older adult populations.

Methods: A convenience sample of hypertensive older adults (age ≥ 60 years) used EM for six weeks to determine eligibility for an antihypertensive adherence study. The screening data were analyzed by calculating and plotting the percentage of subjects who were adherent on each day of adherence monitoring.

Results: Among the 33 participants who completed the monitoring period (median age 74 years), the probability of taking the correct number of daily doses remained stable over six-weeks. At day 1, 90.9% of participants took the correct number of doses, compared with 89.7% at day 42. The probability of taking all daily doses within the correct time interval decreased slightly from day 1 to day 42, from 71.9% to 65.5%, respectively. Additional data is currently being collected to further evaluate these findings.

Discussion: The intervention effect of electronic medication adherence monitoring caps seen in previously studied populations was not replicated in this older adult sample. Further study is necessary to determine if this is due to absence of intervention effect from EM use among older adults, or if the intervention effect in older adults is longer than 42 days.

Falls are a Powerful Determinant of Emergency Department Use by Nursing Home Residents

Caroline E. Stephens^{1,2}, Ken Covinsky², Mary Blegen³, Sei Lee²

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Aims: The purpose of this study was to examine the prevalence of and factors associated with falls and emergency department (ED) use by NH residents.

Methods: Utilizing a 5% random sample of Medicare beneficiaries residing in NHs in the US (n=132,753) in 2006, we linked Medicare Beneficiary Summary data and Minimum Data Set resident assessment data to Medicare inpatient and outpatient claims to determine the presence of a fall in the past 30 days and associated ER use with and without hospitalization. Multinomial logistic regression was used, controlling for case-mix severity, and sociodemographic/health-related factors.

Results: Of the 35,735 residents with a fall in the past 30 days, 76% (n=28,403) went to the ER and were more likely to be hospitalized (62.8% vs. 44.1%, $p<.0001$) or seen in the ED without hospitalization (42.0% vs. 31.8%, $p<.0001$) compared to those without a fall in the past 30 days. After adjusting for other factors, residents with a fall in the past 30 days had a 2.5 times greater odds of any ER visit (95% CI, 2.4-2.5) than those without such a fall.

Conclusions: Falls are common & identify a subgroup of NH residents at high risk for decline and high acute care utilization. Although it is not possible to prevent all falls in the NH, further interdisciplinary interventions to prevent/decrease falls may improve patient outcomes & decrease costs.

Title:

'*Cascade Iatrogenesis*:' Postoperative Respiratory Failure in Hospitalized Older Adults

Authors:

Deirdre K. Thornlow, PhD, RN, Duke University School of Nursing
Eugene Oddone, MD, MSc, Duke University School of Medicine
Ruth Anderson, PhD, RN, FAAN, Duke University School of Nursing

Aims:

Describe postoperative care trajectories of older adult surgical patients who developed postoperative respiratory complications and nurses' attempts to not only recognize emerging conditions, but also to institute preventive measures in the postoperative setting. The goal is to outline the series of events that led to an episode of respiratory dysfunction or failure and to identify the nursing care that prevented, mitigated, or exacerbated its occurrence.

Methods:

We conducted seven semi-structured focus group interviews with 30 nurses who work in Duke University Health System. The interview guide was composed of 'open-ended' questions with associated prompts, probes and follow-up queries intended to encourage narratives from the nurses' perspectives. Text was coded according to the variables in our conceptual model and then searched, abstracted, and analyzed to identify patterns or themes.

Results:

Ambulation, pain management, and surveillance comprised key activities during the postoperative period. Nurses supported patients through goal setting, coaching, and education; enlisting the cooperation of patients and families in meeting expected milestones was necessary to achieve successful outcomes. Nurses' judgment, collaboration, and the care environment (e.g., staffing, acuity) also played a role in nurses' ability to not only recognize emerging conditions, but also to effectively intervene.

Conclusions:

Nurses reported activities consistent with our conceptual framework (e.g., surveillance, ambulation), yet highlighted others: support, cooperation, judgment, and collaboration. Identifying nurses' attempts to not only recognize emerging conditions, but also to institute preventive measures in the postoperative setting are necessary prerequisites for designing solutions to prevent cascading complications in hospitalized older adults.

Title: The Environment, Self-Rated Health, and the Oldest Old: An Integrated Review of the Literature

Author: Marleen Thornton, MSN, RN

Self-rated health (SRH) is a predictor of health and survival in the oldest old. Determinants of SRH are established; however, the relationship between the environment and SRH in this population warrants further exploration. The purpose of this project was to provide an integrated literature review of the relationship between the environment and SRH in the oldest old to form a clearer understanding of their relationships and identify gaps in knowledge.

Results of the review identified benefits of SRH, a number of variables positively impacting SRH, and the impact of the environment on variables similar to those improved by SRH. The review did not clarify the relationship between the environment and SRH in the oldest old. Variables that positively improve SRH appear to change with increasing age and while the environment may not be a determinant of SRH in younger groups, it likely impacts the oldest old in different ways.

A continued emphasis on aging in place emphasizes the need to learn more about the influence of the environment on SRH in the oldest old. To improve the health of the oldest old and promote aging in place, nursing science must investigate the impact of the environment on SRH. A conceptual framework renders an initial understanding of the inter-relationships identified in the literature. Building on this foundation, further research can potentially impact survival and quality of life in this growing population.

Kathy Wright BAGNC Leadership Poster Abstract

Please submit a 250-word abstract highlighting your current research. Your abstract should include:

Title: A brief statement of the nature of the investigation or purpose of the project.

Disparities in physical function and emotional well-being in the frail dual-eligible older adult.

Authors: All authors and affiliations.

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Aims: The overall purpose, research question, or study hypothesis.

Over 20% of the dual-eligible (Medicare/Medicaid) population have at least one mental cognitive condition. Included in this population are a disproportionate number of African Americans, women and individuals with less than a high school education. The

Kathy Wright BAGNC Leadership Poster Abstract

determinates of health such as race, income and education significantly impact emotional and physical outcomes in older adults. The purpose of this study to test a conceptual framework for understanding social inequalities in physical function and emotional well-being through a descriptive causal analysis of the relationship between race, education, smoking, exercise/activity factors, and neighborhood on physical function and emotional well-being to determine if the House (2002) model applies to Black and White older adults equally.

Methods: The study or project design and methods (sample, procedures, measures, and/or data analysis).

Structural equation modeling will be used to test model fit and the magnitude of disparities in a cross section of 407 frail dual-eligible older adults from a secondary data set.

Results: The study or project findings or products.

This study is expected to provide substantive data on the causal pathways and predictors that contribute to limited physical function, poor emotional well-being and depression in Blacks as compared to Whites.

Conclusions: The overall impact of findings and relevance to nursing or healthcare science.

The results of this study will be a springboard to create and test care management interventions that tackle the biopsychosocial needs of vulnerable Black and White older adults.

Title: Raising the index of suspicion for elder abuse: Cognitive impairment, falls and injury patterns in the ED

Authors: Carolyn E. Ziminski RN, BSN, Linda R. Phillips, PhD, RN, FAAN, FGSA & Diana Lynn Woods, RN, ARNP-BC, PhD, FGSA, University of California Los Angeles, School of Nursing

Aims: Some elders with cognitive impairments who seek emergency department (ED) services may present with injuries suspicious of abuse. A portion of these injuries may be erroneously attributed to accidents such as falls. The aims of this study are to: (1) describe common injuries sustained by persons with cognitive impairment presenting to an ED for treatment with and without falls and (2) heighten sensitivity of health professionals to the possibility of elder abuse as a cause of injury.

Methods: A retrospective analysis of two years of ED data using ICD-9 codes was conducted focusing on characteristics of injuries sustained by persons with co-occurring cognitive impairment and fall status.

Results: Cognitive impairment was not significantly related to falls ($p=0.533$). Injuries for persons with no fall history included injury to the upper limb ($p=.004$), contusions ($p=0.012$), and open wounds ($p=0.000$). Injuries for persons with a fall history included contusion to breast ($p=0.011$), spine fracture ($p=0.008$), upper limb dislocation ($p=0.011$), and injury-not otherwise specified ($p=0.014$).

Conclusions: Findings suggest persons with cognitive impairment have unique injury patterns based on fall status, which has implications for elder abuse screening. An increased recognition of common injuries in older adults can aid in elder abuse assessment by providing a reference point for uncommon injuries.