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Title: Proactive Dementia Care: A Pilot Study of Social Work and Health Education Interventions with Patients with Mild Dementia and Their Primary Care Providers

Authors: Troy Andersen MSW, Norman Foster MD., Edward Zamrini MD

Aims: This is a 2-year, randomly assigned, single site pilot study of the early management of progressive dementia: Proactive Dementia Care (PDC). This study will compare *standard dementia specialist care (SDSC)* with *Proactive Dementia Care (PDC)*. SDSC is defined as dementia specialist diagnostic care without the access to social work and health education interventions at the point of diagnosis. PDC includes physician, health education and social work interventions integrated into the initial evaluation for dementia.

Specific Aim 1: Compare PDC and SDSC in improving outcomes of achieving preventative milestones, cognition, behavioral symptoms and functional performance.

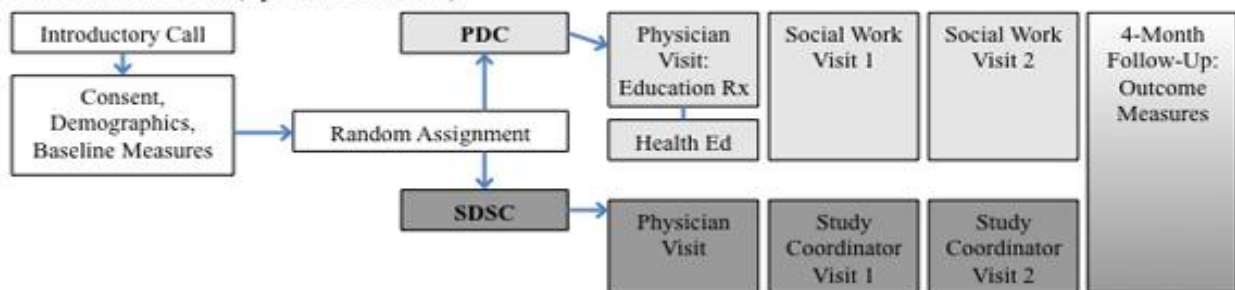
Hypothesis 1: PDC is more effective than SDSC.

Specific Aim 2: Compare PDC and SDSC in enhancing caregiver-level specific outcomes of mastery, strain, activity restriction, mood and completion of prevention milestones.

Hypothesis 2: PDC is more effective than SDSC.

Methods: We will conduct a prospective, randomized trial with a defined clinical population of patients in the Cognitive Disorders Clinic at the University of Utah. Measures that will be collected at baseline and after 4-months include: Preventative Milestones in Dementia Care, 3MS, FAQ, Caregiver Strain Instrument, GDS, Caregiver Satisfaction Survey, and the Resource Use Inventory.

Randomized Trial (Specific Aims 1-3)



Results: We are currently in the data collection phase which will continue until September 2012.

Conclusions: To be determined.

**Racial and Gender Disparities in Medication Nonadherence:
A Pre/Post Medicare Part D Comparison**

Louanne Bakk, Michigan State University School of Social Work

This longitudinal study examined how gender and racial disparities in cost-related medication nonadherence (CRN) have been impacted by the Medicare prescription drug benefit (Part D). Prior to Medicare Part D, older Black Americans and females have reported greater CRN in comparison to older Whites and males. This study examined whether disparities in CRN continue since the policy's enactment. Data from the 2005 and 2007 waves of the Prescription Drug Study (PDS), a subsample of the Health and Retirement Study (HRS), were used to evaluate changes in CRN before and after the implementation of Medicare Part D. The analytic sample consisted of 3,171 respondents age 65 and older who were Medicare-eligible and taking at least one prescribed medication. The outcome variable of interest was CRN, which included not filling, stopping, or skipping doses of a prescription because of cost. The analysis was conducted using mixed-effects logistic regression models. Results indicated that older Black Americans and females were significantly more likely to report CRN both before and after Medicare Part D compared to older Whites and men. While the rate of CRN for females significantly decreased over time in comparison to males, there was no change in the rate for Blacks relative to Whites. The introduction of variables related to socioeconomic status, health status, and prescription insurance coverage had little mediating effect on these findings. The results suggest that racial and gender disparities in CRN continue to persist despite the presence of Medicare Part D.

A Mediational Model of Workplace Flexibility and Perceived Stress among Family Caregivers of Older Adults

Melissa Brown MSW, Boston College

As an increasing number of employees become caregivers, the role of workplace resources in supporting caregivers has attracted the attention of researchers, employers, and policymakers. One resource that has attracted particular interest is workplace flexibility, that is, giving employees some control over when and/or where work gets done. A growing body of research has explored whether offering employees the opportunity to work flexibly is related to important outcomes for both employees and employers. To date, the relationship between workplace flexibility and stress among caregivers of older adults remains inconclusive. The purpose of this investigation is to develop and test a mediational model explicating the process through which workplace flexibility impacts caregiver well-being. It is hypothesized that the relationship between workplace flexibility and caregiver stress is mediated by an intervening variable: work-family conflict. Using a sample of 211 caregivers from the National Study of the Changing Workforce (2008), the mediational model was tested in STATA 11.0 using various statistical techniques. Results show that work-to-family conflict does mediate the relationship between perceived workplace flexibility and caregiver well-being. However, this finding is not supported for those in fair or poor health, indicating that caregivers struggling with their own health issues need additional supports in order to reduce their levels of perceived stress. More research is needed to identify what interventions may be most helpful in supporting these caregivers.

Title:

Exploring Psychosocial Factors and Cancer Screening: A Comparison of Older Hispanic and Non-Hispanic White Women

Author:

Tamara J. Cadet, MSW, MPH; Simmons College School of Social Work, Hartford
Doctoral Fellows Program

Aims:

Higher cancer mortality rates among older Hispanic women compared to older Non-Hispanic women may be attributed to lower participation in cancer screening procedures due to psychosocial factors. This study 1) examines whether and to what extent ethnicity (Hispanic or Non-Hispanic White) impacts the likelihood of older women's breast and cervical cancer screening participation rates and 2) investigates psychosocial factors expected to influence older Hispanic and Non-Hispanic White women's participation in breast and cervical cancer screenings.

Methods:

The study is a secondary analysis of the 2008 data from the Health and Retirement Study. Multivariate logistic regression models will be used to identify the factors associated with cancer screening participation among approximately 300 older Hispanic and 2800 Non-Hispanic White women.

Results:

Preliminary results suggest significant differences between older Hispanic and Non-Hispanic women in attitudes, subjective norms, perceived control, emotions, and culture, and their participation in breast and cervical cancer screening services. Specifically, t-tests indicate 1) an association between attitudes, positive subjective norms, emotions, and culture and breast cancer screening participation for Non-Hispanic Whites and not for Hispanics; 2) an association between negative subjective norms and breast cancer screening participation for Hispanics and not for Non-Hispanic Whites; 3) an association between attitudes, positive subjective norms, perceived control, emotions, and culture for Non-Hispanic Whites and not for Hispanics, and 4) an association between negative subjective norms for Hispanics and not for Non-Hispanic Whites.

Conclusions: These preliminary findings suggest that health care providers should consider assessing psychosocial factors when discussing cancer screening services with older women.

GSA Joint Poster Session Abstract

Title: Home health care for persons with cognitive impairment

Author: Daniel B. Kaplan
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Abstract:

People with dementia require increasing levels of support and care, and experience numerous complex behavioral and psychiatric syndromes as the disorder progresses, resulting in high rates of burnout among family and professional caregivers, premature institutionalization for patients, and negative health and mental health outcomes for both. The capacity of the home health care service industry to adequately meet the needs of people living with cognitive impairment is highly questionable when considering the striking paucity of empirical evidence related to critical dimensions of home health care services for this population.

This study offers a number of important innovations. The aims of the study are built upon a framework which requires an adaptation of a widely used model of health services utilization. Newly available health services survey data will be used to draw novel comparisons of service use and costs for consumers with dementia to those without, and previously unstudied agency characteristics will be examined in relation to utilization. Most importantly, multilevel analyses will examine how agency characteristics are associated with the relationship between cognitive impairment and service use for consumers nested within each agency.

Thus, this study will identify profiles of home care service use for people with cognitive impairment while accounting for and examining the impact of the variability among provider agencies. Findings from this study will inform policymakers and industry stakeholders about how to design programs to best serve those with cognitive impairment, and consumers will have information to make decisions about selecting providers.

Understanding the life-course experience of schizophrenia: A narrative analysis

Lydia P. Ogden, LCSW, MSW, MPhil

Aims: Consistent with the need to address serious gaps in current research in schizophrenia and aging, this study draws on the theory of cumulative adversity and advantage to improve understanding of the life-course experience of living with symptoms of schizophrenia that necessitate ongoing treatment.

Methods: I conducted systematic field observations and multiple semi-structured interviews with four older adults who are receiving ongoing treatment for schizophrenia at a day treatment program. I analyzed participants' narratives using ethnographic observational methods and thematic narrative analysis. Thematic narrative analysis, while primarily case-centered, also allows for cross-case comparison.

Results: Study participants articulated four distinct narratives, each highlighting how schizophrenia affects meaning-making and narrative synthesis in later life. Comparative analysis suggests that socio-culturally influenced early-life expectations affect later-life statements related to life satisfaction, a sense of wellness or illness, and role performance.

Conclusions: The findings further our understanding of the impact of schizophrenia across the life-course and in later life stages in particular. More specifically, the results suggest that culturally-competent social service programs which cultivate a wide range of social roles through the promotion of self-efficacy, and through self-care education would help meet the needs of older adults with schizophrenia.

Title: Towards a new beginning: Moving as liberation for older adults

Authors: Tam Perry, M.A., M.S.S.W., University of Michigan School of Social Work and Department of Anthropology

Aims: The aims of this network study is to investigate the processes of moving for older adults in the mid-Western United States and to understand the communication patterns between older adults who are moving and their kin and professionals involved in the moving process.

Methods: This qualitative study utilizes participant observation, document review and interviews by following over 30 older adults and their families through three stages: pre-move planning, move in-process, and post-move adjustment over 24 months.

Results: Overall, those older adults experienced relief and happiness as they completed the moving processes. Moreover, they looked forward to new friendships to build and explore. However, as most of the movers in the study were moving to independent living situations, they experienced control over the move in ways that those with less health and financial resources may not have experienced.

Conclusions: Executing a move for older adults in this study was framed as positive, viewed as moving “towards” a new chapter despite leaving homes that they often cherished. While concerned about details of the built environment, overall the movers were liberated that they had undertaken the move achieving both reconciling of their possessions, and setting themselves up for their emotional and health needs in the future.