Research Articles by Topic

Compiled and Summarized by Rita Chow, EdD, RN, AHN-BC

Since June 2015, Rita Chow, EdD, NH, AHN-BC has volunteered for the National Council on Aging to find research articles that may be relevant to NCOA staff and to National Institute of Senior Centers (NISC) members. Some of this research has been previously shared in the NISC Voice, our monthly senior center newsletter.

This compilation has been organized by general subject. Some research papers may be related to multiple subjects and many issues pertain to social and behavioral determinants of health.

It is the hope that this collection will help senior center professionals easily find research information to support the important work happening in our communities at senior centers.
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Advanced Care Planning- End of Life Care

Improving End of Life Care (2015)
As a palliative care physician, the author makes a strong case that caring should transcend medicine. True palliative care provides comprehensive interdisciplinary care and symptom management and emphasizes quality of life, and relief of suffering. Based on his team data, he successfully found that palliative care reduces hospitalization rates and 30-day readmission rates, decreases per capita health care expenditures, and achieves high patient satisfaction.


Palliative Care Discussions (2015)
For person-centered care, palliative care recognizes patients’ goals and values concurrent with a serious or life-threatening illness. It is imperative to engage patients and their families in an end-of-life conversation. The care provides a multidisciplinary approach to manage physical or emotional/spiritual/ existential suffering. The utilization of palliative care is titrated to each individual’s needs and may transition to hospice care. Useful open-ended questions suggested are: “What gives your life meaning? Or “As you look to the future, what is most important to you? Or what do you worry about the most?” A national organization for resources and education is The Center to Advance Palliative Care. Also, the author Dr. Arnold created VitalTalk, a training program.

Thurston, Andrew and Robert Arnold. Insight and Information Are Key to Implementing Palliative Care. Today’s Geriatric Medicine, July/August 2015, 8(4):17-19.

Cortisol Levels After Bereavement (2015)
Increasingly, research has documented that elevated cortisol levels are associated premature aging, and earlier onset such as cardiovascular disease, osteoporosis, type ii diabetes, and functional decline. Bereavement adjustment tends to be more difficult after extensive caregiving for a long, protracted death.

Planning for Advanced Care (2015)
Dr. Chow attended the National Summit on Advanced Illness Care (C-TAC) in Washington, D.C. on September 20 & 21, 2016 where she was introduced to the following book

Novelli, Bill, Tom Koutsoumpas, and Boe Workman. *A Roadmap for Success: Transforming Advanced Illness Care in America.* Coalition to Transform Advanced Care and AARP, 2015, 186 p.)


As well as the following article which shows in a survey of Senior Center & assisted living individuals, 76 percent ranked independence as being most important to them. Health Outcome Prioritization as a Tool for Decision Making among Older Persons with Multiple Chronic Conditions

Article: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4036681/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4036681/)

Advance Planning (2016)
“Self preservation is at the heart of every individual’s will to live.” The desire to live well despite a terminal illness is the wish to experience the most life has to offer in the face of a time limit. Consider the patient’s values and give the individual choices such as utilizing advance directives to set realistic goals and validate self-determination and free will. Living well is an exercise in self-redemption, humility, and resilience. Minimize pain and suffering by providing palliative care


Article: [https://www.americannursetoday.com/will-live-living-well/](https://www.americannursetoday.com/will-live-living-well/)

Advance Directive (2009)
About 85-95 percent of the population does not have adequate advance directives in their medical record. Should a patient become unable to communicate, a living will, part of the advance directive, documents in writing the specific kinds of medical treatment that an individual wishes. And that crucial information must reach the health care team caring for the patient to avoid a potentially distressing and costly experience.


SPIRIT and End of Life Decisions (2015)
The efficacy of SPIRIT, an intervention to prepare patients with serious illness and their surrogate decision makers for end of life decisions, was tested on 210 dyads of patients with serious kidney disease. The SPIRIT sessions enabled the researchers to gain an understanding of the patient’s cognitive, emotional, religious or spiritual aspects of his/her illness. Two instruments, the Goals of Care and the Values About Life-Sustaining Treatment Outcomes, helped patients, assessed patients’ end-of-life preferences. It was found that for the 45 patients who died during the study, surrogates in SPIRIT had less depression, anxiety, and post-traumatic distress than the controls.


Later Life Care Planning (2014)
These researchers conducted 15-90 minute interviews of 24 older adults, 24 adult children, 23 health professionals, and 3 representatives of stakeholder associations in Canada and found strong support for planning later life care (LLC) before the need arises and interest in and need for resources to guide families in planning for LLC. In addition to identifying themes from the interviews, the researchers concluded that conversations should be inclusive, respectful, gentle, honest, and directed by the older adult. The results seem to support the role of health care providers as mediators throughout the LLC planning process and different strategies are needed to accommodate the different family dynamics, size, and structures. As to decision making, families will need to be able to create different options, weight these options, reach consensus, and evaluate their choices.


Article: [https://journals.sagepub.com/doi/abs/10.1177/0733464813500712](https://journals.sagepub.com/doi/abs/10.1177/0733464813500712)

End of Life Discussions (2016)
Since October 2015, physicians and other health care professionals can be reimbursed by the Centers for Medicare and Medicaid Services for discussing advance care planning and enable individuals to convey their goals, life values, and treatment preferences. Of significance is that in response to the question, “Have you talked to anyone about the types of medical treatment you would want if you became seriously ill in the future?” these researchers found that 40 percent of their nationally representative sample of Medicare beneficiaries had not discussed their preferences related to End of Life medical treatment.

**Article:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5072996/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5072996/)

**Culturally Responsive Approach to Advanced Planning (2016)**

Dr. Mitchell expressed concern that not only about half of those over 60 or over have completed advance care directives, but also there is confusion about options and cultural beliefs and differences. African Americans and Hispanic Americans are more likely to want life-extending drug treatment than white Americans. Her tool, “A REFLECTION” encourages the flexible use of such important conversation elements as: Allow, Reflect, Empathize, Explore, Facilitate, Listen, Engage, Compassionately bridge, Trust, Inquire and Needs Assess. She also provides examples of practical conversation strategies. As a result, she hopes the tool will help the user achieve lifelong cultural humility, ensure care will be according to each individual’s wishes, and be documented in the medical record.


**Patient Centered Care at the End of Life: (2017)**

This survey of 15 physicians, 48 nurses, 4 social workers, and 5 respiratory therapists at the 199-bed Lexington Veterans Affairs Medical Center aimed at identifying ethical challenges and finding solutions to the ethical dilemmas associated with DNR orders. The responses revealed: 1) inconsistencies in the timing and quality of code status discussions, 2) difficulty locating and discerning previously expressed preferences in medical records, 3) challenges with 48-hour expiring DNR orders, and 4) confusion over terminology. To reduce patient anxiety and costs, a new three-tiered code status terminology was recommended: Full Support (curative medical treatment, full code, and medical interventions); Intermediate Support (curative medical treatment, DNR but no CPR, and no limit to other treatments; and Comfort Care (DNR, treatment based on comfort). Although the term “Allow Natural Death” is preferred to “Do Not Resuscitate.” DNR is still being used during the transition to the new terminology.


End of Life Planning for Rural Older Adults (2016)
The 46.2 million rural residents in the U.S. suffer “triple jeopardy” by growing old, living in remote areas, and managing their health at a distance with fewer local health services and care providers. Statistics estimate between 18-30% Americans have completed an Advance Directive (AD) and only one in three individuals with a chronic condition completing an AD. End of Life (EOL) planning, demographic, and health related data were obtained by interviewing 692 older adults living in three rural West Texas counties. The study found 14% had completed ADs and about one-third had completed wills and designated a durable power of attorney. The authors noted the need for dedicated health care resources to support effective EOL discussions and help individuals understand why such decisions related to cardiopulmonary resuscitation and intubation are essential. Although rural adults prefer to remain in their own homes as long as possible, they also need information about accessible, acceptable nursing homes.


Advanced Planning: Hoping for the Best (2017)
In this Canadian study, 39 older adults (M age 81) were interviewed about future planning seemed to be avoiding thoughts of future risks. Their three main approaches were: 1) One Day at a Time, as a way of avoiding talking about future care needs; 2) Reasons Not to go into a nursing home, such as not wanting to move or interact with disoriented persons; and 3) the influence of family members and the availability of resources. The very old with limited financial resources were the least likely to be willing to move from their existing homes.


Older Korean Adults and Advanced Directives (2016)
This South Korean study, a secondary analysis using a cross-sectional survey design, selected a sample of 156 Korean 65 or older adults to identify significant factors when writing Advance Directives (ADs) where an older Korean adult was unable to communicate or make decisions. The study found that over two-thirds of older Korean adults in this study were unfamiliar with ADs. Since Korean culture is grounded in Confucianism that emphasizes filial piety and tradition prohibits communication about death and dying, so the eldest son usually make the final end-of-life care decisions. These researchers found that 60% of the study participants agreed to
write their ADs and wanted to know their medical status, despite their limited knowledge about ADs. Also most of the participants, who chose durable power of attorney for health care, designated their children to decide about life-sustaining treatments.


(Abstract Only)

Culturally Competent End of Life Care (2017)
Noting that Asians and Hispanics constitute one fourth of the US population, Rising presents the concept of cultural humility. Chinese and Latin American families may be family-centered and influenced by filial piety to care for, respect, and protect older adults. Chinese or Latin American cultures may prefer nondisclosure of prognosis and cultural awareness is appreciating that the patient may not value American self-determinism and individualism. While cultivating knowledge of others’ preferences, cultural humanity is the awareness of our own cultural assumptions and biases. There is intracultural variability, so it is important to be flexible and prepared for a wide spectrum of preferences and do not extinguish hope. The author recommends that we consider whether the prognostic truth to be delivered will be accurate or understood in the intended manner.


Lack of Advance Care Discussion (2016)
As reported in JAMA Internal Medicine, October 13, 2016, author Krista L. Harrison’s study of 2,105 participants revealed that 60% reported end-of-life discussions, 50% on durable power of attorney, and 52% on advance directives. It was reported that 27% had no discussions of advance care planning. Older Spanish-speaking Latinos reported that 19% had no discussions of advance care planning, 20% on durable power of attorney, and 17% advance directives.

University of California, San Francisco. One in Four Older Adults Hasn’t Discussed Advance Care Planning. Today’s Geriatric Medicine, 9(6):5, November/December 2016.
www.todaysgeriatricmedicine

Article: https://www.ucsf.edu/news/2016/10/404751/1-4-older-adults-have-not-discussed-advance-care-planning
Dominican and Puerto Rican Elder Perspective on End of Life Decisions (2017)
This was an exploratory cultural study of 51 elderly Dominicans and Puerto Ricans living in Harlem, New York and purposive and emerging themes were identified. The emerging theory about decision making found that when the study participants are faced with serious illness, the decision is based on the triad of family input, faith’s guidance, and medical advice. Purposive themes included family involvement in health decisions/filial piety and religiosity/spirituality/fatalism. The emerging themes were accessing/using end-of-life care, influence of death'/dying on own future care decisions, and death/dying is a private matter. Practical guidance is provided to community members in that Advance Care Planning gives individuals control over services provided to them.


Article: http://journals.sagepub.com/doi/10.1177/0733464815627958 (Abstract Only)

Slow Medicine and Quality of Life (2017)
Slow medicine is a holistic approach to End of Life care that emphasizes empathy, quality of life, and preparation by strengthening the family emotionally and relationally to enable an individual to have a meaningful peaceful death.


Article: https://www.healio.com/nursing/journals/jgn/2017-5-43-5/%7B8c38ef83-cba3-4dd8-b5ef-a0ae8c6fac5f%7D/slow-medicine-the-barrier-on-the-bridge

End of Life Needs (2017)
This study researched the needs for competence and autonomy of 111 very old adults (ages 87-97). Competence relates to core demands of everyday life conduct, denoting the very old person’s perceived ability to successfully engage in activities of basic goals. Autonomy is the feeling of being self-determined and having the ability to choose one’s behavior. It was found that perceived competence, not autonomy, predicted subjective well-being and life satisfaction,


Article: https://academic.oup.com/psychsocgerontology/article/72/3/425/2631925
Fully Informed Consent: Advanced Care Planning (2017)
When the process of advance care planning is documented and done well, the results are a personalized, flexible plan that can change as illness advances. POLST (Physician Orders for Life-Sustaining Treatment) forms combined with a designated decision-maker may be the best way to make patient preferences known. A fully informed consent should be achieved so that patients and their loved ones understand the benefits, risks, and alternatives to the proposed treatment and nature of the disease. The core of informed consent is the shared decision-making, based on bi-directional information exchange between patients and their clinicians about benefits, risks, and alternatives. POLST forms are used in 42 states.


Chinese American’s and Advanced Care Planning (2016)
In exploring the knowledge, attitudes, and preferences of Chinese Americans about end-of-life care, the study’s findings suggest that Chinese older adults prefer indirect communication strategies, such as noting the circumstances of others rather than directly stating their wishes in a formal meeting. They prefer such informal settings s a family dinner to communicate their care preferences to loved ones, and the use of storytelling to share examples of others may be acceptable.


Shared Decision Making in Advanced Care Planning (2017)
Advance care planning plans for the future if an individual is unable to make his/her own decisions. It can be the result of thoughtful shared decision-making so the person is at the center of treatment decisions to ensure the individual’s treatment preferences are honored at the end-of-life. The POLST (Physician Orders for Life-Sustaining Treatment) form is used for current care of the seriously ill whereas Advance Directives are for all adults—relating to their future care. The author designed MOLST, a medical order form for New York State, to enable patient wishes for life-sustaining treatment to be honored. The effectiveness of the multidimensional MOLST approach can be measured by improved patient/family satisfaction and reduced unwanted hospitalizations.

**Surrogate Health Care Decision Maker (2017)**

The surrogate health care decision maker is a key component of advance care planning (ACP) for an individual. In this study 350 veterans who were 55 years or older and individuals whom they would rely to make medical decisions for them were interviewed separately about a living will, health care proxy completion, life-sustaining treatment, and quality of life. Over 40% veterans had 6 or more chronic conditions; 52% surrogates were spouses, 27% children, and others. It was found that living will completion, assignment of a healthcare proxy, and communication about life-sustaining treatment was not associated with surrogate knowledge. Another finding was that 70% surrogates did not know patients’ health state valuations.


**Looking at Advanced Planning Amongst American Indians (2018)**

There are nearly 5.4 million Americans who identify themselves as American Indian or Alaska Natives (AI/ANS), representing 567 federally recognized and over 200 non-federally recognized diverse tribes. They have high mortality from such causes as diabetes, unintentional injuries, cancer, assault/homicide, and suicide. Accepting death as a natural part of life, feeling at peace spiritually, and connecting with nature, are likely to be highly valued by AI/ANS nearing end of life. To explore the low rates of advance care planning, about 20 Ojibwe tribal elders on a Great Lakes reservation were interviewed face-to-face. The results revealed five themes of their perspectives: 1) There is little need for formal planning since the community has cared for its elders in the past; 2) An openness about discussing and documenting information for Advance Care Planning; 3) An awareness of the importance of funeral and burial planning; 4) Desire a peaceful death and the absence of suffering; and 5) Being transmitters of elements of their community culture to future generations.


**Article: [https://academic.oup.com/gerontologist/article/58/2/300/2646632](https://academic.oup.com/gerontologist/article/58/2/300/2646632)**
Death and Wisdom (2018)
Dr. Dilip Jeste of University of California, San Diego’s Center of Healthy Aging, reported that their researchers analyzed, and interpreted the responses of 21 men and women, ages 58-97, who were in the terminal six months of their lives and receiving hospice care by asking them, “How do you define wisdom?” These patients found that living with a fatal disease, such as cancer, promoted growth and lead to more determination, gratitude, and optimism. They shared a desire to be positive, finding peace, actively coping and a keen sense of fully enjoying the time they had left and finding beauty in everyday life.


Matching Patient Wishes with Care (2018)
An essential part of palliative care is engaging individuals in advance care planning and matching treatments to patient’s wishes. There is less family stress and discord and emotional trauma. A unique structured approach includes formalized palliative assessments, questionnaires, and a standardized approach for baseline and follow-up phone and home visits. Partnering with a community-based care program with palliative nurse and clinical social worker specialists makes possible a coordinated, collaborative care management approach to reduce cost and result in more patient and caregiver satisfaction.


What Factors into Advanced Care Planning (2008)
This University of South Florida exploratory study of the attitudes toward advance care planning (ACP) of 203 adults that ranged from 65-95 in age in Manatee and Sarasota Counties. They measured with the Long-Term Care Planning Instrument (Friedemann et a) and the Preparation of Future Care Needs, Content of Plans subscale (Sorenson & Pinquart). Their findings suggest that there is a high level of unmet needs in ACP. The older adults in this survey are not well prepared for their future care needs. On the one hand, increased age, higher educational attainment, and females have ACP documents and plans. On the other, living more chronic conditions were associated with less ACP.

Early Model for End of Life Care (2015)
The period from January 13th until the demise of Queen Victoria at 6:30 PM on January 22, 1901 may be regarded as the precursor of modern day palliative care, as provided with stewardship, affection, and respect by her physician Sir James. In an era when medical interventions were limited and her cardiovascular disease could not be palliated pharmacologically, he contacted such specialist consultants as ophthalmologist Hermann Pegenstecher, managed family dynamics, and provided reliable and consistent presence for her end-of-life care.


Advanced Illness Care: We Can Do Better (2015)
When people are seriously ill and approaching life’s end, they want to be home with family and friends, have their spiritual needs respected and met, pain managed, and that those around them are not devastated emotionally and financially. To achieve this type of comprehensive, high quality care, strategic partnerships and cross-sector collaborations are essential. The Coalition to Transform Advanced Care (C-TAC) has been catalyzing reform through innovative pilot programs and federal policies.


Cortisol Levels in Late Life Spousal Loss (2015)
Increasingly, research has documented that elevated cortisol levels are associated premature aging, and earlier onset such as cardiovascular disease, osteoporosis, type ii diabetes, and functional decline. Bereavement adjustment tends to be more difficult after extensive caregiving for a long, protracted death.

Insights and Information Key to Palliative Care (2015)

For person-centered care, palliative care recognizes patients’ goals and values concurrent with a serious or life-threatening illness. It is imperative to engage patients and their families in an end-of-life conversation. The care provides a multidisciplinary approach to manage physical or emotional/spiritual/ existential suffering. The utilization of palliative care is titrated to each individual’s needs and may transition to hospice care. Useful open-ended questions suggested are: “What gives your life meaning? Or “As you look to the future, what is most important to you? Or what do you worry about the most?” A national organization for resources and education is The Center to Advance Palliative Care. Also, the author Dr. Arnold created VitalTalk, a training program.

Thurston, Andrew and Robert Arnold. Insight and Information Are Key to Implementing Palliative Care. Today’s Geriatric Medicine, July/August 2015, 8(4):17-19.

Aging Mastery

Resilience in Aging (2013)
Resilience must be fostered in senior centers since it goes hand in hand with wellness and successful aging, such as by promoting engagement and providing unique experiences. Older adults who are characterized as resilient have positive interpersonal relationships, positive self-esteem, a sense of purpose, creativity, optimism, spirituality, and able to identify and use resources. The focus needs to be on helping older adults take responsibility for their own lives. Culture change begins with an organization’s executive asking, “How does what we’re doing or planning to do affect our growth environment and how does it support our core mission?” All members of the staff need to feel valued.


Gratitude to Wisdom (2014)
Two studies were on the relationship of gratitude to wisdom. Study 1 focused on how often 94 participants expressed gratitude spontaneously about such difficult life challenges as the death of a close person, divorce, illness, war experiences. Wisdom nominees expressed gratitude for the experience and lessons learned more often than control participants. Women mentioned gratitude more often than men. Participants were grateful for their family of origin, children, health, occupation/wealth and other people. Study 2 used a sample of 443 young adults and assessed wisdom with a revised Adult Self-Transcendence Inventory and measured gratitude with the Gratitude, Resentment and Appreciation Test. It was found that wisdom was positively correlated to measures of gratitude (simple appreciation, sense of abundance, frequency of gratitude, and appreciation of others). The most frequent sources of gratitude were family of origin, other people, and health. Reflection and retrospective integration of difficult life experiences into one’s life story are important in developing wisdom.


Article: https://academic.oup.com/psychsocgerontology/article/69/5/655/562810
Healthy Relationships (2006)
The quest for meaning in life is a characteristic of spirituality and helps make sense of life despite difficulties. Eleven participants were studied through narrative inquiry of their philosophy for living related to self in relation to others; strength and confidence in self, and dialogue with self. Strength and confidence in oneself is an important part of aging. The importance of family relationships and friendships outside the family were strong resulting themes. Several participants referred to their spirituality and faith in God as key to their sense of meaning and purpose in their lives. Another storied theme emerged when participants described finding meaning by transcending suffering and adversity. Their advice included keeping your mind active and learn as much as you possibly can.


Article: https://www.sciencedirect.com/science/article/abs/pii/S0197457206002382 (paid link to article)

Wisdom Gained from Life’s Challenges (2015)
The researchers in this study considered wisdom as “broad and deep knowledge about important, difficult, and uncertain questions related to the meaning and conduct of life.” It is insight into human nature and life’s complexities. The findings suggest that wisdom-related strengths can be attained as long as an individual is willing and able to actively engage in life’s challenges.


Article: https://academic.oup.com/psychsocgerontology/article/69/6/897/544818

Communicating About Aging (2015)
Eight experts from eight national aging organizations, including the National Council on Aging, pondered over ways we can improve our messaging about aging because the public has such misconceptions as that aging connotes decline with a loss of control and deterioration, digital incompetency, and older adults compete with society’s resources. In contrast, the experts emphasized that with the right contextual and social supports, older adults can remain healthy, independent functioning, and productive. The public asserts that aging is determined by people’s attitudes, choices, and willpower. Whereas experts emphasized how public policy and such social determinants as race, geography, and social supports shape the quality of life and marginalize older adults. Our communication strategies could include:

- Focusing on system solutions
- Highlighting solutions when explaining ageism
- Explaining how interventions lead to change in outcomes.

Article: https://www.asaging.org/blog/gauging-aging-how-does-american-public-truly-perceive-older-age-and-older-people

White House Council on Aging- Creativity and Healthy Aging (2015)
The authors provide a historical review from the 2005 White House Conference on Aging (WHCoA) and identifies gaps in services related to creativity and healthy aging. They note the need for rigorously designed research, cost-benefit analyses, and translational strategies for evidence-based interventions and to make programs and services more accessible to rural, underserved, diverse populations. They recommend lifelong learning and community engagement in the arts be built upon such existing institutions and organizations as senior centers, museums, libraries and higher education. Universal design and building age-friendly communities expand opportunities to age in place. Lastly, they propose that a national arts and culture research network be established to facilitate healthy aging.


Article: https://academic.oup.com/gerontologist/article/55/2/271/657982

Aging Stereotyped Beliefs (2013)
This study compared 171 older Korean women diagnosed with and without osteoarthritis. Those with osteoarthritis reported more symptoms, a higher level of aging-stereotyped beliefs, and a lower level of health-promoting behaviors. Yet to prevent functional limitations and loss of independence, such health-promoting behaviors as physical exercise, limiting smoking and alcohol, and maintain a healthy body weight and diet are important. The results indicated that vision and musculoskeletal problems were the most common for the older women with and without osteoarthritis. Engaging in health-promoting behaviors is key to preventing health decline and promoting physical functioning and their quality of life. Health care providers need to provide accurate information and help older persons recognize their health problems and set up effective self-care strategies.


A Sense of Purpose Healthy (2015)

According to a study at Mount Sinai St. Luke’s and Mount Sinai Roosevelt in New York City, having a high sense of purpose in life, that is, having a sense of meaning and direction, is associated with a 23 percent reduction in death and a 19 percent reduced risk of heart attack, stroke or need for coronary artery surgery. Having a feeling that life is worth living has a strong relationship to protection from dying or having a cardiovascular event.


Article: https://www.newswise.com/articles/have-a-sense-of-purpose-in-life-it-may-protect-your-heart

Healthy Relationships (2016)

“Cultural humility is a way of being”—being humble and aware of power imbalances. The attributes of cultural humility are self-awareness, egoless (approaching others as equals), openness (open mind), supportive interactions, self-reflection and critique. This lifelong process and continuous learning and self-reflection can result in respect, mutual benefit and understanding and empowerment, honest, trustworthy partnerships, and optimal care.


Article: https://www.researchgate.net/publication/279630344_Cultural_Humility_A_Concept_Analysis

Mindful Meditation (2016)

Mindfulness meditation, originating from Buddhism, involves sitting still and constantly giving attention to one’s breath and trains the mind to control stress and negative emotions. Groups use a certified instructor for 6-8 training sessions with practice mindfulness meditation as daily homework. Mindfulness meditation activates left prefrontal cortex, reducing vulnerability to depression, reduces rumination, and makes one more open and accepting of negative experiences. Mindfulness-based interventions (MBI) are useful as an adjunct to standard treatment for major depressive disorder and post-traumatic stress disorder. It has potential as a powerful self-care tool to encourage active engagement of individuals in their mental health.


Article: https://academic.oup.com/milmed/article/181/9/961/4159814
Meditation and Medicine (2016)
MBI, used to manage chronic pain since 1982, can reduce the intensity of pain, improve functional status and quality of life. Meditation reduces pain due to activation in the contralateral primary somatocortex and helps decrease pain by activating pain processing brain regions. MBI diverts attention from pain and lowers pain unpleasantness and modulates pain perception by reducing activity in the prefrontal cortex, hippocampus, and amygdala. Mindfulness meditation is suggested as a self-management strategy for individuals with insomnia. It can improve sleep quality and duration and decrease sleep-interfering cognitive processes, such as worry. The authors found research support for adjunct use of mindfulness meditation to control pain, substance use, and insomnia.


Article: [https://academic.oup.com/milmed/article/181/9/969/4159816](https://academic.oup.com/milmed/article/181/9/969/4159816)

Self-Care Activities for Older Adults (2007)
The authors conducted four focus group sessions in Detroit area to study the bio-psycho-social-spiritual self-care activities of those ranging from 67-96 in age from a senior center and a senior housing complex. In the context of holistic well-being, five themes resulted: faith ways, positive energy, support systems, wellness activities, and affirmative self-appraisal. Faith ways related to church attendance and volunteering, faith in God, following Bible teachings, and using prayer. Positive energy related to staying active with self-care and leisure activities, having a sense of self-motivation, and for men, having a sense of competitiveness and ability to enjoy a game or challenge. As to support systems, besides their belief in God was the importance of feeling connected with family and friends. The analysis showed five self-care activities provided a sense of well-being: exercise, going to church, prayer, belief in God, and feeling helpful (altruism).


Article: [https://www.researchgate.net/publication/6116706_Self-Care_Activities_Captured_Through_Discussion_Among_Community-Dwelling_Older_Adults](https://www.researchgate.net/publication/6116706_Self-Care_Activities_Captured_Through_Discussion_Among_Community-Dwelling_Older_Adults)

Resilience (2016)
Resilience is “the process of adapting well in adversity, trauma, tragedy...sources of stress ....” Also, reduced mortality risk and increased longevity are potentially outcomes of resilience. It is a process rather than a personality trait that leads to happiness, wellbeing, improved quality of life, and less depression.

**Article:** [https://www.deepdyve.com/](https://www.deepdyve.com/)jlp/elsevier/the-impact-of-resilience-among-older-adults-OU6UEVxGTY (Abstract Only)

**Aging Mastery for Care Givers (2016)**
The report provides an overview of family caregiving as to the nation’s family caregivers of older adults, impact on caregivers’ health, economic security, and evidence of programs and interventions that are designed to support family caregivers. The committee calls upon the new Administration to take steps to address the health, economic, and social issues facing family caregivers of older adults. Recommends include:

- Increasing funds for explicit family caregivers services such as the National Family Caregiver Support Program to facilitate developing, disseminating, and implementing evidenced-based caregiver intervention programs and
- Launching a multi-agency research program to evaluate caregiver interventions in health care and community settings as to outcomes.


**Free Book (pdf) Link:**

**Health Effects of Religious Attendance (2016)**
Using a nationally representative probability sample of Americans age 57-85 data from 2005-2006, the authors tested three hypotheses and concluded that religious attendance may buffer older adults from the health effects of such life events as marital disruption and such physiological problems as diabetes, hypertension, heart failure or attack. Their results support the role of religious attendance as a buffer against stress-induced biological problems.


**Article:** [https://academic.oup.com/psychsocgerontology/article/71/2/291/2614042](https://academic.oup.com/psychsocgerontology/article/71/2/291/2614042)

**Perceived Control to Health and Social Support (2011)**
Two waves of data nine years apart from 6,210 individuals 24-75 years old at baseline were used for this study. Three central components of successful aging, perceived control, health, and social support, were explored. Perceived control (personal mastery) refers to beliefs about
one’s capacity to bring about a given outcome such as autonomy and self-determination. Perceived control seems to foster such health maintenance behaviors (functionally meaningful changes) as exercise and preventive care. Their analyses revealed that greater initial control predicted weaker declines in health and stronger increases in support. Increases in control were predicted by better initial health and more support. Perceived control may be both a precursor (antecedent) and an outcome (consequent) of health and social support.


**Article:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3001753/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3001753/)

**Social Wellness (2018)**

The nine dimensions of wellness are physical, emotional, financial, intellectual, career, social, creative, environmental, and spiritual. For social wellness, it is important for each individual to interact skillfully and build a network of mutual support connections and trust with colleagues and family for optimal wellness. Loneliness is “the discrepancy between one’s desired and actual level of social connection.” Loneliness and social isolation can increase the risk of death by up to 30%. It can increase the risk for dementia, heart disease, arthritis, and type 2 diabetes. To improve social wellness, connect with new people, improve communication and interpersonal skills, be positive, make it a habit to celebrate, compliment friends and family, smile and learn people’s names and respect various cultures, and learn to disagree constructively.


**Article:** [https://www.americannursetoday.com/social-wellness-nurture-relationships/](https://www.americannursetoday.com/social-wellness-nurture-relationships/)

**The Resilience Concept (2013)**

Psychological resilience is “a process whereby people bounce back from adversity and go on with their lives.” By analyzing a mixed method, 19 qualitative and 22 quantitative studies, the author confirmed that older adults who use their personal resources and see the world beyond themselves are more likely to be resilient. Their ability to draw on spiritual strength dominated the new themes synthesized from both qualitative and quantitative research. The experience of resilience centered on connectedness between older people and their community, positive relationships with family and friends and empowering relationships with professionals. The qualitative dimensions of resilience suggested are that the older person’s sense of their own ability, ability to accept the circumstances, ability to look to the future and care for or give to others. Whereas quantitative findings indicate that their ability to manage emotions and solve problems influence their capacity to overcome adversity.

Article: [http://lib.ajaums.ac.ir/booklist/141Geriatric_NR.pdf](http://lib.ajaums.ac.ir/booklist/141Geriatric_NR.pdf)

Leisure Activities Between Genders (2018)
This cross-sectional descriptive study of 197 older adults, 76.95 average age, who were living in Gyeonggi Province, South Korea. Measurements were made of each adult participant by using perceived health status scale, Geriatric Depression Scale Short Form-Korea, loneliness scale, psychological well-being scale, and successful aging scale. It was found that the higher the level of participation in leisure activities of men, the better their perceived health status and lower their depression level. Whereas for women, the level of participation was positively related to their psychological well-being. Of significance is the higher the level of women’s participation in leisure activities, the better their psychological well-being and more successful their aging. One implication is that men and women need different leisure programs.


Mindfulness and Aging (2015)
Mindfulness meditation can improve the health-related quality of life, such as reducing anxiety, depression, and pain. This study from the Thomas Jefferson University in Philadelphia tested the feasibility and effectiveness of an eight-week Mindfulness-Based Stress Reduction program for elders. In the qualitative measures, the study participants reported increased awareness, being less judgmental of themselves, and greater self-compassion. They also reported increased energy, vitality, and well-being with mindfulness training and being more tolerant of other people and less judgmental in general. The study results demonstrated the potential effectiveness and feasibility of the program in promoting mind-body health for elders.


Mindfulness skills influence well-being across the life span. Mindfulness may be an important mediator of the negative effect from life’s loss and bereavement experiences. This European study of 507 participant’s results implied that age-related decrease in negative affect is mediated by mindfulness skills.


Article: [https://academic.oup.com/psychsocgerontology/article/70/2/179/571983](https://academic.oup.com/psychsocgerontology/article/70/2/179/571983)
Savoring The Positive Improves Resilience (2019)
Savoring, the ability to focus on positive experiences and intensify and prolong positive feelings, is related to greater resilience, lower depression, and higher happiness in adults. This study used a convenience sample of 111 adults, ages 60-93, who reported good to excellent health. Their savoring responses were measured on a 19-item Ways of Savoring Checklist, a five-item RAND General Health subscale, Brief Resilience Scale, short 10-item Center for Epidemiologic Studies Depression Scale, and four-item Happiness Scale. The authors believe some potential mechanisms account between savoring and increased resilience and well-being. Positive mindfulness seems to be a key component of savoring and increases mindfulness, subjective well-being, and ability to regulate stress. Savoring may improve one’s ability to appreciate positive moments during difficult times and contribute to developing such resources as strong relationships and skills to respond resiliently when challenged.


Article: https://journals.sagepub.com/doi/10.1177/0733464817693375 (Abstract Only)

Age Successfully (2017)
Resilience enhances the quality of life. “Women who are resilient stand the best chance for what could be considered ‘successful aging.’” It also includes maintaining middle-age functioning and rebounding and growing after facing challenges. Such lifestyle factors as activity levels, diet, thought patterns, and mental stimulation influence mental and physical functioning. A personality characterized by optimism and conscientiousness predict longevity. Social support and integration, connectedness, community engagement and asking for help are positive qualities.


Article: https://www.ingentaconnect.com/content/asag/gen/2018/00000041/00000004/art00018 (Abstract Only)

Religious Music Improves Mental Health (2015)
Listening to religious music promotes psychological well-being in later life. Also the frequency of listening to religious music is associated with a decrease in death anxiety and increases in life satisfaction, a sense of control, and self-esteem. The frequency of listening to gospel music is associated with a decrease in death anxiety and an increase in a sense of control. Listening to religious music may serve as a form of self-comfort and self-care.
Creative Wellness Boosts Well Being (2018)
The author reviewed over 100 studies and found that the arts of dance, music, visual arts, and writing have a powerful health impact by decreasing depression and stress and may delay cognitive decline. To be “creatively well,” the author’s advice is: Join an art or pottery class, dance, sing, journal, doodle, express self through poetry and writing, try acting, photography, and cooking, and enjoy dance performances and art museums.


Reminiscence- A Positive Effect on Older Adults (2016)
Reminiscence, a recollection of past experiences, can have a direct and positive effect by reflecting on past accomplishments, identifying problem-solving skills, and coping mechanisms can achieve continuity and meaning to life. The study sample consisted of 195 adults with mild to moderate osteoarthritic pain. Spontaneous (simple) reminiscence is different than facilitated integrated reminiscence—being assisted by a trained facilitator. It was found that individuals may need an active listener facilitating integrative reminiscence to reinterpret past negative experiences more positively.


Article: https://www.researchgate.net/publication/303835767_The_Relationship_Between_Reminiscence_Functions_Optimism_Depressive_Symptoms_Physical_Activity_and_Pain_in_Older_Adults (Abstract Only)

Meaningful Activities Healthier Old Age (2019)
Andrew Steptoe and James Maddux studied the health and lifestyle of 7,300 adults in the United Kingdom, aged 50-90 at the outset and four years later. Although the things that bring meaning to lives are hugely variable, they found that “the more meaning people see in their lives, the healthier they tend to be.” From a personality perspective, these people see the good in little day-to-day things and tend to support their physical and mental well-being by exercising, eating well, and spending quality time with friends and family.


Positive Attitudes Toward to Internet Technologies Correlates to Well Being (2018)
A sample of 245 elderly persons with a mean age of 79 in Northern Italy was studied as to whether their favorable attitudes toward Internet technologies correlated with eudaimonic well-being (actualization of human potentials into society) and social well-being. According to Ryff, eudaimonic well-being has six dimensions: Autonomy, Environmental Mastery, Personal Growth, Positive Relations, Purpose in Life, and Self-Acceptance. The study confirmed that positive attitudes toward digital technologies may help the elderly improve their well-being. Internet users perceive a higher sense of community (belongingness) than non-users—helping to reduce feeling lonely. It was also found that two components of eudaimonic well-being, personal growth and purpose in life, were associated with positive attitudes toward technologies. In brief, the new digital technologies enhance the critical dimensions for successful aging, namely, psychological and social well-being.


Article: https://journals.sagepub.com/doi/abs/10.1177/0733464816647825
Brain Health

Cognitive Aging (2015)
Cognition refers to mental functions that are multi-dimensional—understanding, thinking and decision making—enabling one to engage in activities, accomplish goals, and successfully negotiate the world. Cognitive aging is a highly dynamic lifelong process that may improve with aging. Organizations need to promote activities that help maintain cognitive health and help people understand that aging may have both positive and negative effects on cognition. Wisdom gained from experience and expertise can increase as people age. Older adults may be better able to regulate their emotions when stressed than younger individuals. Physical activity has health benefits for even cognitive health. There is strong evidence for effectiveness of such social support programs as exercise buddies or walking groups. Comprehensive community interventions that combine counseling, media promotion, support and self-help groups, risk screening, health events, and improving the environment for walkability are most effective. Together we can help prevent or ameliorate the impact of aging on cognition.


The Synapse Project (2016)
Evidently, the brain shrinks and expands depending on our experiences. The Synapse Project, involving over 200 older adults, tested a new model of cognitive engagement. Participants in skill-learning groups engaged in structured learning about 15 hours a week and assigned to projects of increasing difficulty for 14 weeks. The findings were that older adults who learned a new skill showed large improvements in episodic memory ability and subtle improvements in processing speed and reasoning abilities compared to the group who engaged and socialized in solitary activities. The three implications were: 1) improvements in memory was likely due to enhancements in attention, 2) broad level engagement may have partially restored brain activity to a younger state, and 3) continued engagement in novel activities may be necessary to maintain brain enhancements. The type of activity matters such as learning skills and should be novel to the participants so as to require large degrees of mental energy and sustained focused attention. Also having an instructor who provides assistance, feedback that motivates, help achieve higher skill mastery, and a sustained challenge matters.

Unlocking Memory (2010)
Art and music therapy can have positive effects on anxiety, cognition, and depression. Taking older adults with dementias to art exhibits or attend concerts, and giving them art supplies to use may bring back memories and artistic skills. Each individual has something different that was uniquely important, such as one with deep faith may still be able to recite prayers. Try to find out what types of music an individual enjoys or were popular when he or she was young, as an effort to provide a variety of meaningful therapeutic activities.


Brain Health (2015)
The brain being a complex cognitive, emotional, motor, spiritual, and behavior system, brain health requires self-education and self-empowerment that encapsulates the core concepts of:

- **Plasticity**—a dynamic, malleable, and constantly reorganizing brain
- **Brain resilience**—brain cells react favorably by developing increased dendritic formations and cellular connections, a type of cognitive protection and may delay disease onset
- **Neurogenesis**—new brain cells are generated mostly in the hippocampus for new learning and spatial reasoning
- **A Brain Health Lifestyle of physical activity, mental stimulation, spirituality (meditation, prayer, practice forgiveness), socialization, and proper nutrition with fish, fruits, and healthy legumes such as vegetables, unsalted nuts, and beans.**


Music and Dementia (2017)
The two dementia cultural research settings used were Centrum Memory in Bratislava and Vincentinum in Munich with the intervention by music educators and music therapists of well-known Slovakian and Bavarian folk songs, children’s songs, and popular songs for six weeks. Folstein’s Mini-Mental State Examination was used to obtain quantitative data at the beginning and end of the study. The beneficial effects included:

- Awakening such as “shining faces”
- Synchronized sensorimotor processes
Music has a positive effect on brain plasticity and helps to modulate emotions in dementia.

Mastnak, Wolfgang et al. Singing with People with Dementia. *Today’s Geriatric Medicine, 1015-7, January/February 2017*


**Preventing Cognitive Decline (2017)**
Although there is no inconclusive evidence that increased physical activity, cognitive training, and blood pressure management in persons with hypertension prevent cognitive decline and dementia, the Academy committee concluded that there are encouraging beneficial effects. Cognitive training exercises--that may or may not be computer-based such as enhancing reasoning and problem solving, and speed of memory processing--are showing encouraging beneficial effects. Read the full report at [nationalacademies.org/Dementia](http://nationalacademies.org/Dementia)


**Cognitive Training and Alzheimer’s Disease (2016)**
Experts in neuroscience, geriatrics, and psychology developed and field tested multiple session programs to foster learning and generalization, challenge and be adaptable to participant needs. Each program session was designed to stimulate six cognitive domains and used auditory, visual, and kinesthetic sensory modalities, following key educational principles. The 24 one-hour sessions were delivered twice a week over a three-month period. The four Mind Aerobic Suite of Cognitive Programs are ready for distribution: 1) *The Mind Sharpener* for those with no impairment or very mild cognitive decline for retirement communities and senior centers; 2) *The Lively Mind* for mild or early-stage dementia; 3) *The Active Mind* for adult day care or assisted living facilities; and 4) *The Ready Mind* for moderately severe dementia. Although much work and follow-up remains to be done, this type of intervention is proving to be a useful tool to help individuals with cognitive decline achieve some improvement or stability.


Social Participation Improves Cognitive Health (2018)
In Japan social participation (SP) has five groups: senior citizen clubs, neighborhood associations, hobby groups, local event groups, and volunteers. Senior citizen clubs for aged 60 or older provide artistic endeavors, low impact sports, recreational activities, and travel. This three-year Japanese study was designed to determine whether SP is related to cognitive decline (CD) in a sample of 2,768 men and 3,325 women aged 65 or older. The study concluded that being active with a variety of social groups maintained cognitive function among women but not among men. SP may help prevent or postpone CD in the aging.


Article: https://academic.oup.com/psychsocgerontology/article/73/5/799/2632131

Enhancing and Maintaining Memory (2016)
Although the speed of memory processing may decline, such domains of cognition as wisdom or expertise can increase with age. The ner Institute of Medicine (now Academy of Medicine) encourages persons to reduce and manage cardiovascular risk factors, be physically active and regularly review health status and medications with a health care professional. Notable in this particular journal issue is that cognitive “training” with self-management approaches that include self-efficacy, on user-friendly, technology platforms have great potential.


Article: https://www.researchgate.net/publication/309570103_Enhancing_and_Maintaining_Memory_in_Older_Adulthood

Self-Management for Dementia (2016)
Self-management offers a way of helping persons with mild cognitive impairment (MCI) or dementia to manage their condition, physical and psychosocial consequences, treatment, and lifestyle changes. In this review of 19 papers, 15 interventions were included. The most common self-management components were communication, information, social support and skills training. In this review, it was noted that the studies by Logsdon and colleagues found that intervention participants had less decline in quality of life, less family conflict, and decreased depressive symptoms. The authors of this review concluded that although further random controlled trials of self-management interventions are needed to determine the effectiveness, the initial evidence is that self-management interventions can be feasible and potentially benefit individuals with dementia and MCI.

**Article:** [https://journals.sagepub.com/doi/abs/10.1177/0733464814566852](https://journals.sagepub.com/doi/abs/10.1177/0733464814566852) (Abstract Only)

**Brain Fitness Puzzle (2015)**
The author believes that we can prolong brain function in multiple healthy lifestyle ways, including aerobic exercise, proper balanced nutrition, volunteering, cognitive training, learning a new language, mastering stress through meditation, rotating through complex professional assignments, social engagement and more through cross-training our brains. (See figure 2 and Brain Fitness Tools).


**Article:** [https://sharpbrains.com/solving-the-brain-fitness-puzzle-is-the-key-to-self-empowered-aging/](https://sharpbrains.com/solving-the-brain-fitness-puzzle-is-the-key-to-self-empowered-aging/)

**Mouse Research on Alzheimer’s- Exercise Improves Memory (2018)**
According to Spires-Jones and Richie, the mouse research on Alzheimer’s disease of Choi is important because the report provides preclinical proof that exercise improves memory through neurogenesis in the hippocampus and increasing brain-derived neurotrophic factor (BDNF). Choi’s group found that activating adult hippocampal neurogenesis (AHN) through exercise improved memory in 5xFAD mice. The findings pave a way for human studies.


**Article:** [https://science.sciencemag.org/content/361/6406/eaan8821](https://science.sciencemag.org/content/361/6406/eaan8821)


**Article:** [https://science.sciencemag.org/content/361/6406/975](https://science.sciencemag.org/content/361/6406/975)
Caregivers

Partner Relationships Have an Effect on Health Outcomes (2018)
To examine dyadic mastery beliefs, these researchers studied a large scale nationally representative sample of married and co-habiting (actor-partner) older adults in the Health and Retirement Study. Over the six-year period, it was found the number of chronic health conditions increased, and functional limitations decreased with the increase of light, moderate, and vigorous physical activity. Higher education was associated with fewer chronic conditions, and more light and moderate physical activity. Higher levels of mastery were associated with fewer chronic conditions, fewer functional limitations, and better self-rated health. However, perceived stress over one’s own health was associated with more chronic conditions, more functional limitations, and lower self-rated health. The data suggest that individual developmental outcomes are intertwined in close relationships.

Drewelies, Johanna et al. Linked Lives: Dyadic Associations of Mastery Beliefs With Health (Behavior) and Health (Behavior) Change Among Older Partners. *Journals of Psychological Sciences*, 2018, 73(5):787-788


Care Partner (2017)
Using Walker and Avant’s method of concept analysis of literature, the authors recommended that an emphasis be placed on persons living with the condition as a contributor and partner in their own care. The care partnership between the individual with the condition and persons assisting them form the care dyad—to improve patient care outcomes. The care partner dyad emphasizes the importance of the input of the person with the condition whereas care partners provide the continuum of health care.


Community: The Benefit of Senior Centers

Community Partnership Models (2015)
To meet the needs of the aging, the authors reviewed 15 community partnerships and concluded that their effectiveness depends on not only developing relationships with academic partners, but also: 1) a prioritized evaluation plan & methods, 2) a training-enriched environment—using & developing member’s knowledge & skills, 3) flexible & creative evaluation & strategies, and 4) committee of service recipients, direct service providers, & paid partnership staff to facilitate & support collaborative evaluation to attain desired outcomes. It was suggested to identify “champions” within the partnership who can serve as evaluation leaders for decision-making & future planning.


Article: https://journals.sagepub.com/doi/abs/10.1177/0733464813487587 (just abstract)

Integrated Model of Co-ordinated Community Based Care (2015)
These University of California (Berkeley) researchers studied the ElderHelp Concierge Club, an integrated community-based care model that includes multi-level care coordination, personal assessment, professional and volunteer service providers, and a capitated, income-adjusted fee model. Their evaluation of their coordinated approach retrospectively determined 62.5% used the volunteer driving, 36.5% received grocery shopping help, 20.8%, friendly visiting, 8.3%, home repair services, 7.3%^ used financial advocacy service, 4.2%, housekeeping, and 1% used the pet care service. Their findings suggest that the services contributed to client mobility, improved ability to meet household needs, reduced falls, greater access to health care through the transportation service, and greater perceived ability to age in place. The arrangement of care coordination and having a member liaison to call on whenever assistance was needed may contribute to a sense of security and reduced social isolation.


Article: https://academic.oup.com/gerontologist/article/55/4/677/580150
Being Socially Active Helps Older Folks Age Well (2019)
As published by Karen Fingerman and Debra Umberson in the Journals of Gerontology Series B: Psychological Sciences and Social Sciences. February, 2019, they reported about their study of more than 300 adults over 65. They found that when participants were with a variety of social partners, they not only more physically active and spent less sedentary time, but also were engaged in more activities, such as waking, talking with others, and shopping. Therefore, policies and programs that support and promote social participation are important for physical and psychological well-being.

Reinberg, Steven. Being Socially Active Helps Older Folk Age Well. Health Day University of Texas at Austin, press release, Feb. 20, 2019

Article: https://consumer.healthday.com/senior-citizen-information-31/misc-aging-news-10/being-socially-active-helps-older-folk-age-well-742792.html

Educating Health Professionals on the Social Determinants of Health (2016)
On March 9, 2016 this Committee of experts conducted a televised webinar to present the Institute of Medicine Report, “A Framework for Educating health Professionals to Address the Social Determinants of Health” with presenters located in Belgium, Germany, and Washington, D.C. They proposed a conceptual model for the framework’s use to help communities address health inequalities and support evaluation research. The framework’s core should serve as a guide for creating lifelong learners and prepare professionals to take action on the social determinants in health at regional, national, and global levels-- with the goal to increase diversity and impact health and well-being.


Article: https://www.nap.edu/read/21923/chapter/1

Survey of US Villages (2016)
On July 15, 2016, 115 of 155 Villages completed the survey; the average age of Villages was five years. They served in an urban setting (36%), suburban (35%), rural (13%), and a mixed geographic setting (16%). Almost half (45%) were linked with 16 different coalitions that provided advice, support, and leadership development. As to dues, 90% charged annual dues with individuals paying an average of $431 and households $601 with poverty level discounts available. The average Village members numbered 146 and the mean percentage of members aged 85 or older was 22%, aged 75-84 was 36%, aged 65-74 was 35%, and those 64 or younger, 13%. The most common services Villages offered were: social events (95%), transportation (94%), classes or educational events (90%), companionship (90%), technology assistance (88%), shopping, 87%), information and referral services (89%), and home repair or maintenance (83%). The Villages (80%) that had paid staff, had an average of 2.1 or an average of 80
Most Villages (95%) had an average of 10 board of director members and 4.5 committees. The average total revenue was $115,085 for the prior year and mean total expenditures, $103,862. The 43% Villages that collaborated with external resources, formally connected with an average of six organizations, including religious institutions (26%), social service agencies (32%), and senior centers (12%). As to sustainability, maintaining a strong volunteer base and being part of regional or local coalitions of Villages enable Villages to assist each other.


The Village Model (2017)
With the aim to help older adults age in place, the Village model was developed in Boston’s Beacon Hill neighborhood in 2002. Characteristically, they are: 1) grassroots organizations, 2) membership-driven, 3) self-governing, 4) self-supporting, 5) coordinate access to external services through vetted discounted providers, 6) provide services through volunteers or staff, and 7) focusing on the whole person, offer aging services, social activities, and engagement. Although this research found no uniform Village model, the Prototypic Village, often located in communities with substantial economic and social resources, has volunteers providing many services, members involved in governance and providing services, and dues and fees accounted for half or more of the Village’s funding.


Article: https://journals.sagepub.com/doi/abs/10.1177/0733464815584667 (Abstract Only)

Improving Communities (2016)
With substantial ideas shared by mayors, this AARP book may inspire new ways of improving communities. For example, former Mayor Lori Moseley of Miramar, Florida describes how a senior centers serve the city’s large Latino population with a Spanish-speaking staff for cultural activities and group wellness. And a Generation 2 Generation program promotes life-long learning and connects elementary school children with those 50 and older who share their love of reading through a Rainbow Readers club.

Empowerment of a Village (2012)
This is one of the early articles that document the 2002 founding of Beacon Hill Village in Boston and launching the national Village to Village Network (www.vtvnetwork.org) in 2010. The VtV Network has an information phone line, a searchable U.S. Village directory and webinars every month. Villages empower older adults to age in place by remaining in their own homes and communities and focus on providing social and practical supports. They are self-governing, self-supporting, membership-based organizations and create strategic community partnerships. In 2012 66 Villages were open in the U.S. with an average of 200 members.


Mobilize Older Adults in Your Community (2016)
This study of six communities in Clackamas County, Oregon was designed to discover how physical, social and service environments affect residents’ views of a community’s age friendliness for aging-in-place. Figure 1 aptly shows the attributes of a Community Age-Friendly Model. It was found that all six communities tended to depend on personal motor vehicles to access assets, especially rural communities. Having educational and volunteer opportunities available to everyone was important to most respondents (65-75%). In rural communities, volunteerism and civic engagement opportunities are valued and necessary, especially faith communities. Barriers to age-friendliness include: absence of home health care, economic conditions, reduced public services, and limited health emergency services.


Communities Address Social Isolations (2019)
ASA included the AARP Public Policy Institute page by Jenna Hauss on Communities Around the Country Addressing Social Isolation and Loneliness who wrote that almost 30% persons 65 and over are living alone and probably will increase. The percent of U.S. older adults who reported feeling lonely has doubled since the 1980s. As AARP reported in 2011, about one-third of those
over 65 are living and 50% of those over age 85 are living alone. Intergenerational programming has proven to have multiple benefits. Also “Intergenerational Solutions in Housing” that pairs graduate students with older adults who have an extra room in their home can assist with instrumental activities of daily living. Senior Centers, Adult Day Care Programs, and Community Centers provide socialization and exercise, travel, and resources as well as social media can provide digital connectedness.


Article: https://www.asaging.org/blog/communities-around-country-addressing-social-isolation-and-loneliness

Nutrition Services Improve Socialization in Communities (2018)
By conducting a three-part survey of congregate meal sites of its Title III-C Nutrition Services Programs that offer social activities, ACL found that the percentage of participants who were very satisfied with their opportunities for socialization was greater at the 71% sites that offered social activities than at the 59% sites that did not. Specifically, 81% sites that provided nutrition counseling, 76% sites that provided transportation, 76% sites that provided case management and 73% sites that proved nutrition education – also offered social activities.


Social Isolation Among Non-Urban Elders (2017)
Non-urban elders face high risk of being isolated and lonely. Social isolation, a killer, is the physical isolation that prevents or limits a diverse social network; whereas loneliness is an emotional qualitative or quantitative deficiency in social relationships. Senior center programing, wellness programs, care management, referral to health and human services programs, robust transportation, walkable communities, and encouraging older adults to stay healthy and connected through meaningful civic engagement in churches and volunteer avenues, and utilizing technology are all important for reducing depression and loneliness.


Social Isolation Potent Killer (2017)
Strong social ties are so important to health that the author recommends that we develop geriatric protocols that include the assessment of isolation. In fact, retirement planning should also focus on building social capital—strengthening personal relationships. To address social isolation, we need to develop communities that foster and support building social ties such as village models of age-friendly communities. The author urgently expresses the need for more attention to social isolation as a potent killer.


Lessons from Community Partnerships (2015)
To meet the needs of the aging, the authors reviewed 15 community partnerships and concluded that their effectiveness depends on not only developing relationships with academic partners, but also: 1) a prioritized evaluation plan & methods, 2) a training-enriched environment—using & developing member’s knowledge & skills, 3) flexible & creative evaluation & strategies, and 4) committee of service recipients, direct service providers, & paid partnership staff to facilitate & support collaborative evaluation to attain desired outcomes. It was suggested to identify “champions” within the partnership who can serve as evaluation leaders for decision-making & future planning.


Article: https://www.ncbi.nlm.nih.gov/pubmed/24652885 (Abstract only)

Coordinated Community Based Care (2015)
These University of California (Berkeley) researchers studied the ElderHelp Concierge Club, an integrated community-based care model that includes multi-level care coordination, personal assessment, professional and volunteer service providers, and a capitated, income-adjusted fee model. Their evaluation of their coordinated approach retrospectively determined 62.5% used the volunteer driving, 36.5% received grocery shopping help, 20.8%, friendly visiting, 8.3%, home repair services, 7.3%^ used financial advocacy service, 4.2%, housekeeping, and 1% used the pet care service. Their findings suggest that the services contributed to client mobility, improved ability to meet household needs, reduced falls, greater access to health care through the transportation service, and greater perceived ability to age in place. The arrangement of care coordination and having a member liaison to call on whenever assistance was needed may contribute to a sense of security and reduced social isolation.
Loneliness, a biopsychosocial stressor, has been reported to be experienced by 17 percent American midlife and older adults. Chronically lonely individuals have increases in pro-inflammatory cytokines that contribute to cardiovascular disease and poor sleep habits that may lead to self-isolation and less community involvement. As a result, Loneliness Intervention Using Story Theory to Enhance Nursing-Sensitive Outcomes (LISTEN) was developed and measured by the UCLA Loneliness Scale.


Loneliness and Social Environment (2017)
These researchers studied 3,593 community-dwelling persons aged 65 and older in Wales from the Cognitive Function and Aging Study by applying the World Health Organization’s (WHO) International Classification of Functioning, Disability and Health (ICF) to the pathways to loneliness. It was found that cognitive impairment had a significant impact on loneliness. Loneliness is a negative and unpleasant state that results from being dissatisfied with the quality and quantity of social resources (interactions with family, friends, and neighbors). It was also found that greater age was associated with fewer social resources and greater loneliness. However, the greater number of years of full time education was associated with greater social resources, but higher levels of loneliness. One quarter of older persons in this study experienced loneliness. The 2001 ICF WHO model of disability attributes social-structural and psychosocial factors such as social support, psychological resources, and discrimination as influencing outcomes. Other researchers such as Kim & Fredriksen-Goldsen have found that minority groups are at risk of internalizing negative societal values which influence social engagement and impact loneliness. The two main messages from this research are: 1) loneliness may be influenced by the social environment and 2) tackling loneliness requires joint theorizing and integrated interdisciplinary research from biologists to social policy analysts. Finally, changing cultural attitudes can potentially impact self-identity and the social futures of those with cognitive impairment.


Article: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5881780/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5881780/)
Social Isolation and Public Health (2017)
In testifying before the U.S. Senate Aging Committee in 2017, the author declared that Australia, Germany, United Kingdom, and U.S. are facing a loneliness epidemic that is estimated to affect eight million older adults. The majority of American adults do not participate in any kind of social group. When Holt-Lunstad and her colleagues conducted their first meta-analysis of 148 studies, they found that over 300,000 participants showed that greater social connection is associated with 50% reduced risk of early death. In their second meta-analysis of 70 studies with 3.4 million participants, they found the risk factor of social isolation, loneliness, and living alone significantly affected the risk for mortality. They noted evidence that social connection also influences such mental and physical health outcomes as increased risk for cognitive decline, dementia, and depression. Also social relationships have influenced such health-related behaviors as medical/treatment adherence and such physiology as blood pressure, immune response, and inflammation.


Senior Center’s Role in Fighting Social Isolations (2017)
Home to almost 250 government-funded senior centers, since 2004 New York City also has nonprofit Older Adults Technology Services (OATS) where over 30,000 persons over age 60 have been taught free technology classes. They published in 2010 that six months after completing a basic computer course, 65% participants reported social engagement improvements and used the internet daily. OATS has been able to build 24 new technology labs. And to address social isolation, OATS initiated a six-month training project and provided an iPad and free broadband at home to 100 socially isolated individuals in two cities. Participants attended 52 sessions over six months and learned effective communication techniques with support from 30 volunteer trainers. Researcher found improvements on such measures as companionship and feelings that participants’ daily activities were worthwhile for the community. Volunteer trainers received three-day intensive training, a 52-module printed curriculum, trainer’s guide, and weekly telephone-based coaching. OATS now uses paid trainers and has a 26-week curriculum for its program, “Connect,” at its Senior Planet Exploration Center (the country’s first technology-themed older adult Community Center).


Declining Social Connectedness (2017)
Loneliness, a byproduct of declining social connectedness, usually begins with some form of loss, such as the death of contemporaries, siblings, or spouse. Loneliness on an individual level is considered to be at increased risk for dementia, heart disease, stroke, and death. As part of a study, IBM’s Institute for Business Value interviewed 50 professionals from six countries to gain an understanding of loneliness and aging. The authors emphasize the need for innovative thinking on an individual and collective level to solve loneliness among older adults. In fact, “Solving for loneliness will take a new kind of village, replacing losses with new connections.”


Social Environment and Cognitive Difficulty (2017)
This collaborative study examined the association of social connectedness, social isolation, and cognitive well-being. Living arrangements, size of social networks, and engagement in social activities are part of social connectedness. Such formal social activities as church attendance, volunteering, and work and informal social activity including group recreation are all considered social engagement. It was found that the risk of being diagnosed with Alzheimer’s disease was 20.8% greater for those who did not expect social support than respondents with e4 allele who expected social support. This study also found that when compared with persons who are married, those not married, living alone were associated with a greater risk of non-Alzheimer’s dementia. Respondents who reported feeling lonely were at greater risk of cognition difficulty compared with those not reporting loneliness. “Being more socially engaged was associated with less risk of any type of cognitive difficulty.”


Article: https://academic.oup.com/gerontologist/article/57/6/1031/2951236

High Resting Heart Rate Associated with Social Isolation (2016)
A high resting heart rate (RHR) is considered a risk factor for cardiovascular disease and mortality. Previous studies have documented that those from more socially disadvantaged backgrounds have a higher cardiovascular disease risk. This Republic of Ireland study of 8,175 community-dwelling of 50 years and older adults were surveyed and administered an assessment that included a five-minute baseline electrocardiogram, lipid profiles, and anthropometric measurements. The four item Berkman & Syme social Network Index was used to measure social connectedness. Five items from the University of California, Los Angeles (UCLA) loneliness scale were selected to measure feelings of loneliness and social isolation. The
data showed a social gradient with persons from lower income backgrounds having a higher RHR. The more disadvantaged individuals had smaller social networks and higher scores on the UCLA loneliness index. A larger social network size was associated with a lower RHR. The authors concluded that a higher level of social isolation was predictive of a higher RHR.


**Aging In Community (2015)**
To help older adults live independently and with dignity as they age, the Community Partnerships for Older adults (CPFOA) consisting of 15 innovative community-based projects, included training high school students to assist older adults at home and creating a travel voucher system for transportation. In California the Center for Civic Partnerships ([www.civicpartnerships.org](http://www.civicpartnerships.org)) is planning proactively to meet the large number of aging Baby Boomers by creating an available toolkit for community planning, engagement and action. This study used the four-step appreciative inquiry model as a framework ([http://appreciativeinquiry.case.edu/](http://appreciativeinquiry.case.edu/)). Based on 484 persons studied, the forums held at sites yielded 113 stories and 104 more on-line. The findings identified six actionable themes: Meaningful Involvement, Respect & Social Inclusion, Communication & Information, Health & Well Being, Aging in Place, and Transportation & Mobility. As to Meaningful Involvement, participants indicated that volunteering, working, and teaching provides a sense of meaning and purpose, fosters relationships, and benefits the broader community. Participants related that self-reliance was the key to their dignity and independence.


**Article:** [https://www.researchgate.net/publication/272297180_Aging_in_Community_Mobilizing_a_New_Paradigm_of_Older_Adults_as_a_Core_Social_Resource](https://www.researchgate.net/publication/272297180_Aging_in_Community_Mobilizing_a_New_Paradigm_of_Older_Adults_as_a_Core_Social_Resource)

**Older Adults with More Friends Better At Preventative Health (2018)**
“Social isolation has long been linked to poorer physical and mental health as people age.” In reviewing research of 5,362 adults born in 1946 in England, Scotland, and Wales, it was found that these older adults with bigger social networks seemed to maintain such recommended preventive health screenings and services as blood pressure and cholesterol assessments, cancer screenings, immunizations, routine checkups, and vision and dental exams. Also persons age 53-69 who experienced increasing quality in their social connectedness were less
likely to fall behind on preventive services and screenings than those with limited social networks.


**Benefits of Having Friends at Older Ages (2014)**

Data were obtained from the German Aging Survey of community-dwelling people ages 40-85 in Germany 1996, 2002, and 2008, with a final sample of 2,830 middle aged and 2,032 65 and older adults. The results showed that the middle-aged group’s activities with friends *and* families increased life satisfaction positively; whereas the older age group showed increased life satisfaction positively with friends. The implication is that the effects of informal social activities with friends may be more important in older adults for subjective well-being as a buffer against the negative effects of aging. Older adults need support in building and maintaining friend-based social networks such as with programs designed to increase informal social interactions.


**Therapeutic Socialization (2014)**

By 2010 older adults will make up 20% of the US population. Symptoms of anxiety, withdrawal, headaches, aches, pain, low energy, and loss of appetite may be due to social isolation. Language barriers, such medical conditions post-stroke, chronic illness, and depression can be isolating. Therapeutic socialization can be achieved through social recreation programs with such other older adults as exercise, outings, and cognitive stimulating activities. The caregiver is also at risk for depression, isolation, and burnout.


Connecting Older Adults to iPad Technology (2017)
Conceptually, metaliteracy incorporates digital literacy and interactive technologies to study information literacy. By using a mixed-methods single case study research design and the conceptual framework of metaliteracy with this exploratory study of 19 older adults in Southwestern U.S., the researchers found that iPad technology had the potential of reducing social isolation by connecting participants to online communities, enhancing communication with families, and renewing prior relationships.


Article: [https://www.researchgate.net/publication/278792130_Reducing_the_Digital_Divide_Connecting_Older_Adults_to_iPad_Technology](https://www.researchgate.net/publication/278792130_Reducing_the_Digital_Divide_Connecting_Older_Adults_to_iPad_Technology)

Loneliness Adversely Affects Cognitive Function (2017)
Loneliness adversely affects cognitive function and increases the risk of developing late-life dementia. These researchers analyzed the data from a national sample of 14,199 Chinese older adults from 2002, 2005, 2008, and 2011 of the Chinese Longitudinal Healthy Longevity Survey. They found that severe loneliness was significantly associated subsequently with poorer cognitive function assessments. They summarized that there may be a reciprocal relationship between loneliness and cognitive function and recommend the need to improve chronic disease management.


Article: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5156491/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5156491/)

Loneliness in Later Life (2019)
Loneliness is considered to be “...a self-assessment of insufficient, meaningful social connections.” It is a risk factor for substance abuse, depression, exploitation, malnutrition, and self-neglect. Ansello asserts that being isolated and living alone does not necessarily predict loneliness. He believes three factors can contribute to a satisfying life: a) a supportive confidante, b) substantive friends with shared experiences or values, and c) being able to participate in meaningful activities that bring pleasure or personal growth. Four actions are recommended: a) activities such as crafts, genealogy, photography; b) technology, computers, etc.; c) pets, and d) family and friend support.

Widowhood and Loneliness in Older Men (2018)
Using Health and Retirement Study data for a nationally representative sample of adults 51 years and older in 1998, this Florida State University study examined a subsample of 1,874 veterans as to whether military experiences, especially the traumatic exposure to death, enable better adjustment with a reduction of loneliness associated with widowhood. The results suggested that veterans exposed to death during service seem to be more resilient, a process that develops through lived experiences and can be activated as a psychological resource. Compared to civilian widowed, there was a significantly lower level of loneliness among veterans with exposure to death. Veterans without exposure to death remain similar to civilian widowers.


Stay Connected to Combat Loneliness (2018)
“Feeling lonely or being isolated are bad for your health.” This NIA infographic recommends that older adults to stay connected due to the risk of depression, dementia, heart disease, a weakened immune system, and early mortality. Seniors are urged to adopt a pet; exercise; enjoy and learn a new activity; stay in touch with family, friends, and neighbors; and volunteer. More tips can be found at: [https://bit.ly/2V9sZU1](https://bit.ly/2V9sZU1)

Exercise

Exercise and You (2016)
Physical activity may delay or prevent the onset of Alzheimer’s disease. Cathepsin B is a protein secreted by skeletal muscle cells and levels of this protein rise in those who exercise regularly. A study of 40 young adults in Germany showed not only significant increase in blood cathepsin B with regular fitness training, but also a relationship between increases in cathepsin B and the participants’ visual memory ability. Moon HY et al. Cell Metabolism, 2016 June 23
Article: https://www.researchgate.net/publication/304453095_Running-Induced_Systemic_Cathepsin_B_Secretion_Is_Associated_with_Memory_Function

Walking Research (2016)
Based on interviews, 778 individuals aged 45 to 94 had their activity measured by pedometers. The participants reported whether it was important to have such eight amenities as a bank, pharmacy, food store, post office, park or walking path, library community center, and exercise facility within walking distance. The amenities rated as very important by most participants were a park (59.5%), food store (58%), pharmacy (50.1%), and bank (43.1%). Participants, who expressed that it was very important to have amenities within walking distance, were more likely to walk to amenities. The relationship between a neighborhood environment and walking behavior is complex and underscores the profound impact of a car culture that overrides walking. The need to promote the importance of walking is suggested.

Article: https://journals.sagepub.com/doi/abs/10.1177/0898264315597352 (Abstract Only)

Exercise and You (2016)
Heart failure is a major chronic health condition with deleterious effects on the older adult. The authors reviewed randomized, controlled trials that have studied physical activity/exercise as an intervention and reported outcomes. Participants in these studies averaged 30 minutes of moderate exercise two or three days a week. Walking programs, dancing, use of cycle ergometry, and resistance training were reported to support function and quality of life outcomes. It may be that the feeling of community, interaction, and verbal encouragement influenced outcomes. Also the group setting or including spouses or significant others may provide better support participant engagement and program adherence. More research is
needed to identify successful strategies to improve the physical function and fitness of those suffering from heart failure.


**Article:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5108691/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5108691/)

**Mind Body Training (2017)**

Mind-body training of self-compassion was given to 34 female health professional caregivers for five weeks by combining seven centering movements of tai chi and qigong (TCQ). The results showed significant improvements in caregiver Mindful Self Compassion, Psychological Social Well-being, General Self-Efficacy, and Positive and Negative Experience Scales. LKM (Loving Kindness Meditation) and MSC (Mindful Self Compassion) meditation can change brain activities and increase compassion. LKM increases such positive emotions as love, gratitude, hope, and awe. LKM and TCQ can offer a holistic approach for better self-care for caregivers.


**Tai Chi and Well Being of Older People (2007)**

The effects of Eastern form Tai chi (TC) versus Western form low impact exercise (LIE) for 12 weeks on 72 participants were compared with a non-exercise control group. Usually one new TC form was introduced and choreographed along with the philosophy behind it during each 60 minute weekly class that included meditation and group discussion. The LIE class emphasized physical exercise—cardiovascular and strength training. Both exercise groups improved upper body strength, balance, cardiovascular endurance, lower body strength, and decreased sleep disturbances, and anxiety.


**Article:** [https://pdfs.semanticscholar.org/5173/15b6e0ace95e7865c7f2ce1fba3e8cf97e6b.pdf](https://pdfs.semanticscholar.org/5173/15b6e0ace95e7865c7f2ce1fba3e8cf97e6b.pdf)

**Making Exercise Assessible for Older Adults (2009)**

The Resources and Activities for Life Long Independence (RALLI) program with 9 weekly sessions for 90 minutes was found to be a promising exercise promotion intervention for those
with mild cognitive impairment. One reason is because exercises were broken into small steps, easy to follow instructions, and linked with cues. The research results showed that the 37 participants increased their exercise time from about 9 minutes per day to an average of 32 minutes per day, achieving both cognitive and physical benefits. Other benefits include delaying dementia and physical disability.


Article: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2803772/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2803772/)

Community Based Tai Chi Programs (2017)

In exploring the barriers and promoters to physical activity (PA) programs, via focus groups, related to a 16-week Tai Chi program, the authors identified four categories as promoters to enrollment: health improvement, time of day, socializing and networking, and pairing with other programs. Older adults define physical, functional, psychological, and social health as part of successful aging. Influenced by family commitments, participants expressed preferences for mid to late morning or afternoon. Social interaction has a strong protective effect on healthy aging. Participants also articulated preference for attending paired programs, that is, one is held right after another program. Barriers relate to travel and weather and teacher/leadership appropriateness. Participants expressed the importance of liking the instructor. Programming messages should focus on health benefits to participants and adjusting PA programs to the optimal time of day for participants.


Physical Activity Programs for Older Adults (2005)

The physical activity programs of a convenience sample of seven academic centers in the US were surveyed. As a result, 652 facilities reported that they offered aerobic programs (73%), flexibility (47%), and strength training (26%). The data showed the need for 78% more physical activity programs and to develop more strength training program, raise awareness of the importance of physical activity and engage more older adults in these programs.


Tai Chi on Cognition and Fall Risk (2017)
This research based on 59 adults that received 15-week training, three times a week, found significant improvement in cognitive function and physical performance related to falls with moderate reduction in fall risk of these participants with multiple-domain amnestic mild cognitive impairment.


Physical Activity Effects (2017)
When compared health education (HE), physical activity (PA) reduces mobility disability. This LIFE (Lifestyle Interventions and Independence for Elders) study was a large eight field center randomized trial involving 1635 adults aged 78.9 (plus or minus 5 years) with 67.2% women at risk for mobility disability. Compared with the HE group, the results of the study suggest that PA interventions targeting lower extremity muscle function such as walking, resistance and balance training, would be especially effective in preventing mobility disability. PA had the strongest effects on walking-speed over 400 m. and chair-stand performance.


Article: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5507738/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5507738/)

Exercise and Sarcopenic Obesity (2017)
Sarcopenia is an age-related reduction of muscle mass, function, and strength. This investigation conducted in Taiwan on exercise training studied 60 patients with sarcopenic obesity and the influence of resistance training (RT), aerobic training (AT), or combination training (CT) on body composition, muscle strength, and insulin-like growth factor 1 (IGF-1). After eight weeks of training, the RT, AT, and CT groups exhibited significantly increased appendicular skeletal muscle mass and skeletal muscle mass and reduced body fat mass and visceral fat area. The effect was retained until week 12. As compared to the control group, the trained groups were superior in muscle strength performance and serum IGF-1 level.


Exercise to help Frailty (2013)
Proactive steps taken throughout a lifetime may prevent or delay fraility. Elder fraility can be caused by sensory or age-related muscle losses, functional fitness changes, and falls. A 16-week walking or resistance training can improve strength, flexibility, agility, and balance. Without such training, lean muscle tissue loss can begin at age 30. Strong leg muscles lead to improved balance. Resistance training is better and more cost-effective than providing nutritional supplements. An exercise program should improve functional activities of daily living and build up a reserve of strength. All programs should follow some evidence-based guidelines.


Cognitive Benefit of Exercise (2015)
Studies (22) mentioned showed cognitive benefit from exercise and fitness training. Exercise is associated with reduced risk for Alzheimer’s disease among those 65 and older who exercised for at least 15 minutes, three times a week (Larson). Barnes measured the maximum rate of oxygen consumption (VO2) during incremental exercise of 349 persons aged 55 and over and found only lower levels of VO2 correlated with cognitive decline. Other data suggest that cardiovascular fitness can improve the plasticity of the aging brain. Using MRI, Kramer and colleagues concluded that older adult aerobic training participants studied demonstrated a significant increase in gray matter volume in the frontal and superior temporal lobes. Drapkin recommends high-intensity interval endurance training for short periods of maximum effort be followed by periods of maintenance or recovery effort.


Article: http://drrobertmdfacp.com/exercise-and-brain-function/

Physical Activity and Cardiovascular Health (2018)
The main concern is 67.9 % women, 60-79 years old, have cardiovascular disease that is the leading cause of death among women 65 and older. This National Institutes of Health news release announced the startling findings of a study of 5,638 older women between 2012-2014 who initially wore hip-mounted accelerometers 24 hours/day for seven days and were followed for nearly five years. It was found that “... the longer the individual periods of uninterrupted sitting—the greater their risk of cardiovascular diseases...reducing their sedentary time by just an hour a day appears to lower the risk of cardiovascular diseases by 12 percent.”

Sedentary behavior and cardiovascular disease in older women: The Objective physical Activity and Cardiovascular Health (OPACH) Study.
The U.S. Dept. of Health and Human Services released new guidelines for physical activity on November 12. For older adults should do multicomponent weekly physical activity that includes balance training, aerobic and muscle strengthening activities. Those with chronic health conditions and disabilities should do at least 150 to 300 minutes a week of moderate-intensity or 75 to 150 minutes a week of vigorous intensity aerobic physical activity or a combination of the two activities. And those who are able should also so muscle-strengthening activities of moderate or greater intensity, involving all major muscle groups on 2 or more days a week. Adults with chronic conditions should be under the care of a health care provider about the types and amounts of appropriate individual activity


Confidence in Physical Function (2008)
Satisfaction with physical function is highly relevant for older adults and ways to improve satisfaction with physical function may lead to enhanced well-being. This study examined the interrelationship of self-efficacy and satisfaction with physical function on physical activity programming with older adults. Specifically, the researchers examined the differences between successful aging and physical activity groups in self-efficacy for the 400 meter walk and satisfaction with physical function. The physical activity used was a combination of aerobic, strength, balance, and flexibility exercises and measured by a short physical performance battery in three areas: balance, chair stands, and 4-m self-paced walking speed. The 412 participants aged 70-89 had the common conditions of hypertension (69.10%), arthritis (21.98%), and diabetes (21.70%). The study demonstrated that older adults with impaired lower extremity functioning can improve self-efficacy and satisfaction related to physical functioning through a multimodal physical activity intervention.


Physical Activity Promotes Active Aging (2016)
In the light of the fact that physical inactivity is the fourth leading risk factor contributing to mortality globally, this literature analysis summarizes such important information as the...
conceptual framework showing that physical activity (PA) benefits functional outcomes as well as psychological well-being. PA can improve cognition, reduce incidence of dementia, and improve health among those with dementia. To maintain or improve bone mineralization in older women, weight bearing aerobic, high impact and resistance PA can also prevent falls. The Physical Activity Guidelines for older Adults of WHO 2010 provides specifics as total volume of PA, duration, and fall prevention with PA to enhance balance three or more days a week. The conclusion is that as a major contributor to successful “healthy aging,” it has clinical, psychological, and social benefits.


Long Term Body Mass Based Resistance Exercises (2017)
To meet the need for practical exercise programs that can be performed at home without supervision and prevent age-related muscle mass and cognitive function loss, this research from Japan focused on a three-month body-mass-based home exercise program on cognition of 170 men and women ages 52-81. The program had five exercises—each done 16 times per circuit: 1) sitting down and standing up from chair, 2) hip joint extension and flexion, 3) calf raises, 4) side leg raises in a standing position, and 5) trunk flexion and extension in a sitting position. Participants were requested to perform two-three circuits per day. Also five cognitive tasks were measured. Since it was found that their body-mass-based home exercise program was effective for preventing cognitive aging, they concluded “…physical fitness appears to be the most effective method for preventing age-related declines in cognitive functioning…”


Article: https://journals.sagepub.com/doi/abs/10.1177/0733464815625834 (Abstract Only)

Impact of Exercise on Older Women (2018)
Since the American College of Sports Medicine has recommended that adults should participate in 150 minutes of moderate/vigorous physical activity (MVPA) every week, these researchers investigated 101 women (65-90+ in age) in 7 Senior Centers in Kansas and Ohio and found that 20 minutes per day or 100 minutes a week of MVPA may be adequate to maintain lower body fitness of older women. Lower body strength, agility, and balance are essential for rising from a chair or bathtub and reducing falls. To maintain their upper body strength, older women need
30 minutes minimum MVPA per day. Alternatively, women who engage in MVPA for 100 minutes each week can still achieve functional fitness.


**Exercise Prevents Osteoporosis (2018)**

“Exercise is key to preventing osteoporosis.” About half of American adults that are older than 50 are at risk of osteoporosis, that is, one in two women and up to one in four men may have a bone fracture due to osteoporosis. Such high-impact exercises for prevention as dancing, hiking, and tennis; low-impact exercises such as mall-walking or brisk walking outside; and weight-bearing exercise, muscle-strengthening are all recommended. Also, functional exercises to improve activities of daily living (e.g., getting up from a chair), balance exercises for stability and decreasing falls risk, and postural exercises will increase range of shoulder joint motion and decrease “hunchback” tendency. Visit: National Osteoporosis Foundation website: [www.iofbonehealth.org/exercise-recommendations](http://www.iofbonehealth.org/exercise-recommendations), [www.nof.org/patients/fracturesfall-prevention/safe-movement-exercise-videos](http://www.nof.org/patients/fracturesfall-prevention/safe-movement-exercise-videos) and guidance about Pilates and Yoga.


**Healthy Body- Healthy Mind (2011)**

“First, it is never too late to start being active.” Just six months of walking will show enhanced brain volume and function. After studying exercise interventions in epidemiological, cross-sectional, and experimental studies, the authors concluded that aerobic exercise increases cognitive performance and brain volume in older adults. One study reviewed indicated that walking about one mile a day may stave off cognitive decline and reduce brain atrophy for 9-13 years.


**The Effects of Community Based Exercise (2018)**

In examining 2,889 participants who participated three times a week for one hour in the EnhanceFitness (EF) Program, these Seattle-based researchers noted the performance improvements at four and eight months. Certified fitness trainers followed a standardized format that included warm-up (5 minutes), balance and flexibility training (10 minutes),
strength training with cuff weights (20 minutes), and moderate intensive aerobic conditioning. To measure perceived health status, they used the Functional Fitness Test and Health Survey Short Form (SF-12) and PCS-12 for physical and MCS-12 for mental component summary. The three main findings were: 1) Whites and Hispanics significantly improved in the three performance measures of Chair Stand, Arm Curl, and Up and Go; 2) Asians initially had a higher functioning initially and maintained it at the four-month follow up; and 3) African Americans who were Up and Go at baseline 52 percent Below Normal Limits, only improved slightly to 45 Percent after four months of exercising.


Effects of Chair Yoga (2017)
This pilot study of 106 participants with lower extremity osteoarthritis participated in Sit ‘N’ Fit Chair Yoga was compared with a Health Education Program. Both were held twice weekly for 45 minutes for 8 weeks. It was found that the chair yoga program showed greater reduction in pain interference, fatigue, and improved gait speed during the intervention through 3 months, but except for pain interference, the improvements were not sustained after the intervention. Also chair yoga group showed no change on balance. The implication is that chair yoga can be considered as an alternate therapy to decrease pain and improve physical function.


Article: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5357158/

Proto Tai Chi for the Frail Elderly (2014)
This was a pilot study of 24 adults aged 65-92 who found Proto Tai Chi (Wu Qin Xi) beneficial, fun, easy to learn and remember, and improved their balance, endurance, and strength. Tai Chi evolved from the ancient Chinese exercise program of Proto Tai Chi, The core program of Proto Tai Chi is based on imitating five animal characteristics: powerfulness of the tiger, serenity and ease of the deer, composure of the bear, agility of the monkey, and litheness of the crane. The protocol was simplified to consist of “The Tiger Climbs the Mountain; The Deer Nods Its Head; The Monkey Gazes at the Horizon; The Bear Rotates its Shoulders; and The Crane Spreads Its Wings.” Physical performance of participants measured with fall risk-relevant functional mobility tools, range of motion performance, including the Timed Up and Go test, Unipedal Stance Time; and walking speed. Professional trainers who had extensive Tai Chi teaching experience were used. The preliminary findings demonstrated that Proto Tai Chi is
enjoyable, safe, and potentially effective in improving the mobility and functional performance of the elderly.


**Physical Activity-Lower Mortality in Frail Individuals (2018)**
Frail individuals are vulnerable to falls, disability, hospitalization, institutionalization, and death. This 14 year follow-up representative cohort study in Spain of 3,896 individuals aged 60 and older found among the 1,801 deaths that occurred, 672 were from cardiovascular disease, and those that were inactive and frail showed the highest all-cause mortality. Being physically active was associated with lower mortality in pre-frail and frail individuals. Physical activity reduces the possibility of chronic disease and disability. Physical activity increases balance, agility, strength, gait speed and decreases sarcopenia that are part of the frailty cycle. The study suggests that “physical activity may attenuate the risk of mortality associated with frailty.”


**Sedentary Patterns Increase Memory Loss (2018)**
Previous studies have suggested that sedentary patterns increase the risk of cognitive impairment with age. Thinning of the medial temporal lobe seems to be associated with memory loss and Alzheimer’s disease. Although substantial research has shown that physical activity positively affects the brain at micro and macro levels and delays the onset of dementia, Siddarth’s new research at UCLA studied adults aged 45-75 notes that “‘sitting time may be a more significant predictor of thickness [of the medial temporal lobe] and physical activity ...may not be enough to offset the bad effects of sitting.’” For those who spend hours at the computer, Siddarth recommends getting up every hour and moving for five minutes.


**Article:** [https://www.todaysgeriatricmedicine.com/archive/SO18p10.shtml](https://www.todaysgeriatricmedicine.com/archive/SO18p10.shtml)
Effects of Exercise on Cognition (2016)
This University of Helsinki one year study of 210 individuals with Alzheimer’s disease examined the intervention effects of customized home-based exercise (HE) and group-based exercise (GE) at a day care center. Supervised by a physiotherapist, the HE group performed physical exercise at home for 1 hour twice a week for 12 months. The GE group had 4-hour sessions twice a week for 12 months. Both groups were trained in the aerobic, balance, endurance, and strength domains of exercise. The researchers recommended that an exercise program should be customized to participants’ needs and individuals with Alzheimer’s disease should be encouraged to engage in regular, supervised home-based physical activity.


Article: https://www.ncbi.nlm.nih.gov/pubmed/27037872

Low-Intensity Walking for Better Health (2014)
It is important to evaluate whether low-intensity activity has health benefits, so this ancillary research studied predominantly female (76.5%) and African American (91.4%). The 187 participants who averaged 66.8 years used a step activity monitor (SAM), a microprocessor-linked sensor that is worn three to seven days on the dominant ankle and continuously measures step activity at one-minute intervals. They had a high rate of chronic disease. The seven percent (n=16) who took 10,000 steps/day were considered active and were significantly associated with better physical function and health, including better quality of life and fewer depressive symptoms.


Article: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4053519/
Fall Prevention

Community Based Balance-Training Program (2015)
This Nagasaki University study concluded that a balance-training program by qualified care workers can be effectively implemented to community-based older adults over a six-month period. Participants who received balance training improved in the chair-standing test and lower-extremity muscle strength test and had reduced fear and risk of falling compared with the control group.


Falls Prevention (2015)
The Virginia Geriatric Education Center (VGEC) developed and conducted two seven-week 2-1/2 hour training programs, supplemented by on-line resources, for interprofessional assessment, treatment, and care to reduce falls. The first (Case Study 1) was at a small rural site, the second (Case Study 2), a large urban, multi-unit health care organization. In Case 1 the training team noted the need for consistent medication assessment related to falls and engaged a pharmacist. In Case Study 2 the falls prevention physical therapist contributed to the program’s success and a social worker was added for referrals. Both groups intend to apply assessment tools and the falls efficacy scale (FES-International) of Yardley et al., 2005).


Article: [https://pdfs.semanticscholar.org/10a2/a360bc39ea368207db0e1dd2a492a9d30f40.pdf](https://pdfs.semanticscholar.org/10a2/a360bc39ea368207db0e1dd2a492a9d30f40.pdf)

Fall Risk Assessment Tool (2013)
Out of 107 patients who were receiving home health services, 33(30.8%) fell one or more times and seven (6.5%) had fallen with injury. Four had closed head injuries, two contusions/abrasions and two lacerations. Five fell in the bathroom, one in the bedroom, and one in an unknown location. The study’s conclusion is that mjH-FRAT may be a valid, simple and easy to use multi-factor fall risk assessment tool for prospectively identifying patients at risk of falls with injury among an elderly community-dwelling population.

**Article:**
[https://www.whdl.org/sites/default/files/Validity%20and%20Reliability%20of%20the%20Modified%20John%20Hopkins%20Fall%20Risk%20Assessment%20Tool%20by%20Sandra%20Hnizdo.pdf](https://www.whdl.org/sites/default/files/Validity%20and%20Reliability%20of%20the%20Modified%20John%20Hopkins%20Fall%20Risk%20Assessment%20Tool%20by%20Sandra%20Hnizdo.pdf)

**Fall Risk Assessment in Long Term Care Facilities (2009)**
Kehinde analyzed 16 fall risk assessment tools in 13 published studies for relevance and methodological rigor. The Morse Fall Scale demonstrated high predictive values, evidence that it can be completed in less than a minute, and has an established cut-off score between 45 and 55 to indicate the need for intervention.


**Article:**
[https://www.researchgate.net/publication/26829580_Instruments_for_Measuring_Fall_Risk_in_Older_Adults_Living_in_Long-Term_Care_Facilities](https://www.researchgate.net/publication/26829580_Instruments_for_Measuring_Fall_Risk_in_Older_Adults_Living_in_Long-Term_Care_Facilities) (Abstract Only)

**Exercise and Fall Prevention (2016)**
These Oregon Health & Science University- Oregon Research Institute investigators note that falls are preventable with risk assessment and exercise and the Centers for Disease Control and Prevention has identified 14 effective exercise-based interventions to reduce falls (See Table 1). They urge the conduct of more effectiveness research and cite their successful public health model, such as using RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) to evaluate and disseminate interventions. Li and colleagues have been successful with their customized Tai Ji Quan program in reducing falls among their participants. Their proposed model using STEADI (stopping elderly accidents, deaths, and injuries) is shown in Figure 1.


**Article:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4760892/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4760892/)

**Fall Prevention and State Policy (2013)**
These Connecticut researchers describe their phases of funding, aims, and publications of the Connecticut Collaboration for Fall Prevention to integrate clinical practice into state policy by building collaborative relationships throughout the state. Their refinement and extension of
the evidence-based fall-prevention message was critically important in moving clinical evidence into practice and policy.


**Article:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3635855/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3635855/)

**Falls in Elderly Adults with Dementia (2016)**
It is known that the risk of falling is eight times as high in the elderly with dementia as those cognitively intact. This Italian hospital observational multi-center research, conducted in nine geriatric departments, studied 357 participants as to the cause of transient loss of consciousness (T-LOC) in unexplained falls in adults 65 and older with dementia. Almost all had at least one cardiovascular condition, 14 had a pacemaker, and the participants had a mean of six drugs prescribed. The results showed that syncope was the cause of the event in 75 (45.2%) and orthostatic hypotension caused the event in 117 of 242 (48.3%) syncope cases. More than 90% events occurred when the individual was changing position or upright. Syncope was defined as a T-ALOC due to transient global cerebral hypoperfusion with rapid onset, short duration, and spontaneous recovery.


**Postural Stability Predictor of Falls (2012)**
Postural instability (sway) is considered a significant predictor of falls, so this study of 22 participants in nursing centers in Madrid, Spain enabled researchers to compare whether hard and soft insoles would decrease postural sway compared with being barefoot. Their findings support the use of insoles and orthotics to improve postural control and suggest that the more rigid an insole, the greater potential for reducing fall risk.


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Improving Balance with Tai Chi (2016)
Since about 30% older adults fall each year mainly due to a loss of balance control, Tai Chi movements can improve balance. The authors developed a 13-item instrument to evaluate frequency, time, intervention length, and instructional methods of 27 interventions using 15 forms that followed Yang, Sun, or Chen styles. Balance improvements were reported in 19 of the 27 interventions. It was found that Tai Chi instructional methods were not customized to achieve balance improvement and the need for more Tai Chi Randomized Controlled Trials designed to improve balance.


Vision Impairment and Falls (2019)
Since blindness and vision impairment affect 1 in 11 of 65 and older Americans in the US and is linked with poor subjective well-being and risk of falls, this is a significant study of a nationally representative sample of Medicare beneficiaries aged 65 and older, their falls, and fear of falls. The study found a high prevalence of fear of falls and activity restriction and 51% older adults in the sample who self-reported vision impairment had limited activity due to fear of falling. There is also an association between falls and lower socioeconomic status, older age, white race, and having more medical morbidities.


Fall Prevention Knowledge Test (2019)
Having developed a customized randomized controlled fall prevention program, TIPS (Tailoring Interventions for Patient Safety), the authors also proceed to also design a fall prevention knowledge test (FPKT) to assess nurses’ knowledge of falls in acute care hospitals. They use a three-step fall prevention process: 1) the nurse conducts a fall risk assessment, 2) actively engages the patient to develop a tailored fall prevention plan, and 3) all stakeholders utilize the plan and universal fall prevention strategies—for better health outcomes. The 28 initial test items that caregivers should know were also integrated into care plans to prevent falling. After extensive psychometric evaluation, there were 11 Correct Fall Prevention Test Items and 179 respondents reported their confidence to prevent falls. There were 70.7% respondents that believed that they were able to prevent falls more than their peers.


**Easy Fix for Positional Vertigo Fall Risk (2019)**

Benign paroxysmal positional vertigo (BPPV) is a common cause of dizziness that may be intensive and brief, occurring among 50% of those 65+. It is triggered by head movements in bed, rolling over during the night, and feeling slightly off balance when getting up and walking. Therefore, BPPV is a fall risk, but easily treatable with head maneuvers by an otolaryngologist who may use the Dix Hallpike or Epley maneuvers.


**Risk Factors of Falls in Older Adults (2019)**

An injurious fall is a fall causing an injury requiring outpatient or inpatient care. To identify the risk factors and injurious falls between 2001-2011, this Karolinska Institutet study in Sweden conducted a study of injurious falls of 3,112 community-dwelling adults 60 and over. The results showed that more women than men experienced injurious falls, and living alone, dependency on IADLs, and previous falls were associated with injurious falls of women. Low systolic blood pressure, impaired chair stands, and previous falls were associated with injurious falls of men. Cognitive impairment is an established risk factor for falls. Heart disease is a risk factor for men in the long follow-up period. Their results support early prevention, such as physical activity, may help prevent falls.


**Protein Intake and Risk Falls (2019)**

This 2008-2012 study in Spain assessed total protein intake and risk of falling of 2464 men and women 60 years or older. The researcher found that 522 older adults; 21.2% had at least one fall, but they found no protective association between protein intake and fall risk. However, the 163 participants who had unintentional weight loss of 4.5 kg or more, benefited from the high protein intake.

Sandoval-Insausti, Helena et al. Protein Intake and Risk of Falls: A Prospective Analysis in Older Adults. *Journal of the American Geriatrics Society*, February 2019, 67(2):329-335
Fall History in Older Adults (2017)

There were 288 community-dwelling older adults age 70 and over who had one or more falls the previous year that participated in this Vancouver study. They were measured for five factors: body composition/fall risk profile, physical functioning, processing speed, working memory, and emotional functioning. To measure processing speed and executive function processes, they used the Stroop Test, Trail Making Tests, and Digits Symbol Substitution test. Participants in the intervention part of the study received the home-based Otago Exercise Program for 12 months. They found that slow processing speed was the strongest predictor of future falls and cognitive, physical, and emotional functioning are trainable risk factors and should be evaluated in fall prevention programs. They note that previous research has shown that improving cardiovascular functioning such as through lifestyle interventions and medication could improve processing speed. Other research has shown that such interventions as simple arithmetic and working memory tasks and practice reading may improve processing speed among healthy adults.


Fear of Falling (2016)

For many older adults fear of falling may be a psychological barrier to participating in activities. These researchers analyzed data from 101 adults who ranged 59-94 years old, the majority being female (n=82) and black (n=101). They wanted to describe the relationship between two fear of falling scales in a northeastern community-dwelling Program for All-Inclusive Care for the Elderly (PACE). The FOF scale is a one-item Likert scale and the Fall Self-Efficacy Scale-International (FES-I), a 16-item Likert scale—measuring concerns about falling. The study recommended that both tools be used together to measure and follow up the fear of falling in older adults.


Community Based Fall Prevention (2016)

What are reasons for middle-aged older adults to move? Respondents with heart disease, stroke, hypertension, lung disease, and psychiatric disorders were found to be more likely to
move. Also, the greater likelihood of moving occurs with those with diabetes, functional changes in activities of daily living and instrumental activities of daily living, cognitive impairment, and falls. Aging in place is not always best, especially those with lower incomes, are semi-homebound or homebound, and despondent.


Article: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5067947/

Activity Diversity Can Decrease Depression (2018)
In this study of 793 individuals, based on 1586 observations, older adults (age 60-74) who engage in more diverse activities reported a higher psychological well-being than those who engage in less diverse activities. “Older adults who increased activity diversity was the only group who exhibited a decrease in depression over the 10 years” The results of this study suggest that breadth and evenness of activity engagement are important for healthy aging.


Article: http://www.midus.wisc.edu/findings/pdfs/1621.pdf

Evidence Based Fall Assessment (2018)
Annually 30-40 percent community-dwelling elders fall. The many intrinsic and extrinsic risk factors include: age-related physiologic changes, especially those 85 years and older, medications, and environmental risk factors. Empirically Tested Fall Assessment Tools, such as the Morse Fall Scale, are useful. A systematic post fall analysis (“huddle”) should be done to determine the contributing factors, followed by evidence-based, individualized interventions. In addition, individual-specific education and exercise should be provided to improve balance, gait, and strength.


Link to Purchase: https://www.sciencedirect.com/science/article/abs/pii/S0197457209001207
STEADI to Reduce Falls (2017)
CDC’s multi-sectoral approach to reducing falls, named STEADI (Stopping Elderly Accidents, Deaths, and Injuries) was successfully implemented in Portland, Oregon based on such Kotter strategies as forming a strategic vision and initiative, building a guiding coalition, generating short-term wins, instituting and sustaining change. As a result, 56 patients 75 years and older were screened during pilot testing and 360 patients screened during the first three implementation months. Their guiding coalition designated STEADI clinic champions who served as project leaders who were computer analyst and clinic leaders. They enlisted a volunteer army of 16 providers and 10 medical assistants to implement STEADI. In addition to providing CDC STEADI patient brochures, educational materials were developed that addressed bifocal lenses, adequate hydration, and local Tai Chi classes. Within 18 months, their clinic screened over 870 patients.


Article: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5940581/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5940581/)

Reduce Fall Risk with Tai Chi (2017)
These authors from the University of Jaen in Spain concluded that based on their analysis of the five studies on 1,432 participants, tai chi practice provided high quality evidence of a medium protective effect against falls in less than 12 months. Based on six studies with 1,546 participants, evidence of a small protective effect of tai chi was found over the long term (equal or greater than 12 months). The authors suggested that the reduced incidence in falls may be related to gait, balance, reaction time, and balance recovery, not to muscle strength. They concluded that future studies are needed to investigate the effect of tai chi on injurious falls and time to first fall.


Reduced Falls in Women who Engage in Moderate to Vigorous Physical Activity (2011)
This University of California, San Diego study sample of 5,545 women aged 63-69 found that older women could engage in moderate to vigorous physical activity (MVPA), in the amounts and types of MVPA that they prefer, but vigilance is necessary for older women with low physical function or frequent falls with low levels of MVPA. The women in this research wore the accelerometer on their right hip for 7 days, 24 hours each day, and removed them for bathing or other water-based activities and incident falls were recorded on a 13-month falls calendar. In addition to fall interviews, a battery of other measurements assessed
performance. It was concluded that older women with poor physical function or fall frequently would benefit by participating in fall prevention programs.


**Article:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5681400/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5681400/)

Stay Moving to Prevent Falls (2011)

In commenting on Buchner’s study, Dr. Judge agrees with the older adult recommendation to “stay active and moving as long as you can, even if you can’t walk as fast and your balance is not as good as it was a few years ago” Based on Pahor’s 2014 research report and Buchner’s work, Judge recommends that for people with very low performance scores, the focus will probably remain on power training, muscle strengthening, and balance exercises to improve daily task performance and reduce falls.


Effects of Sleep and Pain on Falls (2018)

Falling is a common problem among older adults. Since pain has been correlated with attention deficit, falling, sleep disorders, and walking impairment, this study of 291 adults, aged 60 and more that were living in nursing homes were assessed by using the Geriatric Pain Measure and Insomnia Severity Index. The study results were that 47.1% older adults experienced pain at a moderate or severe level. The year’s incidence of falls was 40.9% of the nursing home resident sample. Of those who experienced falling, 54.6% experienced a fall associated injury and 73.9% experienced fear of falls. Individuals who experienced severe pain were 2.84 times more likely to fall than individuals who were married or experienced no or mild pain. Single individuals were 2.5 times more likely to fall. It was also found that 16.8% of the older adults experienced insomnia, but the relationship between insomnia and falls is not clear. It was concluded that evaluating and treating pain among older adults may prevent falls.


Strategies to Prevent Falls (2018)
This Spotlight brochure includes epidemiological factors of falls and such interventions that reduce falls risk as exercise programs, tai chi classes, and home safety assessment & modifications. There is strong evidence that regular physical activity provides great benefits, including reduced falls risk and increased mobility. The brochure concludes with Baker’s practical article “If you fall tonight, how will you get up?”


Falls in Homebound vs Non-Homebound Older Adults (2018)
When study data of 80 homebound adults were compared with 84 senior center adults in central North Carolina, it was found that the falls risk was higher in the homebound population and was related to vision impairments. Homebound participants had more health-related issues than non-homebound participants and took more prescribed medications. Falls risks data collected included fear of falling, history of falls, confidence in maintaining balance, home hazards, medical conditions, and medications. Homebound men had more than three times the fall rate than homebound women. Participants were coded as having a vision impairment if they had difficulty adjusting to light changes, judging steepness of stairs or avoiding obstacles in their path. Non-homebound older adults were more likely to report exercising regularly than the homebound participants. Forty-six percent of the participants reported that they limited activities due to fear of falling.


Article: https://www.ncbi.nlm.nih.gov/pubmed/28380701 (Abstract only)

Medical Costs of Fatal and Nonfatal Falls (2018)
Due to such chronic conditions as arthritis, cardiovascular disease, and diabetes and problems with balance, mobility, and muscle weakness about 30 % adults 65+ fall every year yet only one-third week medical care. The cost measurement of fatal and non-fatal falls was based by the U.S. population aged 65 and older in 2015 was $50 billion. In analyzing 28,486 unintentional fall deaths of persons aged 65 and over, the researchers found that the overall estimated spending for fatal falls was $754 million. Medicare paid about $28.9 billion, Medicaid $8.7 billion, and private and other payers $12.0 billion—all for nonfatal falls. Preventive evidence-based strategies that could result in a substantial reduction in healthcare spending include medication management and such strength and balance exercises as tai chi.

**Decrease Fall Risk in Nursing Home Residents (2017)**

In an interview with Elizabeth Landsverk, MD, she expressed that the high rate of falls in older adults was due to decreased vision such as due to cataracts, weakness exacerbated by a sedentary life, decline in balance and judgment, peripheral neuropathy such as due to diabetes, and poor awareness of safety. For prevention, she recommended a daily concerted walking program, limiting daytime sleeping to one hour in the afternoon, monitoring protein intake such as adding fortified milk or protein powder to oatmeal or mashed potatoes, encouraging the use of a walker or wheelchair without foot rests, and treating osteoporosis.


**Article:** [https://www.managedhealthcareconnect.com/article/how-decrease-fall-risk-nursing-home-residents](https://www.managedhealthcareconnect.com/article/how-decrease-fall-risk-nursing-home-residents)

**A Matter of Balance (2018)**

Conducted in Southern Maine, this study 335 participants found that through collaboration and fidelity monitoring using a five-component model and a participant handbook, followed by outcome measures at 6 weeks, 6 months, and 12 months, that the evidence-based program of A Matter of Balance (MOB/VLL) was successfully adapted and facilitated by volunteers. Based in the belief that falls and fear of falling are cognitively controllable, an exercise curriculum to increase strength and balance was implemented in eight 2-hour sessions over 4 weeks by volunteer coaches. Participants self-reported greater social activity and statistically significant decrease in falls rate at 6 months and 12 months.


**Poor Sleep Increases Falls (2018)**

After extensive literature review related to sleep, sleep disorders and falls of noninstitutionalized older adults, the authors selected 18 articles in English in peer-reviewed journals for review. It was found that nighttime sleep problems seem to be associated with falls in older adults. Also, older adults who sleep less than five hours of sleep are at risk in experiencing more falls that those that sleep 7-8 hours. As to napping, older adults who reported daytime napping have a significantly increased risk of falls. Individuals with such sleep disorders as restless leg syndrome and sleep apnea seem to be associated with risk of
falls. One recommendation was to focus on implementing nonpharmacologic interventions to decrease sleep duration, daytime sleepiness, and napping.


Preventing Falls in Hospital Patients (2018)
About 3% hospitalized patients fall and 25% of them injure themselves. The three types of falls are: 1) Accidental falls that are preventable, 2) Anticipated physiological falls caused by underlying medical symptoms or problems, and 3) Unanticipated physiological falls caused by an undiagnosed medical or physiological problem. The well-known risk factors are: Previous fall history; Gait instability and lower-limb weakness; Urinary incontinence or frequency; Agitation, confusion or impaired judgment; and Medications, especially hypnotics and sedatives. The three steps to fall prevention are: Fall risk screening/assessment; Tailored/personalized care planning, and Consistent preventative Interventions. The ABCS Fall Injury Risk screening tool helps screen for causes due to: A=Age or frailty; B=Bones (osteoporosis or recent fracture); C=anti-Coagulation (bleeding disorder), and S=Surgery (recent surgery). Additional screening tools include the Morse Fall Scale, Schmid Fall Risk Assessment Tool, and STRATIFY Fall Risk Assessment Tool. It is important to tailor fall prevention plan and interventions collaboratively with the patient and family.


Neighborhood Environment Impact on Falls (2018)
The neighborhood and individual characteristics that may relate to the fear of outdoor falling was the focus of this Central Texas study of 394 participants aged 50 or older living independently in the community. The results showed that 69 (17.9%) of the 385 reported a fear of outdoor falling and were more likely to be 65 years or older, a female, have difficulty walking a quarter of a mile, and have had a fall in the past year. Seven environmental factors were associated with the fear of falling, especially broken sidewalks and drainage ditches. The fear of outdoor falling was two times greater for those who perceived that their neighborhood had many strangers and heavy traffic than those that did not. The fear of outdoor falling was lower for those who perceived that that neighborhood had well-lit and well maintained streets and low traffic speed than those who did not. In addition to education and exercise classes,
multifaceted environmental interventions targeting crime, drainage, sidewalks, and traffic can significantly reduce the fear of falling.


**Elder Abuse and Falling (2018)**

As the National Elder Mistreatment study reported in 2010, 1 in 10 had at least 1 abuse in the past year due to neglect; emotional, physical or sexual abuse; and financial exploitation. The Salud, Bienestar y Envejecimiento (SABE; Health, Well-being, and Aging) Bogota Study focused on 2,000 elderly Hispanics, aged 60 and older living in Colombia. The participants included 62.4% female, 28.4% had fallen once and 12.7% had fallen 2 times or more during the previous year. It was found that 26.9% had emotional abuse history, 19.4% physical abuse, 33.8% any type of abuse and 13.7% more than 2 types of abuse. Significantly associated with falling were age, female, low education, poor vision, high comorbidity, depression, functional limitations, slow walking speed, psychotropic medications, and cognitive impairment. In brief, “History of abuse was associated with higher odds of any falls and recurrent falls.”


Article: [http://repositorio.unicartagena.edu.co:8080/jspui/bitstream/11227/6602/1/Association%20Between%20History%20of%20Abuse%20and%20Falling%20in%20Older%20Adults%20%281%29.pdf](http://repositorio.unicartagena.edu.co:8080/jspui/bitstream/11227/6602/1/Association%20Between%20History%20of%20Abuse%20and%20Falling%20in%20Older%20Adults%20%281%29.pdf)

**Using Video to Investigate Falls (2015)**

These Heriot-Watt University researchers, Edinburgh, UK, describe their use of video footage to help understand the cause and prevention of falls in long-term care. Their four approaches were: 1) Questionnaire-Driven Observational Analysis of All Incident Videos (FVAQ) of 227 falls by 130 residents, using a 24-item fall video analysis that provided information on “what” happened during the fall but not the “why” it happened; 2) Video-Stimulated Recall Interviews and Focus Groups for staff reflection and recall; 3) Video Observations of Resident Activities 24 hours prior to the fall that proved difficult to establish links between preceding activities and the consecutive fall; and 4) labor intensive Video Analysis in conjunction with a system approach to falls investigations (SFIM) that helps identify contributing factors.


Health

Reversing Disability (2014)
In promoting a physically active lifestyle, healthy eating, and weight management, it was found initially that this evidence-based Fit and Strong program, consisting of three 90-minute sessions per week for eight weeks, led by physical therapists and certified exercise instructors, safely helped reverse the disability of those with osteoarthritis of the lower extremities. When they received funding from CDC, they partnered with Area Agencies on Aging in Illinois and North Carolina tested and fine-tuned this program, developed instructor manuals and an interactive website, and collected health outcome measures. Such outcome data as BMI, lower extremity joint pain and stiffness, and energy/fatigue were analyzed across sites.


Chronic Disease Management for Asian Americans and Pacific Islanders (2015)
Asian Americans and Pacific Islanders (AAPIs) make up 4% of the US population and speak over 40 languages and dialects. Consisting mainly of Chinese, Filipino, Indian, Korean, and Vietnamese, individuals aged 55-64, 53% have limited English proficiency and 23% are linguistically isolated. Over half of the AAPI population aged 55-64+ live in California and New York. National Asian Pacific Center on Aging, Data Brief, 1(2):1-8.

Using Stanford University Patient Education Research Center’s CDSMP, the National Asian Pacific Center on Aging (NAPCA) reported that 341 participants completed their CDSMP workshops, facilitated by bilingual/bicultural leaders or interpreters. Their most common chronic conditions were hypertension, diabetes, and high cholesterol. They were able to achieve such improvements in health behaviors after CDSMP as increased time in aerobic and stretching/strengthening exercise.


PRIDE: Modifying Behavior for Heart Disease (2015)
This “Women Take PRIDE” (WTP) study is a four-week education and behavior modification program that was implemented in a variety of community settings. Conceptually based on Bandura’s 1986 social cognitive theory and implemented with 129 older women participants to enhance heart disease self-management, it was found to improve their self-rated health, energy, social functioning, and knowledge of community resources. The steps of the PRIDE
process are: **Problem identification**, **Researching one’s routine**, **Identifying a management goal**, **Developing a plan**, and **Expressing one’s reactions or establishing rewards for progress**.


**Associations of Multiple Chronic Conditions (2018)**

This study of the triads of five chronic conditions of 993 adults in various locations in New Jersey found that hypertension and arthritis were more common than pulmonary disease, diabetes, and heart disease. Of the 993 total, 372 (38%) had Arthritis-Hypertension-Pulmonary disease. African American residents, those with lower incomes and less education in New Jersey had the highest adult diabetes prevalence. There is an interest in arthritis because exercise is an effective treatment for osteoarthritis; however, chronic pulmonary disease limits exercise. Both conditions are affected by poor air quality. It is important to study state and regional differences as to multimorbidity of chronic conditions to find areas of public health concern.


**High Blood Pressure Shows Increase in Cognitive Decline (2019)**

Over 40% African-American men and women in the U.S. have high blood pressure. It may be related to the higher rates of obesity and diabetes among African-Americans. Cognitive impairment and dementia affects about 8.6 million Americans. In a new eight-year study of 22,164 middle-aged and older black and white adults, compared to white adults, black adults with high systolic blood pressure showed faster declines global cognition that includes memory, comprehension and new learning. Older black adults with high blood pressure, particularly black men, showed more severe cognitive decline than white adults who have high blood pressure. Compared to women, men with high blood pressure had faster declines in new learning. More research and aggressive screening and treatment of hypertension are needed.


Complementary Therapies for Health (2015)
This study of 195 African American and white older adults in North Carolina found that they used home remedies, herbs, being active, food and beverage, and such therapies as vitamins, and OTC medicines for health promotion. Almost all of these adults prayed for health promotion almost every day. The enabling factors associated with the use of complementary therapies for health promotion were: being married, having no problems with accessing health care, and having money to treat yourself after bills are paid. This type of health self-management for health promotion may have positive effects on future medical expenditures.


Article: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4033702/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4033702/)

Getting Enough Sleep (2015)
Chronic stress leads to continued production of cortisol that creates a glucocorticoid peak at 2-4 a.m. and impairs stage-4 delta wave of deep recuperative sleep. Other sleep-disturbing factors include hormone imbalance, lack of exercise, poor diet, medications, obesity, sinus congestion, and dependence and overuse of tablets, smartphones, and computers. For the recommended seven to nine hours of sound sleep:

- Be consistent with a regular bedtime, bedtime routine, exercise such as light yoga, and eat healthy, well-balanced meals,
- Unwind with a bath or sip and savor a cup of herbal tea with meditation.


Article: [https://naturalpractitionermag.com/sleep-tight/](https://naturalpractitionermag.com/sleep-tight/)

Global Health Perspective (2015)
A public health framework for healthy ageing is needed with the goal to maximize functional ability. These abilities relate to:

- Meeting basic needs
- Learning and making decisions
- Being mobile
- Building and maintaining relationships
- Contributing to their communities and retain autonomy and health.

To achieve the goal, four priority areas are recommended:

1. Aligning health systems to the older populations they now serve
2. Developing systems of long-term care, including establishing formal mechanisms for care coordination
3. Creating age-friendly environments that include transportation, housing, health-care services, etc.

4. Improving measurement, monitoring and understanding.


Article: [https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1)

**Practical Telomere Biology (2015)**

Telomeres are protective at the ends of eukaryotic chromosomes. Their attrition may predict mortality and aging-related diseases. When telomeres become short or damaged, some cells may become senescent with consequences. Notably, longer telomeres are associated with lower risks for diseases and mortality. Chronic psychological stress may be a cause in telomere shortness. Adults with major depressive disease may have shorter telomere length. Therefore, health behaviors may buffer the effects of depression or stress on telomere length and improve telomere maintenance.


Article: [https://science.sciencemag.org/content/350/6265/1193](https://science.sciencemag.org/content/350/6265/1193)

**Maintain Well-being with Excessive Job Demands (2015)**

The Job Demands-Control Model (DCM) of occupational stress is that excessive job demands combined with little job control create high job strain and poor health outcomes. Well-being is considered to be a function of how demanding a person’s job is and the amount of control the person has over one’s responsibilities. The findings of this study indicate that policies, practices, and programs that promote job control can support mental health—by providing opportunities for independent thought and skill discretion within work teams and within the organization. It was found that older workers can use control strategies successfully, especially personal control in the face of high job demands and maintain positive mental health. To sum up, to help employees better manage their work demands, policies, practices, and programs should consider the appropriateness of different interventions are based on individual employees’ needs and preferences.

Protein P62 Critical for Alzheimer and other Neurodegenerative Disorders (2016)
In the near future research will offer such new insights as that p62 seems to be a critical protein associated with the neurofibrillary tangles and the amyloid beta plaques of Alzheimer’s. These twisted strands of tau protein in dying cells destroy vital pathways for nutrients. The p62 seems to regulate the degradation or turnover of amyloid beta which may help reverse the effects of damaging plaques in the brain. (Dr. Chow attended the Alzheimer’s Association International Conference (AAIC) in Toronto, Canada on July 24-28, 2016, where she was impressed with the excitement of scientists who are now collaborating with colleagues abroad and mutually sharing their findings to accelerate research)

Oddo, Salvatore et al. *Molecular Psychiatry*

Prevention Strong Foundation for Nations Public Health System (2016)
Strong prevention systems are crucial for well-functioning health care systems. “The nation’s health depends on full and equitable access to prevention and health promotion services in every community....” Title IV of the ACA *Preventing Chronic Disease and Improving Public Health*, provided a roadmap for a strong public health infrastructure. Prevention-focused alliances for reform need to be built with nontraditional partners such as in housing, transportation, and industry at local, state, and national levels.


Shorter Lives Poorer Health (2016)
U.S. spends more on health care per capita than any other nation in the world, yet has a shorter life span than other high-income countries. In 2007 males in the U.S. had an average of 75.64, whereas females had 80.78 life expectancy. The reasons relate to our inadequate health care systems, unhealthy behaviors, adverse social and economic conditions, and such environmental factors as communities designed around automobiles. Compared to other countries, Americans consume the most calories per person, tend not to use seat belts, have higher rates of drug abuse, are involved in more traffic accidents related to alcohol consumption, and more likely to use firearms in violent incidents. Other countries are exceeding the U.S. in educating young people.

Longevity Hormone Lower Among High Stressed and Depressed (2015)
Klotho, a longevity hormone that regulates aging and enhances cognition, was found to decline with aging among high-stress, depressed women in their 30s and 40s, according to researchers at the University of California in San Francisco.
Longevity hormone is lower in stressed and depressed women.


Healthy Relationships (2016)
Forgiveness may be comprised of letting go one’s right of retribution and offering mercy, compassion, and love to the offender. Also, forgiveness can be framed within Erikson’s life stage theory of coming to ego-integrity. In this Belgian study of 280 community-dwelling and 205 residential elderly, the aims were to study: 1) the relationship between forgiveness and depressive symptoms and 2) the developmental task of integrity/despair that may underlie the relation between forgiveness and depressive symptoms. The results showed that forgiveness of others was negatively related to depressive symptoms and despair. The developmental task of finding a balance between integrity and despair is an important intrapersonal mechanism through which forgiveness is related with depressed feelings for this research sample.


Spirituality and Health (2016)
“Spirituality is evident in our appreciation of the common bonding we share with all humanity, the sense that we are all connected, “such as in a Senior Center. We can express our spirituality through our genuine appreciation and acceptance of others, regardless of race, religion, nationality, ethnic heritage, etc. Altruistic people, those who help others often report better health than their peers. Ways of giving may be:

- Through being a good listener
- By discovering our ways of making a positive difference in someone else’s life through compassion, understanding, humor, gratitude, and joy, and random acts of kindness.

Families Caregiving for Older Adults (2016)
“At least 17.7 million individuals in the United States are family caregivers of someone age 65 and older who has a significant impairment.” In September 2016 the Committee made four recommendations to the Administration that takes office in January 2017 to address the economic, health, and social issues facing family caregivers of older Americans. Of significance is the fourth that urges action be taken to address families’ diversity in assessing caregiver needs and in developing, testing, and implementing caregiver supports.


Health of Immigrants with Limited English Skills (2016)
Many racial and ethnic minorities, especially older immigrants from non-English speaking countries experience health disparities. An important factor is their limited English proficiency (LEP) in comprehension, reading, and writing. This study, the first of its kind, focused on the extent LEP, as a major source of health vulnerability, affected the physical and mental health of older Korean Americans in multiple sites. It was found that 71 percent had LEP and their physical and mental profiles were unfavorable. The authors conclude that we should undertake efforts to help those with LEP to overcome linguistic and cultural barriers such as by providing interpreter services and community support systems.


Article: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5441559/

Self-Management and Health Behaviors (2009)
These two authors present an extensive review of past studies on self-management and their expanded descriptive Individual and Family Self-management Theory (IFSMT). They theorize that persons are more likely to engage in recommended health behaviors if they have information and if they experience social facilitation that supports them in preventative health behaviors. Their model has the dimensions of Context (Risk and Protective Factors), Process of Self-Management, and Outcomes. The proximal outcomes include the actual engagement in
Self-Management behaviors, managing symptoms and pharmacological therapies and distal outcomes of health status, quality of life or perceived well-being, and cost.


Article: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2908991/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2908991/)

**Opportunities for Improving Health Outcomes (2017)**
In launching this publication event, the speakers at this special session emphasized the need for patient engagement and asked the salient question: How can we activate consumers and build a consumer network? One emphasis was on the importance of developing approaches for spreading and scaling successful programs.

National Academy of Medicine. *Effective Care for High-Need Patients: Opportunities for Improving Outcomes, Value, and Health*. Nam.edu/HighNeeds July 6, 2017


**Social Connectedness and Health (2017)**
The authors comprehensively describe social connectedness as the opposite of loneliness. It is caring about others and feeling cared about by others as well as a feeling of belonging to a community or group. It is a perception of the extent one has meaningful, constructive, and close relationship with others. It is determined by such factors as social network, social participation, and support as well as group memberships. The direct outcomes of social connectedness may be life satisfaction and mental and emotional well-being, such as self-esteem and hope. Also, social connectedness may promote new activity participation and even prevent suicidal behavior.


Article: [https://www.healio.com/nursing/journals/jgn/2017-7-43-7/%7B8b318e22-6444-49ee-a18b-2c89a6b0ba76%7D/definition-determinants-and-outcomes-of-social-connectedness-for-older-adults-a-scoping-review](https://www.healio.com/nursing/journals/jgn/2017-7-43-7/%7B8b318e22-6444-49ee-a18b-2c89a6b0ba76%7D/definition-determinants-and-outcomes-of-social-connectedness-for-older-adults-a-scoping-review) (Abstract Only)
Functions of Reminiscence (2016)
The study recruited 269 Holocaust survivors in Israel. Although reminiscence may be difficult for participants, the value enabled others to teach others and ensure their collective memory is communicated to the next generation of Israelis. Examples of reminiscence include generativity, gratitude, horror, and resilience and cluster in self-negative, self-positive, and prosocial groupings. As a self-positive function, identity is a self-positive function. It is the use of memories for self-understanding and growth, of defining oneself, and comparing patterns of personal change with stability. Drawing upon their inner strength and resources, survivors seem to have a strong sense of meaning, coherence, and good mental health in late life.


Effective Care for High-Need Individuals (2017)
High-need individuals are older women, white, and less educated and are more likely to be publicly insured and have fair to poor self-reported health. Their needs require social and community services to meet their functional, behavioral, and social needs. Their key social risk factors include social isolation, low socioeconomic status, community deprivation, and housing insecurity. Successful care models are notable for such features as Teamwork, Coordination, Responsiveness, Outreach, and Integration. Based on the report, opportunities for action include:

- Integrating and coordinating medical, social, and behavioral services to reduce the burden on patients and caregivers
- Spreading and scaling successful programs and workforce training
- Promoting and incentivizing the adoption of successful care models and integration of medical and social services and
- Creating road maps and tools to help organizations adopt suitable care models.


Loneliness and Depression in Older Women with Chronic Illness (2019)
Multi-morbidity in older women seems to be associated with a higher risk of negative outcomes. This Ohio research of 138 women who were 65-88 years old were studied about the number and severity of chronic illness and their health, pain, and social impairments in functioning, their religious coping, adaptive strategies, social support, depressive symptoms, and loneliness. Their loneliness was measured by the de Jong-Loneliness Scale that reveals
social loneliness (absence of a larger social network) and emotional loneliness (absence of an intimate relationship). The results showed that half of the sample had some loneliness. It was also found that 75% of the women had three or more chronic illnesses such as hypertension, arthritis, heart disease, and diabetes and 90.6% indicated that the chronic diseases interfered with their daily living. The high degree (of more than one third) of women who have depressive symptoms due to their chronic illnesses can benefit from social and emotional support from practitioners.


Article: https://journals.sagepub.com/doi/full/10.1177/0733464816687218

Complementary and alternative medicine (2009)  
Complementary and alternative medicine (CAM) are care systems and modalities that need to be proven effective and safe through research. At least 30% of those aged 65 and older use at least one CAM, mostly chiropractic. Those Hispanics use such CAMs as herbal teas, fish oil, massage, and acupuncture. Hispanic more likely than African Americans and Caucasians use herbals to self-treat colds and insomnia and more likely than Caucasians to self-treat back pain. Native American and black Americans view spirituality as an integral part of preventing illness and maintaining health. Reportedly, echinacea, garlic supplements, and Gingko biloba are the most commonly used herbals. Older adults most often use CAM for treating back pain, head or chest colds, neck pain or problems, joint pain or stiffness, anxiety or depression. Almost half of older adults with osteoarthritis reported using some CAM such as relaxation breathing, music therapy, gentle movement, stretching, acupuncture, massage, Reiki, and prayer. For such managing such cardiovascular disorders as high blood pressure, a heart-healthy diet, aerobic exercise, and stress management techniques are recommended. To improve sleep onset and quality, tai chi, acupuncture, guided imagery and meditation may be effective.


Lifestyle Changes for Type 2 Diabetes (2018)  
Individuals with type 2 diabetes can prevent or delay the disease by losing weight and making lifestyle changes. Those with type 1 diabetes can slow down the development of eye, heart, kidney, and nerve disease and live longer by keeping their blood glucose levels as close to normal as possible. There are now fewer lower extremity amputations and eyesight impairments due to diabetes. However, diabetics are at risk for stroke, dementia, and
depression, gum disease, peripheral artery disease, hearing loss, obstructive sleep apnea, and kidney failure and may have fractures, osteoarthritis, and rheumatoid arthritis.


**Medications That Have a High Risk For Falls (2018)**
The Centers for Disease Control and Prevention developed STEADI (Stopping Elderly Accidents, Deaths, and Injuries Initiative) to provide tools and resources and reduce falls ([https://www.cdc.gov/steadi/materials.html](https://www.cdc.gov/steadi/materials.html)) Medications that have a high risk for falls include analgesics, anticonvulsants, antipsychotics, benzodiazepines, non-benzodiazepine sedatives, and hypoglycemics. The medications considered to have a medium risk for falls include anti-hypertensives, cardiac drugs/anti-arrhythmics, and anti-depressants. Diuretics are considered to have a low risk. As to pain medications, some studies link opioid use and increased fall risk. All anticonvulsants increase fall risk.


Nutrition

**Nutrition to Improve Telomeres (2015)**

“Think of telomeres like the plastic tip on the end of shoe laces. And think of the laces as strands of DNA with all your chromosomes,” according to registered pharmacist Suzy Cohen. The critical nutrients of folate and B12 are needed for healthy telomeres and can be gotten by eating a salad every day.


**Article:** [https://issuu.com/thebeaconnewspapers/docs/1215dcbeacon](https://issuu.com/thebeaconnewspapers/docs/1215dcbeacon)
**Article:** [https://suzycohen.com/articles/methylation-your-telomeres/](https://suzycohen.com/articles/methylation-your-telomeres/)

**Eating for Longevity (2009)**

Nearly 90% Americans do not eat 3 1/2 to 6 1/2 cups fruits and vegetables, as recommended by Dietary Guidelines for Americans. They contain phytouonutrients that can protect against and repair damage to the body’s cells. Tomatoes contain phytouonutrient lycopene. And broccoli, containing sulforaphane, provides vitamin C, folate, magnesium, and potassium for strong bones plus 175% of one’s vitamin K needs. Apples and onions are rich in the antioxidant quercetin that may preserve brain cells. The oxidant lutein in spinach, romaine, and other leafy greens fight age-related macular degeneration. The anthocyanins in grapes, berries, and cherries may help preserve memory. A Mediterranean diet is simply rich in fruits, vegetables, beans, grains, breads, nuts, and seeds with olive oil and less fish, poultry, yogurt, and cheese.


**Food Insecurity (2019)**

In 2017 food insecure adults aged 65 & older households numbered 8.6%-- lacked enough affordable nutritious food. Food insecurity older adults may be in fair or poor health, have functional impairments, diabetes, depression, gingivitis, heart disease, and hypertension, and limited transportation. Therefore, chronic disease self-management is difficult with these individuals shift towards cheaper obesogenic foods. Congregate meal and nutrition support programs, home-delivered meals, and SNAP (Supplemental Nutrition Assistance Program) are important for reducing emergency department visits and hospitalizations. Screen, intervene, and make referrals with A Resource Guide and Toolkit ([www.impagint.com/OASDOH](http://www.impagint.com/OASDOH)). Use
Tools for Helping Older Adults Access SNAP (http://www.frac.org/research/resource-library/combating-food-insecurity-tools-helping-older-adults-access-snap-2)


**MIND Diet (2015)**

Author Betz, a clinical dietician suggests that this MIND diet is a cost-effective way to help maintain cognition of the aging. Developed from the nutrient-rich foods of the Dietary Approaches to Stop Hypertension (DASH) diet of Rush University Medical Center, this hybrid diet, consists of 15 components (10 beneficial and five harmful). The 10 beneficial brain foods are berries, beans, fish, green leafy vegetables, other vegetables, nuts, olive oil, poultry, whole grains, and wine (limited to one glass per day) and the five harmful brain foods are butter/margarine, cheese, fried/fast food, pastries/sweets, and red meat. Points are awarded to reduce the consumption of harmful foods.


**Nutrition and Healthy aging in the Community: Workshop Summary (2012)**

Chapter 5 on Successful Intervention models in the Community Setting offers useful information such as by Elizabeth Walker, Ph.D, RN who suggests that diabetes self-management interventions address the seven self-care behaviors: 1) healthy eating, 2) being active, 3) monitoring, 4) taking medication, 5) problem solving, 6) healthy coping, and 7) reducing risks.


**Article:** [https://commed.vcu.edu/Chronic_Disease/aging/healthaging_IOM.pdf](https://commed.vcu.edu/Chronic_Disease/aging/healthaging_IOM.pdf)

**Benefits of Beetroot Juice (2015)**

Beetroot juice is nitrate-rich and contains beneficial betaine, antioxidants, and polyphenols. Dietary nitrates consumed through beetroot juice increase nitric oxide production, reduce blood pressure, and enhance exercise performance. The vegetables with very high nitrate content are: argula, celery, chervil, cress, lettuce, red beetroot, and spinach.

Nutrition for Arterial Health (2016)
LDL cholesterol is a key part of plaque build-up as arteries age, so serum cholesterol levels need to be kept low. Vegetables (olives and avocados) and fruits (citrus and tomatoes) should cover one-half of plates. For healthy arterial linings, add low fat dairy products, whole grains, fish (salmon, trout, and herring), beans and legumes, nuts (especially walnuts), and seeds. Such lifestyle changes as getting enough sleep, quitting smoking, reducing stress, and regular physical exercise are also essential for healthy arteries.


Poor Diet in Older Adults (2017)
From April 1997-June 1998, an interviewer-administered 108 item questionnaire was given to 2,597 black and white community-dwelling adults aged 70-79. Participants with poor appetite were found to consume a significantly lower amount of protein-rich foods and dietary fiber, whole grains, fruits, and vegetables and higher amounts of dairy foods (milk, yoghurt, and cheese), fats, sweets, and sodas compared to participants with very good appetites. The amount of white bread consumed was higher in the poor appetite group than the very good appetite group and also chose more high-fat foods, including whole milk than those with a good appetite. Common daily strategy is to increase the energy density of meals and snacks to stabilize body weight.


Food and Faith (2017)
In 2015 pastor Jordan-Griffin and his congregation participated in a six-week program called “Food and Faith,” by Johns Hopkins Community Health Partnership and the Center for a Livable Future of the Johns Hopkins Bloomberg School of Public Health. Created by a nutritionist and Scripture-based nutrition reflections by a minister, the workshop showed how a congregation could eat well and mutually supportive. Created in 2007, this Food and Faith Project has partnered with 225 congregations in the Baltimore area. Other congregations, such as in California, are exercising and planting fruit orchards. California pastor, Rick Warren, promoted the Daniel Plan, a 40-day Bible-based diet and reported over 15,000 people have lost 260,000 pounds. Body and Soul program, funded by the American Cancer Society and National Cancer
Institute has been replicated in hundreds of churches. The spiritual calling for better health is paying off.


**Nutrition and Brain Health (2016)**

To promote brain health, Ruscigno recommends antioxidants, B vitamins, and phytochemicals that are found in fruits, vegetables, whole grains, legumes, and fish. The vitamin B complex vitamins produce such neurotransmitters as serotonin and regulate energy use of the brain. Many B vitamins are found in beans. Folate is involved in producing energy and production of RNA and DNA. Spinach, dark leafy greens, lentils, asparagus, black-eyed peas are important sources of folate. Such berries as blueberries, raspberries, and strawberries are rich in antioxidants and flavonoids for brain health. Antioxidants and L-theanine in tea may help brain function.


**Prevent Cognitive Decline with Nutrition (2015)**

The best ways to prevent cognitive decline are regular moderate exercise, eating a Mediterranean Diet, staying connected socially and mentally active, and getting plenty of sleep. Many factors influence cognitive function, including dietary, environmental, genetic, and psychosocial. The top drivers of cognitive decline are inflammation and cardiovascular disease. Reduce chronic inflammation by eating plenty of fresh fruits and vegetables, nuts, seeds, and whole grains. It is important to manage the stress response and also get omega-3 fatty acids and overall nutritional support with a multivitamin containing folate, B12, and zinc.


Article: [https://naturalpractionermag.com/a-beautiful-mind/](https://naturalpractionermag.com/a-beautiful-mind/)
Mediterranean Diet Improves Brain Function (2018)

The Mediterranean diet (MedDiet) not only has cardiovascular benefits, but may also lower the risk of cognitive decline. The core foods are: fish/seafood, fruits, vegetables including legumes, whole grains, herbs, spices, and nuts. Similarly, the MIND (Mediterranean-DASH Intervention for Neurodegenerative Delay) diet also recommends high intake of plant foods, limited meat consumption, moderate alcohol intake, low intake of saturated fats, and using extra virgin olive oil. The MIND diet includes green leafy vegetables and berries that are neuroprotective and awards points for reducing such foods that are harmful to the brain as red meat, butter, margarine, cheese, fried and fast food, pastries and sweets. Results of improved memory were published in August 2017 by the Hellenic Longitudinal Investigation of Ageing and Diet (HELIAD) study of 1,864 participants aged 64 and older from two Greek cities. Their results suggested “that for every serving of fish per day, a reduction in risk of dementia by almost 70% was observed or alternatively, one serving of fish per week was associated with an almost 10% reduction in dementia risk.” A Scotland study of 562 participants, part of the Lothian Birth Cohort study of 1934, was published in January 2017 issue of Neurology indicated “that greater adherence to the MedDiet is protective against total brain atrophy...”


Malnutrition in Older Adults (2018)

Malnutrition, as a leading cause of morbidity and mortality, may often be associated with falls, infections, pressure wounds, and worsening heart and lung function. To increase malnutrition awareness in communities, malnutrition toolkits, such as one from The Academy of Nutrition and Dietetics and others, offer ideas and resources that can be used with “Lunch and Learn” sessions.


Mindful Eating (2015)

Eating can be a focused, meditative act to nourish the mind, body, and soul. Eat slowly, take smaller bites, and chew thoroughly to reduce caloric intake. Chewing more improves digestion and exposes food to digestive enzymes in the mouth. Tips for mindful eating include:

- Choose satisfying, whole, and nourishing food
- Take time for gratitude for the food and those who helped grow or prepared it
- Relax and connect with your senses, and
- Enjoy and savor the food.
Healing eating requires presence and mindfulness takes practice and an introspective awareness of what the senses are taking in. Produced by the hypothalamus, the oxytocin hormone, secreted into the bloodstream and via nerve fibers, promotes growth, healing, and stress reduction with restorative and social effects. In brief, taking time to eat with self-awareness and enjoying a meal with others can be healing.

Policy

Health Care Policy Direction (2016)
On September 26, 2016 Dr. Chow attended Vital Directions for Health and Health Care: A National Conversation in Washington, D.C. This National Academy of Medicine meeting considered 19 priority areas for health policy for consideration by the next presidential administration by presenting three goals: 1) Better health and well-being, 2) High-value health care, and 3) Strong science and technology.

*Journal of the American Medical Association (JAMA)* Viewpoint Series Presenting highlights from the National Academy of Medicine’s Vital Directions for Health and health Care Discussion Paper Series. 40 p.


Medicare Challenges (2015)
To cope with the Medicare challenges of: 1) affordability, 2) sustainability, 3) financing, 4) the onset of multiple chronic conditions, and 5) social insurance in the form of universal earned Medicare and Social Security entitlements, there must be a greater focus on disease prevention. Public health measures will help address the root causes of chronic conditions.


**Article:** [https://www.asaging.org/blog/medicare-50-lessons-and-challenges](https://www.asaging.org/blog/medicare-50-lessons-and-challenges)

Next 50 Years of Medicare (2015)
Chronic disease care and prevention are vital. About 87 percent Medicare beneficiaries have one or more chronic diseases, 65 percent have two or more, and 20 percent have five or more. Progressively, since 1980 Medicare covers home health services, hospice care (1985, quality standards for certified nursing homes (1987), the PACE--Program of All-Inclusive Care for the Elderly model (1990), funds Medicare Advantage Part C, and Part D prescription medications. (2003). Medicare has provided some financing of preventive, acute, chronic care, hospice, and end-of-life care. Older adults are concerned about preventing disease, geriatric conditions, and loss of independence from disability or cognitive decline. Tailored prevention for each person can be effective with targeted interventions aimed toward conditions of aging and chronic
disease self-management. In Medicare, Accountable Care Organizations (ACO) have been created to manage integrated care for a patient population. Efforts are needed to create a shared data collection and referral system to track needs, services, outcomes, and programs at national, state, and local levels.


**Article:** [https://www.asaging.org/blog/prescription-next-fifty-years-medicare](https://www.asaging.org/blog/prescription-next-fifty-years-medicare)

Women and Medicare (2015)
Lack of available financing and high out-of-pocket long-term services and supports (LTSS) spending disproportionately affect older women. LTSS financing through Medicaid is available only to the poorest women. Yet about two-thirds of residents of nursing homes and residential care communities are women.


Volunteer

Volunteer For Better Health (2015)
In this study completed at Washington University, St. Louis, Missouri, researchers found that volunteering seems to be related to better health outcomes due to the established personality characteristics of volunteers reflecting greater maturity, such as agreeableness and extraversion. Agreeableness includes altruism, compliance, trust, and tender-mindedness. Extraversion includes gregariousness, assertiveness, positive emotion, and excitement seeking. Volunteers were likely to be employed women who had more education and higher income.


Social Aspect of Volunteering (2016)
There is interplay of social networks, education, and the likelihood and frequency of volunteering. Networks (social capital or resource) may change in size, composition (diversity), geographic proximity, or contact frequency through “bridging” or “bonding.” Social networks that develop bonding over time with frequent social contacts predict likelihood and frequency of volunteering. More highly educated individuals have a greater probability of volunteering, greater contact frequency, and number of friends. In this study, respondents reported that they completed an average of 13.4 years education. About 32% study respondents reported volunteering and provided 67.3 hours per year. As to social capital, moderate levels of volunteering have overall positive effects and may provide interesting pathways to maximize health and well-being through beneficial roles and opportunities.

Article: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4817080/

Helping Others Healthier (2018)
Loneliness may be a health risk for Alzheimer’s, heart disease, and hypertension. Loneliness may affect cells and promote inflammation and increase the risk of chronic diseases. Individuals with weakened immune cells may have trouble fighting off viruses of infectious diseases. To reduce loneliness and have healthier immune cells, it is important spend time helping others and have a sense of purpose in life.
Volunteer Effects on Loneliness (2018)
Meaningful social relationships are a key to well-being. However, nearly one in five persons over age 50 in the U.S. are lonely. To study whether becoming a volunteer at the time of widowhood reduced the risk of loneliness, a sample of 5,882 married adults age 51 and over were drawn from a 2006-2014 study. Results suggested that volunteering may be an important, effective intervention to alleviate loneliness among recently widowed older adults.


Volunteering Improves Brain Function (2018)
For active, engaged, successful aging, good cognitive functioning is critical. This study used data from 11,100 participants who were 51 years or older. The results were that formal volunteering can be beneficial to an individual’s cognitive functioning (working memory and processing) and to society, especially for women with lower levels of education.


Underlying Motivations of Volunteering (2019)
The authors studied the motivations of a sample of 1,045 adults, aged 25 years and older, from 63 nonprofit volunteer organizations in Nevada who volunteered during their early, middle, and later adulthood. The results revealed three motivating factors: Community service, career advancement, and well-being. Social networking is uniquely motivating for the young and middle adult groups. Generativity, helping others or the next generation increases as we age, contributes toward maintaining meaningful roles, such as after retirement. Across all three life stages, volunteers were motivated in providing community service that may be associated with ‘socioemotional gratification and continuing desire to make a positive difference.

Volunteering at the time of Widowhood (2018)
Meaningful social relationships are a key to well-being. However, nearly one in five persons over age 50 in the U.S. are lonely. To study whether becoming a volunteer at the time of widowhood reduced the risk of loneliness, a sample of 5,882 married adults age 51 and over were drawn from a 2006-2014 study. Results suggested that volunteering may be an important, effective intervention to alleviate loneliness among recently widowed older adults.


Cognitive Engagement from Volunteering (2015)
The health benefits from volunteering seem to come from cognitive engagement, increases in physical activity, and social interactions. It is a significant way to provide opportunities to obtain skills and promote the health and well-being of older adults such as reducing the risk of hypertension, delaying physical disability, and lowering mortality. Be a team member by collaborating.


Personality Connection Between Volunteering and Health (2015)
In this study completed at Washington University, St. Louis, Missouri, researchers found that volunteering seems to be related to better health outcomes due to the established personality characteristics of volunteers reflecting greater maturity, such as agreeableness and extraversion. Agreeableness includes altruism, compliance, trust, and tender-mindedness. Extraversion includes gregariousness, assertiveness, positive emotion, and excitement seeking. Volunteers were likely to be employed women who had more education and higher income.


About Rita K. Chow

Rita K. Chow, EdD, RN, AHN-BC (ret), previously Major in the U.S. Army Nurse Corps (1954-1968) and subsequently Nurse Director in the U.S. Public Health Service Commissioned Corps (1968-1995), and Director of the National Interfaith Coalition on Aging (1998-2014), has been a member of the AHNA Delegations to China and Cuba. She continues to volunteer for the National Council on Aging, focusing on research findings related to aging mastery, including falls prevention and social determinants of health. Designated as the 2001 AHNA Holistic Nurse of the Year, she has authored or edited numerous publications, including 10 books and presented in Australia, Egypt, Israel, Germany, Japan, Singapore, Thailand, Taiwan, and the United States.