Promoting Aging In Place Through Community Networks

Kelly Greathouse  
*Pacific University*

Jenni Low  
*Pacific University*

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Promoting Aging In Place Through Community Networks

Description
As the adult population continues to increase exponentially to a projected 15% of the population of Washington County by 2030, it is estimated that there will be almost 400,000 people over the age of 50 years old within the region (Village Without Walls, 2013). Furthermore, the increased cost of living, the added expense of moving to assisted living, and the lack of retirement security contribute significantly to the greater demands for services. The “Village” movement was created to address the need for older adults to receive cost-effective supportive services through community organizations and volunteer networks in order for them to age successfully in place. More than 110 Villages currently exist within the United States and nearly 150 more are in development (Villages NW, 2013). Village Without Walls is a recently established grassroots Village stemming from a “hub and spoke” model, which is intending to provide services and social networking to older adults and individuals with disabilities within Washington County, Oregon.

In partnership with Village Without Walls, Pacific University’s School of Occupational Therapy (OT) is helping to further the mission and development of Villages within the Portland metropolitan area. Given the recent involvement with the Villages movement, the OT students are expanding the relationship established in the previous year (i.e., independent study design) with the implementation of an Innovative Practice Project. The purpose of this project is to increase awareness of and involvement in the Village services by organizing an information session for Pacific University stakeholders, providing multiple educational seminars, and promoting Village services at various community events.

Project goals target the partnership created between Village Without Walls and Pacific University to increase the diversity of services being offered to the Village, specifically in increasing the number of committee members and providing educational opportunities for the students in the College of Health Professions. Other goals relate to the educational seminars being provided to the community, with the focus of these goals on the outcomes of the satisfaction survey and post-seminar quiz.

With the focus of the seminars on the effects of aging and home modifications in maintaining safety and independence given these potential changes, teaching methods emphasize an interactive component of evaluating a home replica and completing a home safety assessment checklist. Other components of the project, such as the health fair, are primarily aimed to promote the development of Villages and further educate individuals on the role and benefit of occupational therapy in the community and in collaboration with Village services.

Disciplines
Occupational Therapy

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Promoting Aging In Place Through Community Networks

An Innovative Practice Project
Kelly Greathouse and Jenni Low
Pacific University
2014
Description

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Overview

Pacific University occupational therapy (OT) students, Jenni Low and Kelly Greathouse, under the supervision of Professor Tiffany Boggis, MBA, OTR/L, partnered with Village Without Walls to provide assistance in program development and community education on aging in place. Village Without Walls is a non-profit organization that will provide supportive services to older adults to allow them to successfully age in place. The targeted populations are adults aged 65 years or older and individuals with disabilities or families of children with disabilities residing in Washington County, Oregon – specifically Hillsboro, Cornelius, Forest Grove, and Aloha-Reedville. Although Village Without Walls is still in the development stage, upon launching service delivery, members will have access to a variety of cost-effective services needed in order for them to live in their desired communities as independently and safely as possible.

Jenni and Kelly first completed a needs assessment on Village Without Walls to analyze which areas of program development they could help support, methods in which to provide assistance and collaborative services and to further establish future partnerships with Pacific University OT students. After performing a SWOT analysis, it was evident that Village Without Walls would benefit from more participation and interest in the organization to expand their committee (see Appendix A). Therefore, through an occupational therapy lens, it was thought to be most advantageous to establish and promote the community aspect of the Village in increasing awareness, personal interest, and the emergence of services through volunteer commitment. This was achieved through various components of the project, such as community outreach, attendance at monthly planning meetings, organization of an informational session with Pacific University, and education through seminars. By partnering with community organizations, establishing collaborative resources, and educating the older adult population on aging and home modifications, the OT students provided a unique and beneficial aspect to the development of Village services and community involvement. All components of project implementation also aimed to incorporate Village’s theme of empowering older adults and encouraging community engagement.

The Importance of Aging in Place

According to a 2010 Census, 10% of Washington County’s population is 65 years old or more (“Your Community In Focus,” 2010). Forest Grove, specifically, has 12% of their population whom are older adults, which is the largest percentage of the six cities surveyed of adults 65+ years old (“Your Community In Focus,” 2010). The older population is also expected to exponentially increase over time where in 2030, nearly 20% of Oregon’s population will consist of older adults over the age of 65 years old (“Your Community In Focus,” 2010). An AARP survey conducted in October 2008 reported that 43% of workers aged 45 years or older are not saving for their retirement security outside of work. Additionally, 58% of adults over the age of 45 years do not believe that they are actually saving enough for retirement (AARP, 2008). When asked about the rationale for not
saving, some reasons were that there were no left over funds after paying bills, they were saving for a child’s education, or were helping to support an elderly relative (AARP, 2008). It is evident that as the aging population in Washington County is on the rise, they are less likely to have a substantial retirement security. With that being said, it is probable that more adults are going to be searching for alternative living situations rather than choosing more expensive options such as assisted living facilities and retirement centers as they grow older.

As reported in a 2012 survey, an assisted living facility costs on average $46,200 per year in Oregon and a nursing home ranges from $82,125 - $91,250 a year (“Your Community In Focus,” 2010). These costs are nationally more than three times greater for nursing home residents than for seniors living at home (Kaye, Harrington, & LaPlante, 2010). Given that aging-in-place organizations, such as Village Without Walls, are dramatically less than the average cost of long-term care and allow individuals to remain active and involved in their community, older adults view these organizations as more appealing and conducive to their needs. In addition to the financial perks of aging in place, some adults prefer to remain in a familiar setting due to the nurturing and sentimental qualities that the environment holds (Cutchin, 2003). Research also shows that older adults tend to age more successfully when they remain in their home, as they are accustomed to familiar neighborhoods and surroundings and have typically established a social network within their community (Stephenson, 2011).

Social communities change substantially as the older adult population ages, which thus make them at greater risk for experiencing an array of emotional and psychosocial challenges. In fact, an article by Barnes, Mendes de Leon, Bienias and Evans reports that as individuals age over time, social relationships tend to decrease dramatically such that social isolation becomes more common (as cited in Greenfield, Scharlach, Lehning, & Davitt, 2012). Adults 65 to 80 years old tend to experience occasional feelings of loneliness ranging from 15% to 40% of the time, while adults over the age of 80 years old typically feel lonely 50% of the time (Golden et al., as cited in Greenfield et al., 2012). It is evident that older adults are more susceptible to feeling alone as the objective characteristics of social relationships can easily change over time, such as living in a new environment away from their community, losing mobility, or the passing of friends and family members. Social isolation has been linked to depressive symptoms, feelings of hopelessness and an increased risk of morbidity (Golden et al., as cited in Greenfield et al., 2012). Older adults who have higher levels of perceived social engagement within their chosen environment, on the other hand, tend to have fewer visits to the hospital (Stephenson, 2011). Therefore, the establishment and maintenance of social relationships are extremely important to an older adult’s well-being and quality of life.

The older adult population is also at a greater risk of falling and ultimately hindering their ability to live alone and independently. Research suggests that falls among older adults are becoming increasingly more common, such that one out of every three older adults falls annually (Ellis, Kosma, Fabre, Moore & Wood, 2012). Falls consequently tend to be more frequent in nursing homes, as up to 50% of older adults fall each year (Tideiksaar, 2009). After a traumatic fall, however, older adults are often faced with having to relocate
to a long-term care facility due to the nature of the assistance they require. Given the seriousness of falls and the fact that they are the major cause of premature death and physical injury, there is an increased need to understand the environmental factors, conditions/ causes frequently associated with fall risk, and methods to detect these individuals at higher risk in order to reduce this need to relocate to unfamiliar locations.

Village Without Walls

Village Without Walls’s mission is to provide “the practical means, social and educational opportunities, and confidence for [their] members to remain integral and vibrant residents of their neighborhoods” (Village Without Walls, 2013). The organization’s hope is to connect neighbors to one another and to existing local resources through their services. Village Without Walls will utilize the skills and talents of the volunteers and community organizations to ensure cost-effective supportive services for its members. Partnerships will be made with local businesses, non-profit organizations and government agencies to assist the members in accessing services they need or desire to successfully and effectively age in place. The organization is currently comprised of retired and working individuals who are passionate about Village’s mission and want to see the project through in hopes of benefitting from the organization when they get older. Their future intent is to also provide intergenerational experiences, support community networking for individuals with limited and/or desired social interactions, and include service for individuals with disabilities and families of children with disabilities.

The approach established by the Villages within the Portland metropolitan area is a unique and innovative concept in the Village movement. While most Villages nationwide are run independently as stand-alone non-profits, the founder of the local Village network decided to create a “hub and spoke” model through support from the Village-to-Village network in order to increase efficiency and shared resources. Villages Northwest (NW) was established in 2013 following its transformation from an initially anticipated single Village in the Portland metropolitan area (Village PDX) that originally launched in October 2011 (Villages NW, 2013). It is a self-governing 501(c) (3) non-profit organization that will be run by a Board of Directors. The Board of Directors is a diverse group of individuals who oversees the operations of Villages NW and all subsequent Villages stemming from it. Each Village will also have their own governing committee to direct their individual services and assist their members in establishing and accessing desired resources within their local community. This model has subsequently accelerated the speed of Village development and will lead to more cost-effective methods for administrative and financial services (Villages NW, 2013). Through this process, Village Without Walls became the second “spoke” to Villages NW and the first Village to coalesce in Washington County (Villages NW, 2013).

Like many other Villages throughout the country, Village Without Walls plans to provide services that any older adult may need in order to live as independently as possible. Services are provided in four different methods through: (1) existing resources,
(2) volunteers, (3) vetted vendors, and (4) strategic partnerships (Villages NW, 2013). Existing resources refer to the idea of connecting members to community services already being offered within the service area and/or helping them to navigate and utilize these resources. Volunteers are the most frequently used means of service delivery for assistance in everyday tasks (e.g., transportation, grocery shopping, household chores), while vetted vendors provide the professional services that are unable to be completed by volunteers (e.g., electrical, roofing, medication management). Both vetted vendors and strategic partnerships will negotiate a 20-40% discount for Village members, with hopes of waving “minimums” for specific resources, in order to provide reliable and cost-effective services (C. Andler, personal communication, March 2, 2014).

Membership within the Village is offered as service-receiving or social membership. Individuals or households who join the Village as service-receivers benefit from full services including social membership, while those interested solely in social networking can take advantage of the variety of community events. The social membership is typically for younger members who do not need supportive services and wish to participate in educational, social, fitness, and vetted vendor rates (Villages NW, 2013). These members also tend to contribute to the Village as volunteers and may be given a reduced rate from service-receiving membership as a benefit to their social and community engagement. Another form of membership is low income scholarship/subsidized participation to create opportunities for low-income older adults and individuals with disabilities to receive needed services. Social members and volunteers are able to change their membership and begin a service-receiving membership at any time. Village Without Walls fosters the empowerment of the older adult population and provides the opportunity for an improved quality of life through this multitude of service options.

There will be a yearly membership fee for the older adults who wish to receive full Village services. Other Villages throughout the country have charged between $100 and $1,000 per year in membership fees, with an average of $500 per year for one person and $650 per year for a couple (Abrahms, 2011). Village Without Walls, however, has not officially determined their annual fees yet. Currently, there are roughly 10 consistent and devoted members on the committee and their goal is to increase the number to about 20-30 committee members before initiating service delivery. The committee has hosted informational meetings in individuals’ homes and within various community settings (e.g., local libraries, older adult residential facilities), as well as a recent fundraising event, in hopes of attracting individuals who wish to contribute their skills to the program. Although there is a clear interest in Village Without Walls among community members, the development process is more gradual than hoped given the inability for individuals to consistently contribute time to the Village’s planning and organization.

**Partnership Goals**

After performing a needs assessment, interest surveys, a SWOT analysis and interviews with committee members, the OT students set out to increase community
involvement/awareness and educate individuals on the role and benefit of occupational therapy in collaboration with Village services. In order to address such goals, the OT students planned an informational session at Pacific University to spread awareness and increase participation amongst the Pacific University’s undergraduate and graduate faculty and staff. The OT students also prepared three seminars focused on the effects of aging and home modifications in maintaining safety and independence, as well as participated in various community events to promote the development of the Village.

Partnership goals focused on providing access to occupational therapy services and other health promoting services to allow individuals to live in their own home and community safely, independently, and comfortably. Specific goals addressed the need to increase the number of committee members and involvement in the development process, as well as enhancing community members’ understanding of strategies to maintain health and wellness while aging at home. Project goals and objectives are further detailed in Appendix B. Within the various roles of collaboration and program development established by the OT students, their contribution was primarily driven by the person-environment-occupation (PEO) model in determining how to best utilize each component for optimal involvement in and benefit from the Village.

Through the goal of increasing community awareness, the OT students assisted the Village in outreach to a variety of individuals through their expertise in holistic evaluation and ability to empower older adults to lead the safest and most fulfilling lifestyle. Certain aspects taken into account included: differing ages, expertise/life experience, previous and current occupations, and their specific living environments (i.e., geographical location, type of housing, living alone vs. with a significant other or their adult children, etc.). With each of these factors considered, the OT students strived to create connections with different locations throughout the community and structure their seminars in a way that would specifically exemplify the importance of these P-E-O components in coexistence, as well as the variations that occur across contexts. Providing the same seminar content to different groups of individuals also allowed the OT students to focus more extensively on the connection between the occupation and the environment in supporting the person, such that participants could use the information to support and improve their ability to successfully age in place.

**Building Partnership and Increasing Community Awareness**

Upon initial partnership with Village Without Walls, two students from the previous graduating class (2013) established a relationship with the planning committee through an independent study project with Tiffany Boggis, MBA, OTR/L. In continuing this partnership, Pacific’s School of Occupational Therapy developed an Innovative Practice Project (IPP) to provide greater assistance in enhancing the Village process. Jenni and Kelly began participation and collaboration with Village Without Walls in the Fall of 2013 through involvement in the monthly planning committee meetings and attendance at informational presentations.
Monthly planning committee meetings were intended to further the development of the Village through the unique and diverse contributions of its members. These included brainstorming methods for engaging the community and increasing awareness of the Village movement through such discussions as fundraising events, informational sessions, creation and distribution of handouts, and establishing community partnerships. The OT students provided ideas and support for the development of community events, in addition to establishing a consistent involvement in the planning group.

As part of the OT students’ goal was to determine ways in which occupational therapy could promote Village participation and services, they created a survey to assist in gaining more information about the needs of the organization (see Appendix C for survey template and committee responses). This was subsequently used to plan interventions targeting the interests of the older adult population as an additional method to increasing community awareness and understanding of future service offerings. Through this survey, planning committee members indicated their interest in educational topics and provided comments about their personal concerns.

There was a common theme of fear of mobilizing within their home safely, especially when there are stairs involved. It was evident through personal statements that not only is falling a prevalent issue among the older adult population, but it is also a pre-existing concern among emerging older adults. In addition to the fear of falling, committee members also expressed their interest in education on aging. Given these responses, the OT students established and collaborated on several interventions discussed in the following sections. It is important to note that the variety of interventions and events created and/or chosen to attend were focused on promotion of the Village, client-centered approaches, and the Village’s desire to increase the intergenerational benefits.

In furthering these attempts, the OT students attended one of the first Village 101 informational presentations hosted at a committee member’s home. The event attracted more than fifteen neighbors and friends of the host and allowed the OT students to interact with more individuals interested in the Village concept to better understand their concerns and interests. Speaker training was also completed with the founder of Villages NW to ensure that the most accurate and comprehensive information about the development of Villages within the Portland metropolitan area was communicated in the seminars and community events. This included a two-hour session with individuals from other Villages – at least one individual from each respective Village – that focused on learning about key points of the national and local Village development, the process for delivering and receiving services, and how to get involved as a community member.

**Brown Bag Seminar**

For the brown bag seminar, Pacific University’s faculty and staff members were invited to an hour-long meeting where Village Without Walls committee members shared
the history and current progress of local Villages within the Portland metropolitan area. The intention for this seminar was to increase interest from Pacific faculty and staff in the Village movement and the array of potential supportive services, as well as provide an opportunity for faculty and staff from various disciplines to share their expertise and assistance in program development. This seminar was geared specifically to address the collaboration with Village Without Walls, as the services available through the graduate and undergraduate faculty/students would accommodate Village members within the intended and surrounding service area.

The CEO and founder of Villages NW, which was the initial grassroots Village established in East Portland that later became the overarching “hub” in transforming to a non-profit group, spoke about the mission of the Village movement and its need in our current society. She discussed how the Village movement began on a national level, how the creation of local Villages were established, the benefit of services for fostering aging in place, and the need to educate the public about the Village movement as a cost-effective and critical component of successful aging. The co-presidents of Village Without Walls also spoke about their current progress in program development, specific needs in moving their Village process forward, and the value of partnership with an organization such as Pacific University.

While the attendance was fewer than anticipated as a result of complications with publication of the event and the time of day, there were a diversity of professors, faculty, and even students from both the graduate and undergraduate programs. Many individuals in attendance had specific interests and expertise in the older adult population and/or community outreach. Some of the professors suggested ways in which undergraduate students could get involved in the different development and service phases, as well as provided references and information about specific projects that could benefit on both sides from a collaborative process (e.g. creation of a Village survey created by students in the Masters of Health Administration program). Additionally, there were individuals who expressed interest in being part of the committee and initiated methods to continue contact with the planning group.

Upon planning this event, the OT students’ goal was to have at least two people demonstrate interest in the organization by either signing up to be a part of the committee group or providing suggestions/ references in ways that could benefit and expand the services and development of Village Without Walls. This goal was easily met, as nearly every individual contributed to the process in some manner and many have continued contact with the Village to provide resources. Village committee members were also grateful for the type of expertise and experience that was brought to this seminar and further discussion has ensued about a follow-up informational session in the future to continue building awareness of the Village movement within the Pacific community and surrounding neighborhoods.
Community Seminars – Home Modifications and the Effects of Aging

Following establishment of a topic through the interest survey, the OT students created a program and organized three community seminars attempting to target different demographics and needs. Information and resources were compiled, a home replica was designed, and methods for data collection were developed to address the goals outlined in the needs assessment. The intent of each presentation was to teach what potential age-related changes the older adults may encounter or have already experienced and how these changes may affect their ability to maintain safety and independence within their home. Teaching/learning methods emphasized interactive components of the seminar in how older adults could use various approaches to identify and modify or fix the concerns within their home so that they could continue to successfully age in place.

Multiple handouts were provided to educate older adults about the sensory, muscular, and cardiovascular age-related changes, as well as methods to recognize and address potential hazards in the home. The participants were given an opportunity to identify hazards, brainstorm potential solutions, and also inquire about their own living environment. Interactive components focused on completing a home safety assessment checklist and utilizing a home replica (see Appendix D) to provide visuals of potential safety concerns/risks in a home, with the overall intent to increase understanding and transferability of home safety skills through adult learning methods. Handouts are outlined in Appendix E in the order in which participants were given information. The overall structure of the information and the handouts used were very consistent across seminars in order to focus more on the context and the individuals present, as well as to provide the most comprehensive and uniform presentation.

A satisfaction survey and post-quiz were also included in the packets of information distributed in the seminar to help ensure that the objectives were met and that participants were leaving with greater knowledge of home safety strategies. At the end of each session, the satisfaction survey was encouraged for the participants to fill out to indicate whether there were any areas on which the OT students could improve (see Appendix F). The post-quiz was given in response to the goals where success could be measured if 100% of the participants answered at least three out of the five questions correctly (see Appendix G). Outcomes from all three seminars are provided in Appendix H.

Unitarian Church – “55 and Better” Group

On February 19th, 2014, the OT students presented to a group of older adults called the “55 and Better” group. This is a senior lunch group exclusively for members of the Unitarian Universalist Church of Washington County, which typically meets once a month for social, volunteer, and educational gatherings. Ages range from 55 to 85 years old and many of them are active within the community. Due to the time of gathering, it was assumed that all members were retired or had greater flexibility to participate in midday activities (i.e., part-time jobs, volunteering) without work conflicts. Some of those under the retirement age also indicated their inability to work as a result of a chronic condition.
Individuals who participated in the event had prior knowledge of the presentation topic and chose to attend if they were interested in learning about the aging body and methods for successful aging. Publication and coordination of the event was completed by Village committee members, as several of them are members of the Unitarian Church and the Senior Lunch group who had invested interest in the seminar topic. All participants also had at least some knowledge or understanding of the Village concept, and some were even involved in the development process, given that the co-president of Village Without Walls has an extensive role in the congregation and has promoted the Village to its members.

Sixteen individuals participated in the seminar, although not all of them completed the satisfaction survey and/or post-quiz. Participants were active in discussion and very receptive to the information and handouts provided by the OT students. Many had good insights into potential concerns in their home and had solutions already established. Specific examples identified and provided by participants also allowed for collaborative problem solving. The home replica demonstrated the greatest collaboration and ability to identify everyday items within a typical home that could be hazardous, as some of the participants appeared unaware of certain less obvious concerns (e.g. contrast sensitivity, bed height, location of frequently used dinnerware items) until prompted by others in the group. These interactive components and associated handouts were well received as suggestions that could be implemented in their own home and at least two individuals had follow-up discussions with the OT students after the presentation. One participant even asked specific questions about how to request a home evaluation from an occupational therapist and the involvement of insurance for potential home health needs.

Forest Grove Senior and Community Center

On March 19th, 2014, the OT students presented to the Forest Grove Senior and Community Center in collaboration with a Village 101 presentation. The center provides recreational, educational and wellness activities for seniors and community members, as well as services for home-bound seniors and individuals with disabilities. Many client services also target low-income seniors who typically participate in the daily lunch hosted in partnership with Meals on Wheels. While there is a diversity of individuals who utilize the community center for such activities as community gatherings and local civic club involvement, it was indicated that most seniors who attend the daytime events are primarily seeking cost-effective services and opportunities to address their specific needs. Organization of this seminar was thus aimed to introduce the concept of Villages and the future services to be offered in addition to providing information about home modifications.

Following several conversations with the director of the community center, the OT students decided to host the event in the mid-afternoon to gear the presentation toward retired seniors who were in greater need of supportive services and were thought to have a lesser degree of community engagement than those in the previous seminar. Information was publicized in the community newsletter, which was sent out to approximately 500 seniors, and added to their website’s monthly calendar. One of the OT students also
attended and announced the seminar at the First Friday Dinner event in hopes of attracting individuals who did not receive the newsletter.

The organization of this event was different compared to the “55 and Better” group, as few people in the senior center had any knowledge of the Village movement. The OT students also made a conscious effort to cater the information to this varying population, in recognizing the greater interest in learning about what Village Without Walls could offer to them and their community. The first hour of the event was purely an introduction to the Village movement provided by one of the committee members. This limited the amount of time for the interactive seminar on home modifications, although the OT students encouraged as much participation as possible. Eighteen individuals attended the event and many appeared enthusiastic about joining the Village in one manner or another. With the home modification seminar, however, only seven people filled out the satisfaction survey and post-quiz due to some confusion with the intent of data collection. Ages ranged more dramatically in this group, as at least one individual appeared younger than 45 years old and others were upwards of 80 years of age.

Given that one of the recently involved committee members publicized this event outside of the community center, which subsequently attracted several individuals, the extent of seniors’ community engagement and involvement was greater than initially anticipated. Participants seemed to gain a greater understanding of the Village and the benefit of services, such as occupational therapy in ensuring safe home environments, although they participated less in the interactive activities and had limited experiences and examples to offer with regards to safety concerns in the home. Few individuals mentioned problems in the home replica and solutions for fixing them, although those who identified hazardous objects/furniture had good insight and awareness of the home evaluation process. A small group of individuals remained after the event to discuss their involvement in the community, strategies they have used to modify their home and/or daily activities, and even one request of hosting another event for a local Parkinson’s group.

Hillsboro United Methodist Church
On April 13, 2014, the OT students presented to members of the Hillsboro United Methodist Church. The audience was compiled of older adults who have been part of this church for several years or were notified about this seminar by friends or family members. The presentation was held on a Sunday after service in hopes of attracting individuals who wanted to learn more about the concept of healthy aging in place. Several efforts were made to publicize this event, with such methods as information and website links posted on the church’s online calendar, flyers placed in the church entry, announcements by the pastor at two services, and an informational table offered during coffee hour (i.e., directly after the service) by one of the OT students the week prior. Most participants were over the age of 70 years old who expressed an interest and/or need for services in the near future. Approximately one-quarter of the sixteen participants were working adults over the age of 60 years and were interested in the information either for assisting their older adult parents or to begin evaluating their home environment for safety. The presence of this slightly younger population was subsequently the primary goal in providing a seminar
option outside of typical workday hours in contrast to the previous two sessions, given the OT students’ interest in evaluating differences in the person-occupation connection between various generations.

Few participants had heard of the Villages through either friends or information provided by AARP, but were interested to learn more about the type of services that would be offered in their neighborhoods. As most of the audience members were learning about Villages for the time, however, the OT students utilized the Village training material they received in order to effectively and accurately report on the history of Villages and the current stage of development for Village Without Walls. Some individuals were interested in whether Villages offered medical or palliative care for older adults who are more advanced in age. Although services are not yet determined for Village Without Walls and the extent/variety of services depend upon member interest and need, the OT students stressed the intent of more social and community-based components with the Village movement as opposed to medical-based care. Participants were also notified that the Village concept emphasizes prolonging independence and ideally helping individuals to require less extensive assistance toward the end of their lives.

Overall, the audience seemed to benefit from the presentation and they asked very appropriate and relevant questions to the aging process with regards to Villages and simple home modifications. Some reported that the visuals and examples of potential hazards in the home allowed them to conceptualize problem areas in their own home and proved to be a good reminder for identifying safety concerns in the community as well. This group contributed the most when identifying hazards and solutions within the home replica, as many individuals noted less obvious safety concerns and/or provided recommendations for others of resources that have worked well for them. Several individuals in the group also stated their interest in Village services and wanted to remain informed about the progress of Village Without Walls.

**Participation in St. Matthew’s Health Fair**

Village Without Walls was invited to participate in a community health fair sponsored by St. Matthews Lutheran Church. This annual event organized by the church’s Health Ministry Team is intended to promote agencies, non-profit organizations, and community resources within Washington County. As a way to increase awareness about the Village movement and the variety of services to be offered upon initiating service delivery, one of the OT students represented Village Without Walls and the partnership with Pacific University. In collaboration with the most recently established Village, information was provided about the development of both Villages within Washington County (i.e., Village Without Walls and Viva Village!) through various informational handouts and discussions.

The OT student also prompted an introduction to the type of direct services that will be offered with information about the benefits of occupational therapy services in the community and handouts related to home modifications for safety and independence with
Conversations occurred with members of the congregation and community members present for the health fair, specifically adult children with older parents, older adults with potential needs for services, and other service providers (e.g. paramedics, small business owners, hospice care workers). Opportunities were also available to explore other community resources and discuss collaboration of services through an exchange of information.

**Discussion**

Through the various events and seminars completed in collaboration with Village Without Walls, the OT students met their goals of increasing community involvement in the program development and enhancing community members' understanding of strategies for health and wellness. Within the three seminars offered, responses on the satisfaction survey were mainly positive and individuals reported enjoyment of having a home replica to identify safety concerns. A few participants also indicated areas of the home and specific strategies for aging to consider with regards to being able to successfully age in place. Of those who completed the satisfaction survey, 100% provided at least basic information in indicating their perceived rating and only a few added additional comments. Individuals in the first session provided the most input for benefits and recommendations of participating in the seminar, which helped the OT students modify and structure the following seminars. While this may be attributed to the type of individuals who attended the seminar with regards to their involvement in the Village movement and desire to assist the OT students in preparing for future groups, it is believed that the structure of this particular session, in contrast to the others, allowed for greater time and opportunities to provide specific comments.

There were greater variations in the responses to the post-quiz survey across the three groups, although at least half of the participants in each seminar completed it (i.e., 81% for first seminar; 56% for second seminar; 50% for third seminar). The first group demonstrated the greatest response to the questions and answered the most correct number of questions (i.e., 77% answered 5 out of 5 questions correctly), while participants in the second seminar generally appeared to struggle with the content of the true/false questions (i.e., 10% answered 5 out of 5 questions correctly). These outcomes are likely indicative of the type of participants, the targeted environment, and the content included in each seminar. Although the OT students provided the same general information on the aging body and home modifications for each seminar, the amount of information about Village Without Walls was altered to meet the needs and interests of the varying groups and to determine how the combination of information affected participants' understanding of home modifications and aging in place.

The first seminar provided minimal information about Villages due to their previous introduction and therefore the OT students could focus exclusively on the effects of aging and home modifications. With the second seminar being a combined Village 101 informational session and OT educational seminar, there was limited time to address all content and emphasize the information in the post-quiz in a manner that was easily
understandable and recognizable. Some individuals also did not understand the intent of the post-quiz and chose not to fill it out, which may have been due to the overwhelming amount of information provided in the first hour and limited attention at the end of the session. The third seminar included an introduction to the Village movement, where the OT students provided the information (as opposed to a Village committee member) and geared the majority of the session toward recognizing and problem solving home modifications. This seminar yielded fewer responses to the satisfaction survey and post-quiz, potentially as a result of individuals wanting or needing to return home after a full morning of church services and the community seminar. Their responses to the post-quiz questions were more accurate, however, and demonstrated greater understanding of the content than those in the second seminar where similar Village information was also provided (i.e., 63% answered 5 out of 5 questions correctly).

Determining the factors that contributed to individuals’ satisfaction and understanding of the content is complex and difficult to analyze with the diversity in participants and specific interests in attending the seminar. Providing a variation in the context, timeframe, and presentation of information, however, emphasized the importance of the person-environment-occupation connection in supporting health and well-being. Regardless of the extent of information from which individuals benefitted and could transfer to their home environments, there was a clear overlap across seminars in older adults’ appreciation of the information and need for supportive services in order to maintain their engagement within the community and successfully age in place.

Given that the nature of the IPP projects is changing in the future with the implementation of the OT doctorate program, the capacity in which OT students will be involved is currently undetermined. Despite the type of future community-based projects created, the School of OT will continue to partner with Village Without Walls and ideally assist in service delivery once they begin providing supportive services next year (mid-end of 2015). There is also potential for a variety of involvement with the Village through OT course curriculum, capstone projects, and thesis work with the gerontology certificate program.

The biggest contribution the OT students made to Village Without Walls, however, was in the extended partnerships created between Pacific University and Village Without Walls, as well as local organizations and churches. Following the Brown Bag Seminar, connections were established with the Masters of Health Administration and an undergraduate student, both of whom have been in further contact with the Village committee members to assist in program development. Various other faculty members from different fields of study and interest have also extended their support of the organization. There was even a discussion about providing another seminar opportunity on both the undergraduate and graduate campus next year to attract a greater number of volunteers and build further relationships within Village Without Walls’ service area. This partnership between Village Without Walls and Pacific University has ultimately assisted in advancing the type of services to be offered and the diversity of community members interested in becoming a part of the Village.
References


### Appendix A

#### SWOT Analysis

<table>
<thead>
<tr>
<th><strong>STRENGTHS</strong></th>
<th><strong>WEAKNESSES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can refer to already established Villages to compare/contrast development</td>
<td>• Lack of consistent volunteers/committee member commitment to assist in outreach and development</td>
</tr>
<tr>
<td>• Has connections to Villages NW (who oversees all Villages in development in the Portland metropolitan area) who can provide insight and greater access to community resources</td>
<td>• Lack of publicity and community awareness about the program</td>
</tr>
<tr>
<td>• Some current committee members are involved in other community organizations and can help publicize or attract more of the older adult population to Village services</td>
<td>• Limited donations and money being contributed to the development as a result of the current number of individuals involved</td>
</tr>
<tr>
<td>• The “hub and spoke” model being created will increase expediency of program development and service delivery</td>
<td>• Committee members represent only certain areas of the Village (e.g. Hillsboro, Forest Grove), so the entire service area is not equally represented or targeted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OPPORTUNITIES</strong></th>
<th><strong>THREATS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Host additional Village 101 meetings to spread awareness and interest in contributing to the Village</td>
<td>• Funding for Village development is extremely limited at this point</td>
</tr>
<tr>
<td>• Advertise at local gatherings to establish more relationships/partnerships (booth at Farmer’s Market, libraries, health fairs, etc.)</td>
<td>• Few partnerships have been established with organizations that can provide grant funding and/or resources</td>
</tr>
<tr>
<td>• Can partner with other community-based organizations or surrounding nursing, assisted living and retirement homes to attract a larger older adult population</td>
<td>• Many organizations within the community provide services that the Village hopes to offer, which causes concern for duplicate of services</td>
</tr>
<tr>
<td>• Potential partnership with Pacific University HPC faculty members to spread awareness and advocacy, while faculty can implement the Village services/needs into their curriculum</td>
<td>• The program development process is very timely and the organization may lose momentum and interest from potential Village members</td>
</tr>
<tr>
<td>• Utilize OT students to educate public on educational topics that are of common interest among the older adult population. Topics can include strategies that aid aging in place, thus promoting the Village</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B
Project Goals and Objectives

**Outcome:** To provide access to occupational therapy and other health promoting services to allow one to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level, while also providing educational opportunities for health professional students enrolled in the College of Health Professions at Pacific University Oregon.

**Goal #1:** To increase the number of committee members to aid in the program development process, as well as market the organization to future members.

- **Objective #1:** After the brown bag seminar, a minimum of two Pacific University faculty/staff attendees will express an interest in helping with the development of the Village as evidenced by signing up to be a volunteer.
- **Objective #2:** After the brown bag seminar, a minimum of two Pacific University faculty/staff attendees will volunteer their expertise to the committee members via attending a Village committee meeting or making contact with a committee member via email or phone if they cannot attend meetings.

* The brown bag seminar sign-up sheet of attendees will be collected by the OT students to document how many attendees are interested in the organization. Follow up with the president of the Village will be made to ensure that the Pacific faculty/staff members who expressed interest are following through with their claimed commitment or interest in the organization.

**Goal #2:** To enhance community members’ understanding of strategies to maintain health and wellness while aging at home.

- **Objective #1:** After the series of educational topics, 100% of attendees will demonstrate an understanding of healthy aging tips by answering at least 3 out of the 5 questions correctly from the post-quiz questionnaire.
- **Objective #2:** After the series of educational topics, 100% of the attendees will express their opinions and suggestions about the educational topics by completing the satisfaction survey.

* Once all the post quiz questionnaires and satisfaction surveys are completed at the end of the educational sessions, all the results will be collected by the OT students and will be organized on an excel spreadsheet.
Appendix C
Seminar Interest Survey and Results

The students of the occupational therapy program at Pacific University are considering offering an occupational therapy-based activity that is both interactive and educational for participants who attend Village 101 meetings in the spring. The objective is to compliment the marketing efforts of Village Without Walls to help recruit volunteers or motivate participation by providing the audience with an example of a service that could be implemented with future village members. In addition, this project will reinforce the mutually beneficial relationship between Pacific University College of Health Professions and the Village.

Occupational Therapy (OT) is a service that encourages, improves, and maintains clients’ functional independence in daily living and work skills (e.g. personal hygiene, meal preparation, time management, etc.). Occupational therapists can also modify clients’ homes to ensure optimal safety, such as suggesting grab bars in the bathroom. The purpose of this survey is to investigate what types of occupational therapy-based topics that Village Without Walls committee members feel may be of interest to participants of a Village 101 meeting or as a supplemental program. Please answer the following questions. Thank you so much for taking the time to fill out the survey!

Age: ________
Current occupation? _______________________
If retired, what was your past occupation? _______________________

Please check the box that best matches your level of agreement with the statement in the left column:

<table>
<thead>
<tr>
<th>Participants may be interested in learning about fall prevention strategies.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants may be interested to learn how to modify their homes so it is safe to live in as they age (e.g. install grab bars, improve lighting).</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Participants may like to learn work simplification techniques so as to use less energy to perform typical chores around the house (e.g. house-cleaning, yard work, etc.).</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>
Participants might like to learn gentle exercises they can do at home to stay active (stretching, breathing exercises, and mild strengthening).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
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</table>

Participants might like to learn how to maneuver their body and lift objects safely during household tasks in order to prevent back pain and injury (e.g. lifting a heavy pot, opening a jar, gardening, etc.).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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Participants might like to learn techniques to safely assist an elder relative function in the home (e.g. transfer from bed to chair, take a bath).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
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<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
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Please answer the questions below:

What other ideas or interests do you have for educational programs that could be implemented by occupational therapy?

What types of organizations are you involved with that primarily consist of or serve an older adult population that you think would be interested in an educational session offered by occupational therapy (church groups, book clubs, support groups, senior centers, etc.)?
What locations or venues do you have access to that could host an educational session offered by occupational therapy students?

What are your personal concerns about caring for an older adult loved one?

What are some of your personal concerns about living at home in the future?

Please return the completed questionnaire to Jenni Low or Kelly Greathouse at the end of the meeting today.
Thank you again for all your help!

If you are willing to discuss the results of the survey further with an occupational therapy student, please provide your name and best method to contact you.

Name: ___________________________  Contact Info: ________________________________
*Bolded topics will most likely be the educational topics due to the highest rating*

<table>
<thead>
<tr>
<th>Educational Topic Ideas</th>
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<th>Neutral</th>
<th>Agree</th>
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<tbody>
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<td>Fall Prevention</td>
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<td>Home Modifications*</td>
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<tr>
<td>Energy Conservations</td>
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<td>Exercise</td>
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<td>xxx</td>
<td>xxx</td>
<td></td>
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<tr>
<td>Body Mechanics*</td>
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<td></td>
<td>xxx</td>
</tr>
<tr>
<td>Caregiver for Family Member</td>
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<td>x</td>
<td>xxxxxx</td>
<td>xx</td>
<td></td>
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</tbody>
</table>

**Other ideas:**
*(direct quotes)*

- Why the body changes as we age, how it changes, then things you can do about it*
- Adaptive gardening
- Dealing with clutter
- Information on TDAP, DME that can be for personal use not just making home safer
- Supportive devices to help with memory jogs
- Social quality of life issues and environment
- Low cost/high impact modifications, what to modify first and why
- Bathroom transfers, getting down stairs, overall moving around house

**Personal concerns:**
*(direct quotes)*

- How to remain dexterous enough to test blood sugar several times per day, how to deal with no bathroom on main floor and 6 stairs up/down
- Taking care of self and husband
- Tall ceilings, changing light bulbs, stairs that do not accommodate stair master
- Taking care of self and being alone
- Not having public programs available as I age, whether or not to have a surgery due to life quality
- If husband dies first, taking financial responsibilities, home maintenance & heavy gardening work
- Getting variances to install elevator on outside of own home, modifying bathrooms
Appendix D
Home Replica Activity

The home replica was designed and created by the OT students with the idea of structuring a typical one-story home to which participants may be able to relate some aspects of their living environment using an adult learning and transferability approach. This activity was prefaced with an explanation that identifying safety hazards in one’s own home may be difficult to assess given the familiarity and day-to-day experience with the same living conditions. Safety hazards were included in each room that would likely be present in older adults’ homes, such as throw rugs, a standard bathtub, clutter, etc.
Appendix E
Informational Handouts

Handouts were either created as original documents based on specific needs (e.g. surveys and post-quiz) or compiled from various resources that addressed and supported the intent of our seminar.

(a) The Effects of Aging (pp. 20-23)
- Information was gathered on facts and statistics about age-related changes intended to be addressed in the seminar with relation to how these specific factors would affect safety and independence in the home

(b) Home Modifications Checklist (pp. 24-29)
- This particular handout was chosen due to the nature of including pictures as representation of items to evaluate in the home, as well as the extensive amount of information included for solutions and assistive device recommendation if participants chose to access the entire checklist *(NOTE: The OT students removed the solution sections to focus specifically on how to first identify safety hazards within their homes)*
- Adapted from the Home Safety Self-assessment Tool (HSSAT) v.4 found at http://agingresearch.buffalo.edu/hssat/hssat-v4.pdf
- A supplemental handout (included at the end of this assessment tool) was available to participants, which covered specific home modifications related to wheelchair mobility and installation of grab bars

(c) How Can I Make My Home More Safe & Accessible? (pp. 30-31)
- Information was compiled from a variety of online resources for product verification and to ensure inclusion of typical problems and/or solutions found in home modification checklists
- This handout was created in accordance with the home replica

(d) Remaining in Your Home as You Age (pp. 32-33)
- Aging handouts were accessed publicly through aota.org
- The OT students typed “home modifications” into the aota.org search engine and chose the first result titled “Home Modifications – AOTA”
- Home modification resources were listed in different interest categories and handouts were found within the “Tip Sheets” link
- Direct Link = http://www.aota.org/-/media/Corporate/Files/AboutOT/consumers/Adults/AginginPlace/Remaining-in-Place-Aging.pdf

(e) Helping Your Older Parent Remain at Home (pp. 34-35)
- Parent aging handouts were accessed publicly through aota.org in the same method as described above
- Direct Link = http://www.aota.org/-/media/Corporate/Files/AboutOT/consumers/Adults/AginginPlace/Helping-Age-in-Place.pdf
# The Effects of Aging

Three main components of successful aging include:

1. Avoiding disease and disability
2. Maintaining high cognitive and physical functioning
3. Staying involved with life and living

While occupational therapy addresses all components related to successful aging, their most significant contribution is in promoting participation in daily activities and assisting individuals to engage in meaningful occupations. Occupational therapists can work with you to maintain independence in everyday activities, such as basic self-care tasks or home management to ensure that your home is safe to live in.

Below are some age-related changes that may occur over time. It is important to familiarize yourself with this information, so that you can address these changes in order to ultimately maintain engagement in the activities that are important to you!

## Age-related Sensory Changes

**Hearing**

- 30-50% of adults between the ages of 65 and 79 years have some degree of hearing loss.
- The majority of hearing loss in older adults results from sensorineural hearing loss, in which there is damage to the cochlea sensory hair cells or nerve cells. This type is not correctable, but can be compensated for with hearing aids.
- Specific effects of age-related hearing loss include:
  - Difficulty hearing higher frequencies
  - Reduction in or inability to understand speech
### Vision

- Structural and functional changes in the eye tend to be gradual and cause such impairments as:
  - Decreased near vision - individuals start to lose focus in their 40s
  - Diminished ability to detect environment in peripheral field
  - Difficulty seeing in low light situations (i.e., night vision)
  - Problems with adapting to changes from light to dark and vice versa
  - Increased sensitivity to glare, specifically with glare from light on the windows or on windshield when driving
  - Loss of color sensitivity, especially with green, blue, and violet shades
  - Difficulty recognizing moving objects, items with a complex figure, or items that appear in and out of light quickly
- Pathological changes that occur in older age and result in more profound effects on engagement in everyday activities include:
  - Cataracts
  - Macular Degeneration
  - Glaucoma
  - Diabetic Retinopathy

### Touch/Pressure

- As individuals age, there is potential for a decreased ability to detect touch and pressure. The degree of change is highly variable among individuals and may not be progressive in healthy older adults.
- If loss of tactile sensation is present, individuals may have a decreased ability to detect pressure and/or reduced response time to touch sensation (i.e., speed and intensity).
Temperature

- Changes in skin structure (specifically thinning of the skin), decreased vascularization, chronic diseases, smoking, and sedentary lifestyle all may play a role in thermoregulation problems in older adults.
- The greatest changes in temperature regulation occur in the extremities, particularly in the feet, as a result of decreased ability to generate and conserve heat.
- Decreased temperature sensitivity increases the risk of such injuries as frostbite, hypothermia, and burns.

Age-related Muscular & Cardiovascular Changes

**Muscular System**

- Neuromuscular changes that occur with normal aging influence various functions such as range of motion, strength, flexibility, coordination, posture, balance, and ambulation or walking.
  - Decreased muscle strength – more significant after the age of 60 years and with greatest decline in the lower extremities.
  - Loss of muscle mass associated with aging, known as sarcopenia, in which deterioration of skeletal muscle accelerates after the age of 75 years.
  - Changes in balance and gait as a result of a decline in visual and vestibular functioning, loss of proprioception and vibration sense, and slowed reaction times.

**Cardiovascular System**

- Aging has a direct effect on all components of the cardiopulmonary system.
  - The lungs become a less efficient gas exchanger with age, resulting in greater difficulty with breathing and exhalation. There is also increased potential for aspiration in older age.
  - Activities with lower metabolic demand are perceived as more physically demanding by older adults.
  - Hypertension (high blood pressure) occurs most frequently in older age.
Falls – Prevalence and Characteristics

- Falls are a major cause of premature death, physical injury, immobility, psychological dysfunction, and long-term care placement.
- Approximately 1/3 of older adults fall each year, with 1/2 having multiple falls.
- The likelihood of falling rises steadily after the age of 75 years.
- Visual changes such as cataracts, macular degeneration, and glaucoma are associated with increased fall risk.
- Adults with dementia are at higher risk of gait and balance changes, resulting in slower walking, shorter steps, and poorer judgment in perceiving hazards.
- Inaccessible and/or cluttered environments (i.e. homes, stores, walkways) significantly increase the risk of falling.

* Please refer to the Home Modification Handout to identify any tripping hazards in your home *

Compiled by Pacific University Occupational Therapy Students – Information Courtesy of Bonder & Dal Bello-Haas (2009)
The list identifies all the potential home hazards that may cause a fall. If the item applies to your home, place a check in front of the number. Then add the total number of checks and enter it below.

___ 1. Unstable or lack of railings
___ 2. Steep/cracked steps
___ 3. Unmarked or raised threshold
___ 4. Lack of lighting at night
___ 5. Lack of space for a wheelchair ramp
___ 6. Uneven/cracked pavement
___ 7. Ice or snow in walkway/driveway
___ 8. Lack of outdoor grab bar

Other________________________________________________________

__________Total number of problems
The list identifies all the potential home hazards that may cause a fall. If the item applies to your home place a check in front of the number. Then add the total number of checks and enter it below.

___ 1. Presence of throw or scatter rug
___ 2. Presence of clutter
___ 3. Presence of electric cords across the floor
___ 4. Poor lighting
___ 5. Design of furniture (height, integrity of cushion, etc.)
___ 6. Presence of unstable chair
___ 7. Difficult to access light switches
___ 8. Not enough space to move around

Other_______________________________________________________

_________ Total number of problems
The list identifies all the potential home hazards that may cause a fall. If the item applies to your home place a check in front of the number. Then add the total number of checks and enter it below.

1. Cabinet too high or low
2. Not enough counter space
3. Using a stool or a chair to reach things
4. Not enough room to maneuver
5. Presence of throw rug
6. Slippery floor
7. Poor lighting
8. Presence of a pet underfoot when preparing meals

Other

Total number of problems
The list identifies all the potential home hazards that may cause a fall. If the item applies to your home place a check in front of the number. Then add the total number of checks and enter it below.

1. Presence of clutter
2. Presence of electric cords across floor
3. Unsafe carpet (uneven, torn)
4. Presence of throw rug
5. Height of bed (too high/low)

6. Difficult to reach items (e.g. light switch, phone)
7. Lack of nightlight
8. Placement of furniture protruding into walkway
9. Lack of device to get in/out of bed

Other ____________________________________________________

Total number of problems
BATHROOM

The list identifies all the potential home hazards that may cause a fall. If the item applies to your home place a check in front of the number. Then add the total number of checks and enter it below.

____ 1. Presence of unsafe bath rugs
____ 2. Lack of grab bars in the tub
____ 3. Lack of grab bars in the shower area
____ 4. Lack of grab bars by the toilet
____ 5. Toilet is too high or low

____ 6. Slippery tub (lack of bath mat, etc.)
____ 7. Tub is too high to get into
____ 8. Lack of bath chair in tub to get over threshold
____ 9. Wet/slippery floor
____ 10. Incorrect placement of grab bars

Other ____________________________________________________

__________Total number of problems
**TOTAL NUMBER OF HOME HAZARDS**

Transfer all the total scores of each room/area from the previous pages to the appropriate boxes and add all the scores to get a grand total. Three columns for each area are provided for you to keep records of your assessments and improvements over time.

<table>
<thead>
<tr>
<th>Date</th>
<th>______</th>
<th>______</th>
<th>______</th>
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</thead>
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<tr>
<td>Entrance to Front/Back Door</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Living Room</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Kitchen</td>
<td>______</td>
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<td>______</td>
</tr>
<tr>
<td>Bedroom</td>
<td>______</td>
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</tr>
<tr>
<td>Bathroom</td>
<td>______</td>
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<tr>
<td>Grand Total</td>
<td>______</td>
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</tbody>
</table>
# How Can I Make My Home More Safe and Accessible?

## Kitchen

<table>
<thead>
<tr>
<th>Problems</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Height of cabinets and appliances (too high or too low) 2. Use of appliances (i.e., leaving them turned on, difficulty with use, etc.) 3. Difficult to read or see buttons/knobs on appliances 4. Presence of (unsteady) bar stools 5. Unsteady bookcase near front door 6. Location of cabinets 7. Counter height 8. Appearance &amp; ease of use with cabinet doorknobs 9. Water temperature with cooking (not regulated) 10. Doormat/floor mat</td>
<td>1. Ensure that most frequently used items are closest to mid-body to prevent reaching; install adjustable shelving in upper cabinets &amp; pull-out units under counters 2. Timers, automatic switch off appliances (e.g. coffee maker); step-by-step list available in kitchen for increased ease of use if memory or sequencing is a problem 3. Add tactile &amp; color-contrasted controls; provide lines from stove knobs to burners to help with location identification &amp; to minimize fire/burn hazards 4. Lower bar stool height or replace with stools that have four legs &amp;/or arm rests for greater stability 5. Fasten bookcase to the wall &amp;/or ensure there is enough weight on it to prevent it from tipping if pulled over 6. Pad edges of cabinet to prevent sharp corners from protruding into workspace &amp; causing injury 7. Use sturdy step stool with handle &amp;/or create sitting knee clearance under work site by removing doors or shelves 8. Install D-type cabinet door handles or ones that have greater contrast from the cabinets 9. Reduce hot water temperature to 120 degrees &amp;/or use liquid indicators when pouring into containers to prevent scalding or burning of hands 10. Remove mat or ensure that mat is strong &amp; sturdy with little ability to move or bunch as to increase fall risk</td>
</tr>
</tbody>
</table>

## Living Room

<table>
<thead>
<tr>
<th>Problems</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Throw rugs as tripping hazard &amp; poor visibility in blending in with the floor 2. Presence of electrical cords 3. Location &amp; accessibility of thermostat</td>
<td>1. Remove rugs or secure them to the floor by adding slip resistant bottom 2. Ensure that electrical cords are tucked under furniture &amp;/or use cord covers for increased visibility and security to the ground 3. Replace thermostat with easy-to-read programmable type</td>
</tr>
</tbody>
</table>

## Bedroom 1 (Master)

<table>
<thead>
<tr>
<th>Problems</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Width of doorway 2. Narrow walkway between</td>
<td>1. Install swing-clear hinges to widen doorway (needs to be at least 32 in) or remove door &amp; replace with curtain</td>
</tr>
</tbody>
</table>
**Bedroom 2**

<table>
<thead>
<tr>
<th><strong>Problems</strong></th>
<th><strong>Solutions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bed too low</td>
<td>1. Insert bed risers under furniture legs</td>
</tr>
<tr>
<td>2. Clutter</td>
<td>2. Remove clutter &amp; ensure that clothes or other items are put away in drawers</td>
</tr>
<tr>
<td>3. Presence of electrical cords</td>
<td>3 &amp; 4. (see Bedroom 1 for repeated problems)</td>
</tr>
<tr>
<td>4. Width of doorway</td>
<td></td>
</tr>
</tbody>
</table>

**Bathroom**

<table>
<thead>
<tr>
<th><strong>Problems</strong></th>
<th><strong>Solutions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bathtub vs. shower</td>
<td>1. Install grab bars &amp;/or use tub transfer bench to get into &amp; out of tub</td>
</tr>
<tr>
<td>2. Height of toilet</td>
<td>2. Use toilet seat riser or bedside commode with arm rests over toilet</td>
</tr>
<tr>
<td>3. Narrow walkway</td>
<td>3. Ensure clutter does not build up in walkway &amp; lighting is appropriate for maneuvering safely through room</td>
</tr>
<tr>
<td>4. Toilet paper located at distance</td>
<td>4. Relocate toilet paper dispenser closer to toilet</td>
</tr>
<tr>
<td>5. Width of doorway</td>
<td>5. (see Bedroom 1 for repeated problem)</td>
</tr>
<tr>
<td>6. Counter height</td>
<td>6. Use sturdy step stool with handle &amp;/or create sitting knee clearance under work site by removing doors or shelves</td>
</tr>
<tr>
<td>7. Smooth surface in bathtub</td>
<td>7. Install non-slip strips across bottom of tub</td>
</tr>
</tbody>
</table>

**Overall Home Features**

<table>
<thead>
<tr>
<th><strong>Problems</strong></th>
<th><strong>Solutions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Glare from windows</td>
<td>1. Use curtains as needed – Add thicker blackout curtains or layer curtains if material is too thin</td>
</tr>
<tr>
<td>2. Lack of contrast between</td>
<td>2. Add color contrast features such as painting cabinets &amp; walls, use of different colored curtains, etc.</td>
</tr>
<tr>
<td>furniture, walls, trim, etc.</td>
<td></td>
</tr>
<tr>
<td>3. Poor lighting</td>
<td>3. Increase task lighting &amp; ensure that hallways &amp; walkways are well lit with overhead lighting &amp;/or night lights</td>
</tr>
<tr>
<td>4. Uneven flooring</td>
<td>4. Install uniform level floor surfaces using wood, tile, or low-pile rugs</td>
</tr>
<tr>
<td>5. Location of outlets &amp; switches</td>
<td>5. Move inaccessible outlets &amp; switches, use extension cords that are tucked behind furniture &amp; with plugs placed in easier to reach locations, or use wireless switches where needed</td>
</tr>
<tr>
<td>6. Lack of smoke detectors &amp; ability</td>
<td>6. Install smoke/CO alarms &amp; fire extinguishers throughout the house; install wireless or battery operated doorbell extender</td>
</tr>
<tr>
<td>to hear doorbell from all rooms in house</td>
<td></td>
</tr>
</tbody>
</table>
**TIPS For Living Life To Its Fullest**

**REMAINING IN YOUR HOME AS YOU AGE**

Are you planning to remain in your own home as you grow older? Are you finding it more difficult to manage some daily tasks in your home? Do you or your family and friends have safety concerns about you living alone?

As abilities diminish as part of the normal aging process, assistance or changes might be needed to maintain your independence and age safely at home. An occupational therapist will work with you to ensure that recommendations to increase independence and safety are specific to your wants and needs, skills, environment, budget, and other criteria. The following tips come from occupational therapy practitioners who work with older adults to help them stay in their homes.

<table>
<thead>
<tr>
<th>If you want to:</th>
<th>Consider these activity tips:</th>
<th>An occupational therapy practitioner offers expertise to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be safe and independent in your home.</td>
<td>Think honestly about those things you are having trouble with, and ask for assistance when possible. You may be able to do a “swap” with neighbors (e.g., offer to sign for packages if they work during the day in exchange for help changing light bulbs in hard-to-reach places). Hire professionals for regular cleaning and lawn care, arrange for Meals on Wheels, etc.</td>
<td>Provide an evaluation in your home to assess your skills, abilities, and safety, and make recommendations that meet your needs and reassure your family members.</td>
</tr>
<tr>
<td>Get to the grocery store, doctor’s appointments, and social events.</td>
<td>If you’re concerned about your driving skills, consider asking a friend or neighbor to provide a ride whenever possible; offering gas money or a service in return can make this easier. If you haven’t taken public transportation in the past, you may be surprised at the number of options available. Many communities offer a free bus or van to shopping centers or even medical appointments. If you are still driving, attend a CarFit event in your community to be sure your vehicle’s adjustments are best for you (<a href="http://www.car-fit.org">www.car-fit.org</a>). Avoid driving during rush hour, at night, on busy roads, or in inclement weather.</td>
<td>Consider all the options to help you get around in the community. These may include conducting a driving evaluation with the goal of addressing problem areas so you can drive safely, providing non-driving options for you to get around the community, helping you become comfortable with the public transportation system, etc.</td>
</tr>
<tr>
<td>Make changes that will help you live independently and safely.</td>
<td>Remove unnecessary throw rugs to reduce the risk of falling; decrease clutter; repair furniture that isn’t sturdy; reduce electrical cords, keep them away from walking paths, and be sure all outlets are grounded; and purchase “universal design” products to improve their ease of use. Share your schedule with friends and neighbors, and/or set up a regular social event so others will be alerted if something has happened to you.</td>
<td>Watch you as you do the things you want and need to do, and recommend changes to increase safety, ease, and ability now and in the future. Suggestions may include adding adaptive equipment such as grab bars or stair lifts, lowering counter heights, adding railings, replacing door knobs with lever style handles, widening doorways, etc.</td>
</tr>
<tr>
<td>If you want to:</td>
<td>Consider these activity tips:</td>
<td>An occupational therapy practitioner offers expertise to:</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>Modify your home on a limited budget.</td>
<td>Explore community-based groups, such as Rebuilding Together, whose volunteers help repair and modify homes for those who can't afford to do so.</td>
<td>Suggest low-cost equipment and other changes, such as increasing wattage for better lighting, using a reacher to avoid bending over or standing on a stool, using the microwave and not the stove to reduce fire hazards, etc. An occupational therapist will also provide training on adaptive equipment to be sure the recommendations are right for you and will be used.</td>
</tr>
</tbody>
</table>

**Need More Information?**

If you are interested in having an occupational therapist help you stay in your home, ask your physician for a referral. You can also contact an occupational therapist in private practice who specializes in home modifications (these individuals may have CAPS or SCEM among their credentials).

If you have had a recent medical change and qualify for home health services, a home health agency will be able to provide an occupational therapist. Some Area Agencies on Aging also employ occupational therapists to address aging in one's home.

---

Occupational therapy is a skilled health, rehabilitation, and educational service that helps people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations).

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ARE ONE OR BOTH OF YOUR PARENTS finding it more difficult to manage daily tasks in the home? Do you worry about the health and safety of a parent living alone?

As abilities diminish as part of the normal aging process, families and other caregivers must often help the older person obtain the assistance needed to maintain independence and live safely at home. An occupational therapist works with the person and family to ensure that recommendations to increase independence and safety are specific to their wants and needs, skills, environment, budget, and other criteria. The following tips come from occupational therapy practitioners who work with families to help older adults stay in their homes.

<table>
<thead>
<tr>
<th>If you want to:</th>
<th>Consider these activity tips:</th>
<th>An occupational therapy practitioner offers expertise to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine whether your parent is safe living at home.</td>
<td>Ideally, talk about living arrangements before safety issues become paramount, and encourage your parent to share concerns. Emphasize that having difficulties does not have to mean leaving one's home. Watch for clues that certain daily activities have become too difficult because of physical or mental changes. Are bills going unpaid? Is your parent neglecting grooming or skipping meals? Does the home appear neglected?</td>
<td>Provide an evaluation in your parent's home to assess skills, abilities, and safety, and make recommendations that meet the needs of your parent and other family members. An occupational therapist will also evaluate your parent's ability to get around in the community to get groceries, go to doctor appointments, attend religious services, participate in social activities, etc., and provide options for doing so.</td>
</tr>
<tr>
<td>Provide your parent with assistance without being too intrusive.</td>
<td>Focus on your concerns, not on your parent's possible deficits (&quot;I worry about you falling on those dark basement stairs. As a birthday gift, we are going to make sure your stairs are safe and well lit&quot;). Introduce small modifications as gifts or services when you notice a need (e.g., when replacing hard-to-reach light bulbs, upgrade the wattage for improved visibility, hire professionals for regular cleaning and lawn care, arrange to have a weekly meal delivered from your parent's favorite restaurant, etc.). Emphasize that helping your parent is not a chore, but that you are happy to be able to assist.</td>
<td>Suggest ways to approach this topic while respecting your parent's autonomy. Occupational therapists can recommend simple to complex home modifications, community support groups, options for getting around in the community, and other services that will help your parent continue to do valued activities safely and easily. Evaluate how well your parent is able to do the things he or she wants and needs to do, and provide personalized recommendations to increase safety, ease, and ability now and in the future. Suggestions may include adding adaptive equipment such as grab bars or stair lifts, lowering counter heights, adding railings, replacing door knobs with lever style handles, widening doorways, etc.</td>
</tr>
<tr>
<td>Modify your parent's home on a limited budget.</td>
<td>Explore community-based groups, such as Rebuilding Together, whose volunteers help repair and modify homes for those who can't afford to do so.</td>
<td>Suggest low-cost equipment and other changes (e.g., increase wattage or change the type of fixture for better lighting or reduced glare, use a reacher to avoid bending over or standing on a stool, use the microwave and not the stove to reduce fire hazards, etc.). An occupational therapist will also provide training on adaptive equipment and address any concerns to be sure it will be used.</td>
</tr>
</tbody>
</table>
Need More Information?
If you are interested in having an occupational therapist help your parents stay in their home, ask the physician for a referral. You can also contact an occupational therapist in private practice who specializes in home modifications (these individuals may have CAPS or SCEM among their credentials).

If your parent has had a recent medical change and qualifies for home health services, a home health agency will be able to provide an occupational therapist. Some Area Agencies on Aging also employ occupational therapy practitioners to address aging in one’s home.
Appendix F  
Satisfaction Survey

Thank you so much for joining us today to learn more about safe home modifications and age-related changes. Please take a moment to fill out this survey. We would love to hear any comments or suggestions you may have for us!

<table>
<thead>
<tr>
<th>1. The presentation was informative and well organized</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
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<td>☐</td>
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<td>☐</td>
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<tr>
<td>Comments:</td>
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<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. The handouts were readable and comprehensive to the seminar topic</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Comments:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. I have a good understanding on the effects of aging and how I can modify my home so I can age safely and in place</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
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<td>☐</td>
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</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. I would recommend this seminar to my friends and/or family</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*As part of our way to see if we have effectively educated you today, please take a moment and answer the questions on the back of this paper*
Appendix G
Pop Quiz

Test Your Knowledge and Circle The Best Answer!

1. Which of the following can be hazardous in your home?
   a. Dinner plates on the top shelf of the kitchen cabinet
   b. Standard bathtub
   c. A throw rug in the living room
   d. All of the above

2. True/False? All the age-related changes that were mentioned in today’s seminar will happen to every older adult at some point in his/her life.

3. True/False? It is possible for me to make safe and simple accommodations to my home without needing a professional to install expensive equipment.

4. Which of the following is NOT a safe accommodation/solution for the kitchen?
   a. Placing most frequently used dishes and utensils at mid-body range
   b. Adding a flimsy floor mat in front of the sink to help with water spills
   c. Reducing hot water temperature to 120 degrees
   d. Adding tactile and/or color-contrasted controls to appliances

5. What is the role of an occupational therapist in home modifications?
   a. Providing an evaluation in your home to assess your skills, abilities, and safety
   b. Making recommendations for increasing safety and independence, such as rearranging or replacing furniture and appliances
   c. Providing training for use of assistive equipment in ensuring that they work appropriately and successfully for you
   d. All of the above
## Appendix H
### Outcomes of Satisfaction Survey and Post-Quiz

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The presentation was informative and well organized</td>
<td></td>
<td></td>
<td></td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td><strong>Comments:</strong> “Covered a lot of info”; “Moved along quickly and clearly – very good”; “Nice speakers. Articulate, clear, organized. Very respectful of the audiences”; “I feel it is important to include exercises and fitness as something one can do to help with aging and part of aging in place, not just emphasize accommodations”; “I loved the sample house”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The handouts were readable and comprehensive to the seminar topic</td>
<td></td>
<td></td>
<td></td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>64%</td>
<td>36%</td>
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<td></td>
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<td></td>
<td></td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td><strong>Comments:</strong> “Well done”; “speakers talk too fast – and too softly”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a good understanding on the effects of aging and how I can modify my home so I can age safely and in place</td>
<td></td>
<td></td>
<td>7%</td>
<td>47%</td>
<td>46%</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Comments:</strong> “Nice range of problems discussed with an emphasis on how to fix problems and awareness”; “One of the overlooked items is how to make the home more efficient by reducing costs of electricity, water, heating”</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I would recommend this seminar to my friends and/or family</td>
<td>7%</td>
<td>40%</td>
<td>53%</td>
<td></td>
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<tr>
<td></td>
<td>62%</td>
<td>45%</td>
<td>55%</td>
<td></td>
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</tr>
<tr>
<td><strong>Comments:</strong> “These two students were very professional and considerate of their audiences. I’m very impressed with the ’house’ they showed. Thoughtful and informative presentation. Both of you will be excellent OT’s! Job well done”; “Thank you for the presentation”</td>
<td></td>
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</tr>
</tbody>
</table>

**Notes:**
- Information and percentages in red = Seminar #1
- Information and percentages in green = Seminar #2
- Information and percentages in blue = Seminar #3
<table>
<thead>
<tr>
<th>Question</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>True</th>
<th>False</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which of the following can be hazardous in your home?</td>
<td>10%</td>
<td>10%</td>
<td>100%</td>
<td>100%</td>
<td>No Answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13%</td>
<td>25%</td>
<td>50%</td>
<td>62%</td>
<td></td>
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<td>30%</td>
</tr>
<tr>
<td>All the age-related changes that were mentioned in today's seminar will happen to every older adult at some point in his/her life</td>
<td>15%</td>
<td>13%</td>
<td>77%</td>
<td>50%</td>
<td>No Answer</td>
<td></td>
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<td></td>
<td>50%</td>
<td>13%</td>
<td>50%</td>
<td>75%</td>
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<td>8%</td>
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<td></td>
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<td>12%</td>
</tr>
<tr>
<td>It is possible for me to make safe and simple accommodations to my home without needing a professional to install expensive equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>“somewhat”</td>
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<td></td>
<td>15%</td>
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<td>8%</td>
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<td></td>
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<td></td>
<td></td>
<td>88%</td>
<td></td>
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</tr>
<tr>
<td>Which of the following is NOT a safe accommodation/solution for the kitchen?</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>What is the role of an OT in home modifications?</td>
<td></td>
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<td></td>
<td>100%</td>
<td></td>
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<td></td>
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<td></td>
<td>100%</td>
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</tr>
</tbody>
</table>

Correct Answers

Seminar #1
3 of 13 got 3 or 4 out of 5 correct ---- 23%
10 of 13 got 5 out of 5 correct ---- 77%
Goal: All participants will score at least 3 out of 5 on the post quiz ---- 100%

Seminar #2
9 of 10 got 3 or 4 out of 5 correct ---- 90%
1 of 10 got 5 out of 5 correct ---- 10%
Goal: All participants will score at least 3 out of 5 on the post quiz ---- 100%

Seminar #3
3 of 8 got 3 out of 5 correct ---- 37%
5 of 8 got 5 out of 5 correct ---- 63%
Goal: All participants will score at least 3 out of 5 on the post quiz ---- 100%