2011

Nicaragua Project

Alicia Van Nice
Pacific University

Anna Potter
Pacific University

Dona Johnson
Pacific University

Pamela Hursey-King
Pacific University

Follow this and additional works at: http://commons.pacificu.edu/ipp

Part of the Occupational Therapy Commons

Recommended Citation
http://commons.pacificu.edu/ipp/16

This Innovative Practice Project is brought to you for free and open access by the School of Occupational Therapy at CommonKnowledge. It has been accepted for inclusion in Innovative Practice Projects by an authorized administrator of CommonKnowledge. For more information, please contact CommonKnowledge@pacificu.edu.
Nicaragua Project

Description
The College of Health Professions of Pacific University in collaboration with the Jessie F. Richardson Foundation, a non-profit organization, completed its fourth annual visit to Nicaragua in December 2010. During their ten-day stay, an interdisciplinary team of students and faculty from the dental health, occupational therapy, pharmacy, physical therapy, and physician assistant programs provided direct care to Nicaraguan elders, educated caregivers, Nicaraguan physical therapy students and community volunteers, and worked within the community to increase awareness of the needs of the residents of the hogares. The team worked with Nicaraguan gerontologist and physician Dr. Milton Lopez to provide services to residents at La Providencia Hogar de Ancianos, in Granada, Hogar San Pedro Claver in Masaya, and Hogar Nuestras Hermanas in Juigalpa.

The team prepared for the trip by fundraising, gathering donations, and marketing. After returning from Nicaragua, occupational therapy students presented to students, faculty and the community about the Nicaragua Project and the Community Based Rehabilitation model and its potential usefulness both in developing countries and in the United States. The students also developed education-based activities for future generations participating in this project. The goal of this project is to assist each hogar in becoming self-sufficient in providing adequate healthcare to every one of its residents.

Disciplines
Occupational Therapy | Rehabilitation and Therapy

Rights
Terms of use for work posted in CommonKnowledge.

This innovative practice project is available at CommonKnowledge: http://commons.pacificu.edu/ipp/16
Contributors
Alicia Van Nice, MOTS
Anna Potter, MOTS
Dona Johnson, MOTS
Pamela Hursey-King, MOTS

Advisor
Tiffany Boggis, MBA, OTR/L

Pacific University
School of Occupational Therapy
Innovative Practice Project
# Table of Contents

## Introduction

## Student Contributions

## Testimonials

## Fundraising
- Fundraising Summary
- Donation Letters

## In-Country Activities
- Occupational Therapy Group Activity Summaries

## Products
- ADL Checklist
- Caregiver Resource Manual
- Community Based Rehabilitation Literature Review
- Revised Intake Form

## Presentations
- Nicaragua Culture Presentations
- Interdisciplinary Case Conference
- Research Symposium Presentation
The College of Health Professions of Pacific University in collaboration with the Jessie F. Richardson Foundation, a non-profit organization, completed its fourth annual visit to Nicaragua in December 2010. During their ten-day stay, an interdisciplinary team of students and faculty from the dental health, occupational therapy, pharmacy, physical therapy, and physician assistant programs provided direct care to Nicaraguan elders, educated caregivers, Nicaraguan physical therapy students and community volunteers, and worked within the community to increase awareness of the needs of the residents of the hogares. The team worked with Nicaraguan gerontologist and physician Dr. Milton Lopez to provide services to residents at La Providencia Hogar de Ancianos, in Granada, Hogar San Pedro Claver in Masaya, and Hogar Nuestras Hermanas in Juigalpa.

The team prepared for the trip by fundraising, gathering donations, and marketing. After returning from Nicaragua, occupational therapy students presented to students, faculty and the community about the Nicaragua Project and the Community Based Rehabilitation model and its potential usefulness both in developing countries and in the United States. The students also developed education-based activities for future generations participating in this project. The goal of this project is to assist each hogar in becoming self-sufficient in providing adequate healthcare to every one of its residents.
STUDENT CONTRIBUTIONS

FUNDRAISING
- Donations of equipment and supplies
- Financial donations to the Jessie F. Richardson Foundation and Pacific University Nicaragua Fund
- Community activities
  - Alumni Day on Forest Grove’s campus
  - Day of the Dead Salsa Night
  - Last Thursday on Alberta

MARKETING
- Presentation to first and second year occupational therapy students to recruit participants for future trips
- Interdisciplinary Case Conference on the Nicaragua Project and the community based rehabilitation model for students and faculty of the College of Health Professions

EDUCATION
- Education and training to youth volunteers and Nicaraguan physical therapy students on working with elders
- Caregiver education in Hogares in Masaya, Juigalpa and Granada on safe transfer techniques, grading activities, and the importance of occupation for health and wellness.
- Consultations with caregivers on management of aggressive behaviors

DIRECT SERVICES FOR HOGAR RESIDENTS
- Continued to gather resident profiles through interviews
- Led exercise groups with physical therapy students
- Conducted occupational therapy evaluations through leisure activities
- Engaged residents in leisure activities: therapeutic craft activities, fine motor activities, social activities, and sensory stimulation
- Conducted needs assessment for the Hogar Nuestras Hermanas in Juigulpa
- Coordinated and led a Christmas fiesta for residents at Hogar la Providencia
BUILDING SOCIAL CAPITAL WITHIN NICARAGUA

- Monsignor Solorzano Perez expressed his support of the Nicaragua project and provided information on potential sources of community volunteers
- Rotary Club – potential volunteers at Hogar la Providencia
- Community Reception at Hogar la Providencia to promote community awareness and support
- National Rehabilitation Hospital—physical and occupational therapists volunteered eight hours of direct service and education at the Granada Hogar and expressed an interest in future collaboration

PRODUCTS FOR FUTURE GENERATIONS

- Caregiver Handbook providing tips for engaging with elders
- ADL checklist to be used by future teams to determine residents’ level of independence in activities of daily living
- Literature review of evidence for the efficacy of the Community Based Rehabilitation approach
- Revised intake form
- Presentation about program and experience to occupational therapy community at the Pacific University Research Symposium
Amazing. This is the word I have used repeatedly to describe my trip to Nicaragua. This experience afforded me the opportunity to collaborate daily with other health professions in order to provide healthcare services to abandoned Nicaraguan elders. Although the poverty that confronted us was unbelievable, I was in awe of the warm greeting, the smiles, and the outstretched hands that simply wanted to touch us. The elders had few material possessions but they displayed abundant joy and faith in spite of the poverty. My experience in Nicaragua was truly amazing, and is one that I will carry with me both personally and professionally.

Anna Potter, MOTS

My time in Nicaragua has had a huge impact on my life. Not only did I learn more than I ever thought I could about my role as a healthcare professional through this trip, I saw firsthand the strength, spirit and joy of the people we had come to help and realized that, while I had gone to Nicaragua to help them, they had so much to teach me.

Pam Hursey-King, MOTS
The wonderful people of Nicaragua with their infinite faith, attitude, and abundant hospitality have inspired me for over seven years to engage in service driven health care program building. The opportunity to cultivate caregiver competency through service learning is a sustainable and innovative approach to fighting for occupational justice worldwide and in our own communities. The chance to collaborate with the other health professional students while in Nicaragua gave its own special gift in that it builds awareness of how a fully integrated system of health professionals can truly make amazing changes in people’s lives. The impact of being in a completely different culture with far fewer resources builds our cultural competency and encourages innovation and flexibility. These concepts and skills make us all the better clinicians. The benefits of our experiences are then translated to our future practices in our own communities.

Dona Johnson, MOTS

My experience in Nicaragua has truly inspired me to seek other occupational justice endeavors. While both allowing me to grow professionally and personally, it was the interactions with the elders that reconfirmed my purpose for going into the profession of occupational therapy. Although the elders living conditions were poor, they showered us with so much affection and shared with us their joy for life. Needless to say, I had a hard time leaving as I wish I could only have done more for them in the short time we were there. I am thankful for having been selected to participate in the continued role Pacific University and JFR play for improving the lives of elders in Nicaragua.

Alicia Van Nice, MOTS
FUNDRAISING

Materials and finances donated or gathered by student participants were used to support student travel, provide equipment and supplies for the residents’ use, purchase supplies within country, and further develop and support the project’s overall sustainability.

DONATED EQUIPMENT AND SUPPLIES
Each member of the interprofessional team carried to Nicaragua an additional piece of luggage filled with donated items. The total value of the donated items was $5,746 and included:

- Self-care products
- Durable medical equipment (canes, walkers)
- Dental care products
- Physician Assistant care products
- Craft items

MONETARY DONATIONS
Through donations received from families, acquaintances, and businesses, the 2010-11 Nicaragua team raised $1492. These funds were used to purchase supplies and support the sustainability of the project as a whole.

COMMUNITY EVENTS
Occupational therapy students coordinated, participated, and assisted in various community events located in and around the Portland area. These events raised a total of $321 and included:

- Alumni Day in Forest Grove – sold various Nicaraguan items.
- Day of the Dead Salsa Night – students joined forces with a local Portland dance group and local Portland restaurant to celebrate Day of the Dead, offer free salsa lessons, sell Nicaraguan products, and run a 50/50 raffle. All proceeds were donated to the Nicaragua fund.
- Last Thursday on Alberta – occupational therapy students sold Nicaragua items, cupcakes, and craft items.
## Nicaragua Donations

### List of Needed Supplies

<table>
<thead>
<tr>
<th>Self-Care Supplies</th>
<th>Therapy Equipment</th>
<th>Therapeutic Activity Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combs, brushes, dandruff shampoo</td>
<td>Thera-putty</td>
<td>Jewelry making supplies</td>
</tr>
<tr>
<td>Toothpaste, mouthwash, dental floss</td>
<td>Foam for built up handles</td>
<td>Sensory stimulation materials &amp; sensory activity supplies</td>
</tr>
<tr>
<td>Hand/body lotion &amp; lip balm</td>
<td>Magnifiers &amp; low vision aids</td>
<td>Sewing supplies</td>
</tr>
<tr>
<td>Nail clippers, nail files</td>
<td>Modified dishes &amp; utensils</td>
<td>Wood working equipment</td>
</tr>
<tr>
<td>Nail polish &amp; remover</td>
<td>Wheelchair cushions</td>
<td>Painting supplies</td>
</tr>
<tr>
<td>Baby wipes</td>
<td>Contrast tape</td>
<td>Clay/putty sculpting materials</td>
</tr>
<tr>
<td>Cotton balls/cotton swabs</td>
<td>Wheeled walkers &amp; canes</td>
<td>Musical instruments</td>
</tr>
<tr>
<td>Hair cutting scissors/razors</td>
<td>Dynamometer &amp; pinch meter</td>
<td>Bird feeder materials</td>
</tr>
<tr>
<td>Band aids</td>
<td>Long-handled reachers</td>
<td>Puzzles</td>
</tr>
<tr>
<td>Head bands, hair ties</td>
<td>Towels</td>
<td>Craft kits</td>
</tr>
<tr>
<td>Antibacterial ointments</td>
<td>Theraband</td>
<td>Glue, scissors, tape</td>
</tr>
<tr>
<td>Liquid hand-sanitizer</td>
<td>Therapy balls</td>
<td>Cards</td>
</tr>
<tr>
<td>Tums/Antacids</td>
<td>Light weight hand weights</td>
<td>Felt material</td>
</tr>
<tr>
<td>Tylenol/Aspirin</td>
<td>Dycem</td>
<td>Stickers</td>
</tr>
</tbody>
</table>

All donations can be dropped off in the designated box in Rm 244
Thank you for your support!

To learn more about Nicaragua or find more ways to contribute go to: [http://pacificu.edu/international/nicaragua](http://pacificu.edu/international/nicaragua)
DONATION LETTERS

Occupational Therapy student Anna Potter sent letters to her family and friends describing the Nicaragua project and ways that they could assist the project through donations. These letters increased community awareness not only of the hogares and abandoned Nicaraguan elders but of the role of occupational therapy in the project.
July 4, 2010

Dear Karen,

I am so excited for what will be in nine short months. Any guesses? Well, it’s not the obvious but it is an event that is high on the accomplishments scale. In just nine months, I will be graduating with my Master’s degree in occupational therapy. It is a day I have anticipated for nearly three years of intense postgraduate studies. In even shorter time, just five months, I will be traveling to the beautiful country of Nicaragua to participate in an interdisciplinary healthcare project. As beautiful as it is, Nicaragua is the second poorest country in the western hemisphere. One of its most impoverished areas is that of healthcare. I am one of four occupational therapy students selected to work with abandoned elders in the city of Granada.

Before I continue, I want to give you a crash course paragraph defining occupational therapy. Don’t feel bad if you think occupational therapists help people find jobs. The name can be somewhat misleading. However, the word occupation encompasses so much more than just employment. The term occupation simply refers to everyday activities. Pretend with me for a moment that you have a stroke and lose the ability to use the right side of your body. Suddenly you are unable to write, feed yourself, brush your hair, swing a golf club, or even hold your grandchild. Each one of the activities listed is an occupation. As a result, you will be referred for rehabilitation to regain function in daily life. Thus, occupational therapists are all about helping people engage in those activities that they need, want, or are expected to do. So the next time you hear the word occupational therapy, hopefully you will think of a type of rehabilitation that helps people accomplish the art of living.

As I mentioned earlier, the Pacific University project in Nicaragua is interdisciplinary. This means that occupational therapy will be joined by students from physical therapy, pharmacy, optometry, healthcare administration, physician assistant studies, psychology, and dental hygiene. The goal is to provide holistic care to meet the health needs of Nicaraguan elders. The program is designed to assist abandoned elders who live in a “hogar,” or elder center. The elders are no longer able to work and do not have family to care for them. Because Nicaragua is so poor, many young people are forced to leave the country in order to find work in other countries. As a result, their elderly family members are left behind.

My goal over the next few months is to not only raise awareness for this project but also raise monetary donations to fund my trip. If you would like to learn more about this project or make a tax-deductible donation, please visit my website at anna@annapotter.net. If you wish to send a check directly to the foundation, please make all checks payable to JRF. To ensure that funds go toward my expenses, you must write "On behalf of Anna Potter Pacific University" in the blank memo space on the check. Please mail checks to:

The Jessie F. Richardson Foundation
15900 SE 82nd Dr.
Clackamas, OR 97015

Sincerely and muchas gracias,

Anna M. Potter
Dear friends and family,

Amazing. This is the word I have used repeatedly to describe my recent trip to Granada, Nicaragua. For 12 days, I participated in an interdisciplinary healthcare team that provided occupational therapy, physical therapy, dental hygiene, physician assistance, and pharmaceutical services to 100 abandoned Nicaraguan elders. The poverty that confronted us was unbelievable. An older woman sat in a "wheelchair" that consisted of a lawn chair with wheels attached to its base. A man donned a pair of cracked glasses that he had pieced together with copper wiring. Gaping holes laced the ceilings and walls. Two toilets, both without seats, were shared by over 50 elders. Soap, toilet paper, and lotion were precious commodities that few elders possessed. Despite the dismal conditions, I was in awe of the warm greeting, the smiles, and the outstretched hands that simply wanted to touch us. The elders had few material possessions but they displayed abundant joy and faith in spite of the poverty. The elders were dressed in their best clothing and we were told that they had been talking about "the American students" for months.

As an interdisciplinary team, we were able to address an array of health related conditions. Dental hygiene conducted a dental clinic, pharmacy created a system to organize medications, physician assistants worked with a local physician, and occupational therapy & physical therapy addressed physical disabilities, caregiver education, and psychosocial concerns. Boredom is one of the most prominent issues that elders face on a daily basis. Many are confined to chairs or wheelchairs day in and day out. Occupational therapy & physical therapy used group activities that incorporated dancing, crafts, and exercise to facilitate socialization, provide leisure activities, and increase physical activity. During such activities, we took the opportunity to assess cognition and physical capabilities. When involved in group activities, the elders were animated and lively. On one occasion, I assisted a woman who was making an angel ornament. Rather than use the brown yarn provided, she placed a gold colored pipe cleaner on its head to represent hair. She then pointed at me and said, "There. It's a blonde American angel, just like you." The elders showed such pride in the crafts that they created with their own hands. They have very few personal items, if any, so creating a Christmas ornament was incredibly special for each elder.

My experience in Nicaragua was truly amazing, and is one that I will carry with me both personally and professionally. I went to Nicaragua in order to serve, and indeed, I did. However, the blessing I received was so great I wondered who served whom more. On our last day in Nicaragua, we threw a big Christmas party for the elders before saying farewell. During the fun and games, I noticed an older gentleman with Parkinson's disease struggling to eat his cake. His hands trembled so badly that he was unable to do so. I knelt beside him and asked if I might help. Unnoticed amidst the festivities, I fed this man his cake. That evening I wrote in my journal, "It was humbling but truly an honor to serve. I dream of doing great things, and in that moment, I realized that I was doing just that; serving humanity—the essence of greatness." Thank you all for your encouragement, prayers, and financial donations. Your investment in me was an investment in the lives of the Nicaraguan elders.

Sincerely,

Anna M. Potter

P.S. To see photos from my trip, go to www.annapotter.net
IN-COUNTRY ACTIVITIES

While in Nicaragua, occupational therapy students provided direct services to residents of Hogar de la Providencia in Granada and Hogar Nuestras Hermanas in Juigulpa. In Granada, students ran three leisure activity groups for elders, and collaborated with Pacific University physical therapy students to run exercise groups in which elders played balloon volleyball and played an adapted form of bowling. Students also provided education to hogar caregivers, community volunteers, and Nicaraguan physical therapy students on the importance of occupation to health and wellness and provided guidance on scaffolding and grading techniques. In collaboration with Pacific University physical therapy students, occupational therapy students educated hogar caregivers and Nicaraguan physical therapy students about safe transfer techniques. The entire Pacific University team worked together to throw a Fiesta on their final day in Granada, in which elders enjoyed festive food, music and dancing, and piñatas.

The team’s services extended beyond the walls of the Hogar La Providencia in Granada. Occupational therapy student Dona Johnson travelled with other team members to Juigulpa, where she provided direct service to residents of Hogar Nuestras Hermanas and performed a needs assessment. Within Granada, students were involved in activities to build social capital and raise awareness of the needs of elders through outreach activities including a meeting with Monsignor Solorsano Perez and a community reception which took place in the Hogar La Providencia.
OCCUPATIONAL THERAPY GROUP ACTIVITIES
Prior to their departure for Nicaragua, occupational therapy student participants planned leisure activities to promote engagement in meaningful occupation for hogar residents. In choosing the activities students considered cultural relevance and the temporal context. Because the team’s visit took place immediately before Christmas, several of the activities involve making Christmas ornaments. The ways that each activity might be graded so that all residents would be able to engage in these leisure occupations regardless of their functional abilities was also considered. Each occupational therapy student planned at least one group activity and provided the necessary materials.
Activity Summary

Activity: Balloon Volleyball

Number of Participants: At least 2, up to 6 people can play.

Brief description of the activity: Participants work together to try to keep a balloon from touching the ground by gently hitting it to one another.

In order to play this game you will need a balloon. Blow up a balloon (or two, in case one pops during the game). Gather all the seniors that wish to play the game and have them sit in a circle in chairs. Once all the seniors are settled, explain to them that the object of the game is to not let the balloon touch the floor. Put the balloon into play by gently hitting the balloon to another player in the circle. See how long you can keep the balloon in play and off the floor. This activity requires one session. Each participant makes an ornament that can be used as a holiday decoration or can be hung in a window as a suncatcher.

Materials/Supplies:

- Balloons. Only one balloon is “in play” at a time, but have extras on hand in case it pops.

Space/Environment Requirements:

- Enough space for participants to sit in chairs in a circle.
- Ensure that there are no sharp objects that might pop the balloon in the immediate area.
- Ensure that there is enough space overhead and no ceiling fans or other possible barriers.

Steps:

1. Tell participants to arrange their seats in a circle.
   - Explain that the object of the game is to not let the balloon touch the floor. Participants should not catch and throw balloons; the idea is for them to tap, bat, or hit the balloon to another team member.

2. Put the balloon in play by gently hitting the balloon to another player in the circle.

3. Participants gently hit the balloon to each other until the balloon touches the ground.

Notes:

- This activity promotes hand-eye coordination, visual tracking, active range of motion of upper extremities, and social interaction.

Precautions:

- This activity encourages raising arms over the head, which could be painful for those with shoulder injuries.
- Watch participants for signs of overexertion, fatigue, or pain.

Adaptations:

Pamela Hursey-King, MOTS
• Participants can use flyswatters to bat the balloons to each other.
• Count the number of volleys and encourage the group to break their previous record
• Divide the group into two teams so they play against each other as in volleyball.
• Introduce a second balloon into play.

Pamela Hursey-King, MOTS
Activity Summary

Activity: Magic Glue Ornament

Brief description of the activity: This activity requires one session. Each participant makes an ornament that can be used as a holiday decoration or can be hung in a window as a suncatcher.

Materials/Supplies:

- White school glue that dries clear.
- Glitter. If the glitter is in a bag rather than a shaker-type container, include a spoon so that participants can spoon out an appropriate amount of glitter
- Sequins, small beads, buttons, spangles, etc.
- Plastic lids (such as those on sour cream or yogurt containers); one for each participant
- Yarn or ribbon

Space/Environment Requirements:

- Tables with adequate space for each participant. Ensure that tables are at a height that is adequate for participants who are in wheelchairs to easily pull up to the table.
- Adequate lighting
- An out-of-the-way, preferably sunny area for the ornaments to dry. The drying process could take up to 2 days

Sequence of Steps:

1. Ask participants to seat themselves comfortably at the tables. Ensure that each participant has enough space and that the table is at an appropriate height.
2. Show participants a completed ornament; briefly describe how the ornament is made.
3. Place a lid in front of each participant. Write the participant’s name in Sharpie on the top of the lid. Turn the lid over.
4. Hand out glitter. One bag or container of glitter for every 3 to 4 participants should be enough. Assist as needed as the participants pour some glitter into the lids. The lid does not need to be entirely covered with glitter; a thin layer is enough.
5. Hand out bottles of glue; these will also be shared among every 3 or 4 participants. Assist as needed as participants squeeze or pour out a thin layer of glue onto the lid. To ensure that the glue is spread evenly, firmly tap each lid on the table a few times.
6. Place bowls of sequins, beads, etc. on tables. These can be shared between groups or tables. Assist as needed as participants place sequins and so on in the glue.
7. Place completed ornaments in a dry, preferably sunny space to dry.
8. When ornaments have dried, poke a hole in the top and thread yarn or ribbon through and tie in a loop to make a hanger.

Pamela Hursey-King, MOTS
Notes:
- This activity promotes bilateral use of the upper extremities and fine motor, particularly pincher grasp. Sharing the materials encourages social interaction, but the project can be completed without interaction.

Precautions:
- This project may not be appropriate for those with tactile sensitivities as participants will get glue and glitter on their fingers.
- The small items pose a choking hazard; make sure participants do not place items in their mouths.

Adaptations:
- Participants can squeeze glue designs on to wax paper, then sprinkle with glitter for more “free form” ornaments.
- Draw designs on wax paper which participants can “trace” with glue, then sprinkle with glitter and sequins.
Anna’s Activity Summary

**Activity:** Hand Held Paper Fans

**Purpose:** To create a practical item for everyday use while engaging in social interaction as well as performing bilateral hand/BUE use, fine motor manipulation, and sequencing.

**Age:** Across the age span

**Environment/Space Requirements:** A well-lit area with a large table that can accommodate wheelchairs and chairs.

**Materials:**
- Large wooden tongue depressors
- Various dye cut shapes (pre-cut)
- Tag board cutouts (pre-cut)
- Glue
- Contact paper
- Scissors
- Markers
- Tape
- Ribbon (optional)

**Steps:**
1. Each resident is given a tongue depressor, tag board cutout, and a piece of ribbon.
2. Residents choose the dye cut shapes they would like for their fan.
3. The wooden tongue depressor is taped to the tag board cutout.
4. The two tag board cutouts are glued together.
5. Residents glue dye cut shapes on to both sides of the fan.
6. Contact paper is applied to both sides of the fan.
7. Contact paper is trimmed around the edges.
8. Residents can tie a piece of ribbon on the handle of the fan if desired.
9. Using a marker each resident will write his/her name on the wooden tongue depressor.

**Safety Precautions:**
- Observe residents as they use scissors. Provide assistance as needed.

**Adaptations/Modifications:**
- Residents lacking strength can use glue sticks rather than squeeze glue.
- Applying contact paper is more difficult. Those residents who show difficulty can have an OTS complete this step.
- Thicker/wider ribbon can be given to those residents who have difficulty with fine motor movements needed for tying a bow.
Activity Summary

Activity: Sparkling Personalized Holiday Plaque

Brief description of the activity: This activity requires one session. Each participant makes a hanging plaque with their name including festive painted symbols and ribbons to mark the season.

Materials/Supplies:

- Sheet of legal size paper
- Hole punch
- Ribbon
- Sponge stamps/ stencils
- Paint
- Glitter
- Markers

Space/Environment Requirements:

- Tables with adequate space for each participant. Ensure that tables are at a height that is adequate for participants who are in wheelchairs to easily pull up to the table.
- Adequate lighting

Sequence of Steps:

1. Have residents seated at a table that would have allowances for wheel chairs and would have the work surface at a comfortable position for the individual’s abilities.
2. Show the residents the completed project example while describing how it is made
3. Place a sheet of paper and have the stencils/stamps in baskets between each resident.
4. Punch holes in the top or side depending on how the resident wants to hand their plaque.
5. Using either the stamp or stencils have the residents decorate the paper.
6. Hand out four medium ribbons to each resident. Two hang the plaque with at the top and two to decorate the bottom.
7. Have the residents either write their names at the bottom with markers or have a student assist.
8. Once complete hang the plaques above the residents bad or at the foot of their bed to mark their special space.

Dona Johnson, MOTS
Notes:
- Within this activity the residents will require bilateral use of the upper extremities and fine motor, particularly in hand eye coordination. Sharing the materials encourages social interaction, but the project can be completed without interaction.

Precautions:
- This project should be well supervised to make sure the paint does not get spilled.

Adaptations:
- Residents that do not have an intact vision could have the stencils/stamps described and other residents could help them complete the project or the students could assist.
- Residents that may not have enough strength to use the whole punch could have this done before handing out supplies.
- Residents that cannot write can have others help them with putting their name on the plaque.
- Residents unable to paint within the stencil with smaller cut sponge cubes could use the large holiday sponge stamps to decorate.
Activity Summary

Activity: Orange clove Christmas ball

Brief description of the activity: This activity requires one session. Each participant makes an ornament that can be used as a holiday decoration that brings color and the lovely scent of oranges and cloves into their rooms.

Materials/Supplies:

• Oranges.
• Cloves
• toothpicks
• Yarn or ribbon
• Small plastic container lid

Space/Environment Requirements:

• Tables with adequate space for each participant. Ensure that tables are at a height that is adequate for participants who are in wheelchairs to easily pull up to the table.
• Adequate lighting

Sequence of Steps:

1. Have residents seated at a table that would have allowances for wheel chairs and would have the work surface at a comfortable position for the individual’s abilities.
2. Show the residents the completed project example while describing how it is made.
3. Place an orange and a small plastic container lid with cloves (handful) and a toothpick to each resident.
4. Instruct the residents to begin poking holes in any pattern in the orange.
5. Have residents place cloves into the holes.
6. Hand out two medium ribbons to each resident.
7. Tie the ribbons around the orange from two angles into a bow at top that the orange could be hung from.
8. Once complete hang the ornaments.

Notes:

• Within this activity the residents will require bilateral use of the upper extremities and fine motor, particularly pincher grasp. Sharing the materials encourages social interaction, but the project can be completed without interaction.
Precautions:

- This project could be well supervised to make sure the cloves do not get eaten and to ensure the residents do not touch their eyes after handling the cloves.

Adaptations:

- Residents that do not have an intact pincer grasp could have several toothpicks and cloves bound together to ease holding.
- Residents that may not have enough strength to puncture the orange could have holes pre punched in their chosen pattern.
Clothespin Angel Christmas Tree Decorations

Purpose of Activity:
To engage elderly in Nicaragua in a spiritually related craft that incorporates sensory and social components in a fine motor task.
- Bilateral upper extremity exercise
- Bilateral integration
- Motor processing/sequencing

Materials/Supplies required:
- Craft clothespins
- Gold pipe cleaners
- Brown yarn
- White felt sheets
- Template for wings
- White cup size doilies
- White feathers
- Red and black felt tip fine markers
- Gold glitter paint/glue
- Tacky glue
- Scissors
- Newspaper/paper bag/disposable table cloth

Space Requirements:
Large table with lots of table space that is adequately tall to accommodate chairs and wheelchairs

Directions (sequence of activity)
1. Separate doily from pack, fold in half and use scissors to make slit big enough to fit head of angel
2. Arrange angel so that slits of clothespin face you, which will be used as legs and how it will be mounted to tree
3. Glue doily to neck portion of angel and then decorate collar and hem of doily with gold glue
4. Cut wings from felt using template, then glue feathers onto felt pieces and glue wings onto back of angel
5. Twist gold pipe cleaner into circle to create halo, leaving an inch and a half material to glue to back of angel
6. Cut 3 pieces of yean about an inch and a half long and then glue to head of angel
7. Use red marker to draw mouth and black to draw nose
8. Glue eyes onto angel
9. Let dry 20 min before decorating tree

Adaptations/Variations:
1. Low cognition: have activity preassembled and allow participant to help with decorating or provide step by step instructions with demonstration and sample
2. Fine motor impairment: have fine motor parts of task preassembled and allow participant to perform remainder
3. Visual impairment: provide tactile input to complete task with assistance
ACTIVITIES OF DAILY LIVING CHECKLIST

Occupational therapy students created a checklist to assist future teams in determining hogar residents’ level of independence in Activities of Daily Living. Based on the Occupational Therapy Practice Framework, the checklist can be completed easily by occupational therapy students while observing residents and does not require interviews, so can be administered effectively even by team members who are not fluent in Spanish.
<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
<th>Level of Independence:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Independent (I),</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Requires Assistance (RA),</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dependent (D),</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Bathing:**
- Obtaining and using supplies
- Soaping, rinsing, and drying
- Maintaining bathing position
- Transferring to and from bathing positions

**Bowel and Bladder Management:**
- Intentional control of bowel and bladder
- Using equipment or agents for bladder control

**Dressing**
- Selecting clothing and accessories
- Obtaining clothing from storage area
- Dressing and undressing in sequential fashion
- Fastening and adjusting clothing and shoes
- Applying and removing personal devices, prosthesis, or orthoses

**Eating**
- Keeping and manipulating food or fluid in the mouth and swallowing it
- Coughing present with swallowing
- Liquid or solid

**Feeding**
- Setting up, arranging, and bringing food or fluid from the plate or cup to the mouth
<table>
<thead>
<tr>
<th>Functional Mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Moving from one position or place to another during performance of everyday activities</td>
</tr>
<tr>
<td>• Required mobility device? Type.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Hygiene and Grooming</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Caring for hair</td>
</tr>
<tr>
<td>• Caring for nails (hand and feet)</td>
</tr>
<tr>
<td>• Brushing and flossing teeth or caring for dental orthotics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Device Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Using, cleaning, and maintaining personal care items such as hearing aids, glasses, orthotics, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Toilet Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Obtaining and using supplies</td>
</tr>
<tr>
<td>• Clothing management</td>
</tr>
<tr>
<td>• Maintaining toileting position</td>
</tr>
<tr>
<td>• Transferring to and from toileting position</td>
</tr>
</tbody>
</table>
CAREGIVER RESOURCE MANUAL

The Caregiver Handbook was created as a means of providing caregivers with simple tips and guidance in caring for the elders. Topics in the handbook were chosen based on the needs that were noted while in-country. A copy of the handbook in Spanish will be made available in each of the hogares in which students provided care. In addition, the Handbook will be incorporated into a course for caregivers taught by Nicaraguan gerontologist Dr. Milton Lopez and in the future will be made available to caregivers throughout Latin America.
Guía para Los Cuidadores
Sugerencias para trabajar con los ancianos
Por las estudiantes de la terapia ocupacional
de Pacific University 2011
<table>
<thead>
<tr>
<th>Índice de Materias</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Visión ..........................................................</td>
</tr>
<tr>
<td>La Audición ..........................................................</td>
</tr>
<tr>
<td>La Memoria ..........................................................</td>
</tr>
<tr>
<td>El Estado de Ánimo ..................................................</td>
</tr>
<tr>
<td>La Debilidad ..........................................................</td>
</tr>
<tr>
<td>Problemas del Movilidad .........................................</td>
</tr>
<tr>
<td>Un Brazo que no Funciona .......................................</td>
</tr>
<tr>
<td>Las Articulaciones ..................................................</td>
</tr>
<tr>
<td>El Dolor ...............................................................</td>
</tr>
<tr>
<td>El Hinchazón de las Piernas, Pies, y Manos .................</td>
</tr>
<tr>
<td>La Preparación del Ambiente ....................................</td>
</tr>
<tr>
<td>Los Traslados ........................................................</td>
</tr>
</tbody>
</table>
La Visión
Si el anciano(a) no puede ver bien o está ciego(a):

- Aumente la luz, especialmente para leer o hacer manualidades.
- Limpie los lentes regularmente.
- Frente el anciano(a) cuando le habla para que el/ella pueda verlo bien.
- Use palabras para describir los colores o las características del ambiente.
- Anime al anciano(a) usar las manos y dedos para sentir e identificar objetos.
- Dé tiempo extra para hacer actividades o caminar.
- Ponga cinta colorada o use pintura para identificar huecos en el suelo.
La Audición
Si el anciano(a) no puede oír bien:

اته Frente el anciano(a) cuando le habla.

اته Hable más cerca al oído del anciano(a).

اته Hable más despacio y en voz alta.

اته Pida que el doctor revise los oídos y límpielos cuando sea necesario.
La Memoria
Si es difícil recordar:

- Use mandatos/instrucciones sencillos y concisos.

- Preséntese con el anciano(a) y dígale su nombre. Es común que el anciano(a) se olvide su nombre aunque lo ve cada día.

- Para reducir la ansiedad del anciano(a), explíquele de antemano lo que pasará. Por ejemplo, antes de mover la silla de ruedas para llevar el anciano(a) al comedor, dígale a donde va y por qué.

- Evite discutir con el anciano(a) si el/ella no dice la verdad o está confundido a cerca de la realidad. Redirija el anciano(a) a una actividad.
El Estado de Animo:
Si el anciano(a) está agitado(a):

😊 Redirija el anciano(a) a otra actividad.

😊 Hable en voz calma y tranquila.

😊 Permita que el anciano(a) se calme; No esfuerces a hacer algo que no quiere hacer.

😊 Tranquilice al anciano(a).

😊 Anime al anciano respirar profundamente: respira por la nariz y expira por la boca. Asegúrese que la exhalación dura más tiempo que la inhalación.

😊 Encuentre una actividad sencilla que el anciano(a) disfruta hacer. Por ejemplo, colorear, dibujar, o hacer una rompecabezas.
La Debilidad
Si el anciano(a) está débil:

Después de levantarse de la silla, permita que el anciano(a) haga una pausa antes de caminar para la seguridad.

Si el anciano(a) se siente cansado(a) mientras camina, ánime lo a descansar antes de continuar.

Permita que el anciano(a) se quede sentado(a) mientras se viste.

Para estabilizar y mantener los músculos, anime al anciano(a) mover las piernas, los pies, y los brazos frecuentemente. (Figuras 1 & 2)

Figura 1

Figura 2

www.uwhealth.org/healthfacts

www.uwhealth.org/healthfacts
Problemas del Movilidad
Si el anciano(a) tiene problemas del movilidad:

健全 Para reducir los efectos cuando el anciano(a) tiembla, anime al anciano(a) usar las dos manos con los codos cerca al cuerpo para levantar un vaso o un tenedor a la boca. (Fotos 1 & 2)

健全 Provea más tiempo para moverse de un lugar al otro.

健全 Para reducir un tremor, estabilice el codo encima de la mesa cuando come. (Foto 3)
Un Brazo que no Funciona
Si el anciano(a) tiene problemas del brazo:

1. Anime al anciano(a) usar el brazo débil tanto como sea posible durante las actividades rutinarias.

2. Coloque el brazo para que el codo este soportado. (Foto 1)

3. Permite que el anciano(a) haga lo más que pueda; No le haga cargo de la tarea.

4. Use su mano o brazo para guiar el anciano(a) si no puede hacer algo por si mismo.

5. Para vestir, siempre ponga el brazo débil en la manga primero. Cuando lo desvista, siempre desvista y quite el brazo débil primero.

Foto 1
Las Articulaciones
Si el anciano(a) tiene problemas de las articulaciones:

⚠ Anime al anciano(a) mover y estirar las articulaciones aunque sea doloroso. Anime al anciano(a) ser gentil y muévase lentamente.

⚠ Anime al anciano(a) cambiar de posición frecuentemente y mueva sus articulaciones lo más posible.

⚠ Si el anciano(a) tiene artritis en los manos, se debe evitar empujones, jaladas, y movimientos giratorios.
El Dolor
Si el anciano(a) tiene dolor:

😊 Anime al anciano(a) mover los partes del cuerpo dolorosos lo más posible sin hacerlo doler más.

😊 Anime al anciano(a) cambiar de posición frecuentemente y mueva sus articulaciones lo más posible.

😊 Encuentre algo agradable para el anciano(a), así ella/él no piensa en el dolor.

😊 Anime al anciano(a) respirar profundamente y relájese.
La Hinchazón de las Piernas, Pies, y Manos

Si los pies y piernas están hinchados, suba los pies y piernas usando almohadas o cobijas enrolladas. Anime al anciano(a) a mover las piernas y hacer ejercicios de los tobillos. (Figura 1)

Si están hinchadas los manos o brazos, suba el brazo usando cobijas enrolladas o almohadas. Anime al anciano(a) hacer un puño y luego enderezar y extender los dedos. Repítalo varias veces. (Figura 2)

www.uwhealth.org/healthfacts
La Preparación del Ambiente
Antes de hacer una actividad:

• Recoja los artículos necesarios por la actividad y deje al anciano(a) completar la tarea.

• Use mano por mano para ayudar al anciano(a) hacer la actividad. Por ejemplo, ayude al anciano(a) cepillarse su cabello poniendo su mano sobra la mano del anciano(a). (Foto 1)

• Coloque la ropa por el anciano(a) y déjelo vestirse con ayuda por lo necesario.
Los Traslados

1. Ayude al anciano deslizarse hasta el borde de la silla de ruedas antes de hacer el traslado.

2. Quédese cerca y ayude al anciano como sea necesario.

3. Párese enfrente del anciano y bloquéele las rodillas del anciano con sus rodillas.

4. Mantenga la espalda recta, con las rodillas ligeramente dobladas durante el traslado.
Guía para Los Cuidadores
Sugerencias para trabajar con los ancianos
Por las estudiantes de la terapia ocupacional de Pacific University 2011
Índice de Materias

La Visión ........................................................................................................ 3
La Audición ................................................................................................... 4
La Memoria ................................................................................................... 5
El Estado de Animo: ................................................................................... 6
La Debilidad ................................................................................................. 7
Problemas del Movilidad ........................................................................... 8
Un Brazo que no Funciona ......................................................................... 9
Las Articulaciones .................................................................................... 10
El Dolor ....................................................................................................... 11
La Hinchazón de las Piernas, Pies, y Manos ........................................... 12
La Preparación del Ambiente ..................................................................... 13
Los Traslados ............................................................................................. 14
La Visión
Si el anciano(a) no puede ver bien o está ciego(a):

- Aumente la luz, especialmente para leer o hacer manualidades.

- Limpie los lentes regularmente.

- Frente el anciano(a) cuando le habla para que el/ella pueda verlo bien.

- Use palabras para describir los colores o las características del ambiente.

- Anime al anciano(a) usar las manos y dedos para sentir e identificar objetos.

- Dé tiempo extra para hacer actividades o caminar.

- Ponga cinta colorada o use pintura para identificar huecos en el suelo.
**La Audición**
Si el anciano(a) no puede oír bien:

铛 Frente el anciano(a) cuando le habla.

铛 Hable más cerca al oído del anciano(a).

铛 Hable más despacio y en voz alta.

铛 Pida que el doctor revise los oídos y límpielos cuando sea necesario.
La Memoria

Si es difícil recordar:

- Use mandatos/instrucciones sencillos y concisos.

- Preséntese con el anciano(a) y dígale su nombre. Es común que el anciano(a) se olvida su nombre aunque lo ve cada día.

- Para reducir la ansiedad del anciano(a), explíquele de antemano lo que pasará. Por ejemplo, antes de mover la silla de ruedas para llevar el anciano(a) al comedor, dígale a donde va y por qué.

- Evite discutir con el anciano(a) si el/ella no dice la verdad o está confundido/a cerca de la realidad. Redirija el anciano(a) a una actividad.
El Estado de Animo:
Si el anciano(a) está agitado(a):

😊 Redirija el anciano(a) a otra actividad.

😊 Hable en voz calma y tranquila.

😊 Permita que el anciano(a) se calme; No esfuerces a hacer algo que no quiere hacer.

😊 Tranquilice al anciano(a).

😊 Anime al anciano respirar profundamente: respira por la nariz y expira por la boca. Asegúrese que la exhalación dura más tiempo que la inhalación.

😊 Encuentre una actividad sencilla que el anciano(a) disfruta hacer. Por ejemplo, colorear, dibujar, o hacer una rompecabezas.
La Debilidad
Si el anciano(a) está débil:

Después de levantarse de la silla, permita que el anciano(a) haga una pausa antes de caminar para la seguridad.

Si el anciano(a) se siente cansado(a) mientras camina, anímelo a descansar antes de continuar.

Permita que el anciano(a) se quede sentado(a) mientras se viste.

Para estabilizar y mantener los músculos, anime al anciano(a) mover las piernas, los pies, y los brazos frecuentemente. (Figuras 1 & 2)

Figura 1

Figura 2

www.uwhealth.org/healthfacts  www.uwhealth.org/healthfacts
Problemas del Movilidad

Si el anciano(a) tiene problemas del movilidad:

Para reducir los efectos cuando el anciano(a) tiembla, anime al anciano(a) usar las dos manos con los codos cerca al cuerpo para levantar un vaso o un tenedor a la boca. (Fotos 1 & 2)

Provea más tiempo para moverse de un lugar al otro.

Para reducir un tremor, estabilice el codo encima de la mesa cuando come. (Foto 3)
**Un Brazo que no Funciona**
Si el anciano(a) tiene problemas del brazo:

1. Anime al anciano(a) usar el brazo débil tanto como sea posible durante las actividades rutinarias.

2. Coloque el brazo para que el codo este soportado. (Foto 1)

3. Permita que el anciano(a) haga lo más que pueda; No le haga cargo de la tarea.

4. Use su mano o brazo para guiar el anciano(a) si no puede hacer algo por si mismo.

5. Para vestir, siempre ponga el brazo débil en la manga primero. Cuando lo desvista, siempre desvista y quite el brazo débil primero.

Foto 1
Las Articulaciones

Si el anciano(a) tiene problemas de las articulaciones:

 гаранетить el anciano(a) mover y estirar las articulaciones aunque sea doloroso. Anime al anciano(a) ser gentil y muévase lentamente.

 гаранетить al anciano(a) cambiar de posición frecuentemente y mueva sus articulaciones lo más posible.

 Si el anciano(a) tiene artritis en los manos, se debe evitar empujones, jaladas, y movimientos giratorios.
El Dolor
Si el anciano(a) tiene dolor:

😊 Anime al anciano(a) mover los partes del cuerpo dolorosos lo más posible sin hacerlo doler más.

😄 Anime al anciano(a) cambiar de posición frecuentemente y mueva sus articulaciones lo más posible.

😊 Encuentre algo agradable para el anciano(a), así ella/él no piensa en el dolor.

😊 Anime al anciano(a) respirar profundamente y relájese.
La Hinchazón de las Piernas, Pies, y Manos

Si los pies y piernas están hinchados, suba los pies y piernas usando almohadas o cobijas enrolladas. Anime al anciano(a) a mover las piernas y hacer ejercicios de los tobillos. (Figura 1)

Si están hinchadas los manos o brazos, suba el brazo usando cobijas enrolladas o almohadas. Anime al anciano(a) hacer un puño y luego enderezar y extender los dedos. Repítalo varias veces. (Figura 2)

www.uwhealth.org/healthfacts
La Preparación del Ambiente
Antes de hacer una actividad:

• Recoja los artículos necesarios por la actividad y deje al anciano(a) completar la tarea.

• Use mano por mano para ayudar al anciano(a) hacer la actividad. Por ejemplo, ayude al anciano(a) cepillarse su cabello poniendo su mano sobre la mano del anciano(a). (Foto 1)

• Coloque la ropa por el anciano(a) y déjelo vestirse con ayuda por lo necesario.

Foto 1
Los Traslados

Ayude al anciano deslizarse hasta el borde de la silla de ruedas antes de hacer el traslado.

Quédese cerca y ayude al anciano como sea necesario.

Párese enfrente del anciano y bloquéele las rodillas del anciano con sus rodillas.

Mantenga la espalda recta, con las rodillas ligeramente dobladas durante el traslado.
# Table of Contents

- Vision ........................................................................................................................................3
- Hearing....................................................................................................................................4
- Memory .....................................................................................................................................5
- Energy Level ............................................................... 6
- Weakness................................................................................................. 7
- Movement Disorder ............................................................................. 8
- Hemiplegic Arm .................................................................................. 9
- Joints ................................................................................................. 10
- Pain .................................................................................................... 11
- Swelling of the Legs, Feet, and Hands ........................................ 12
- Setting up the Environment .......................................................... 13
- Transfers .......................................................................................... 14
Vision
If the elder cannot see well or is blind:

- Increase the amount of light, especially for reading and crafts.
- Clean the elder’s glasses regularly.
- Face the elder when speaking to him/her so that he/she can see you better.
- Use words to describe colors or other characteristics of the environment.
- Encourage elders to use their hands and fingers to feel and identify objects by touch.
- Give extra time for the elder to complete tasks, such as self-care, eating, or walking.
- Place colored tape or use paint to identify tripping hazards and holes in the floor.
**Hearing**

If the elder cannot hear or is hard of hearing:

- Face the elder when speaking.
- Speak closely to the elder's ear.
- Speak loudly and slowly.
- Ask the doctor to examine the elder's ears regularly and clean them as needed.
Memory
If the elder has difficulty remembering:

1. Use simple concise commands and instructions.

2. Introduce yourself to the elder and state your name. It is common for elders to forget your name even though the elder may see you every day.

3. To reduce anxiety, explain to the elder beforehand what will happen. For example, before moving an elder’s wheelchair to take him/her to the dining room, explain where he/she is going and why.

4. Avoid arguing with the elder if he/she is not telling the truth or is confused about reality. Redirect the elder to another activity.
**Energy Level**
If the elder is agitated:

😊 Redirect the elder to another activity.

😊 Speak in a calm and soothing voice.

😊 Allow the elder to calm down. Don’t force him/her to do something he/she does not want to do.

😊 Deep breathing: Encourage the elder to breathe in through the nose and out through the mouth. Make sure the exhale lasts longer than the inhale.

😊 Find a simple activity the elder enjoys doing, such as coloring, drawing, or putting together a puzzle.
**Weakness**

If the elder is weak:

1. Before standing up, allow the elder to pause a moment before starting to walk.
2. If the elder feels tired while walking, encourage him/her to rest before continuing.
3. Allow the elder to remain seated while dressing or performing tasks.
4. To strengthen and maintain the muscles, encourage the elder to move his/her arms and legs frequently. (See pictures 1 & 2)

**Picture 1**

![Picture 1](www.uwhealth.org/healthfacts)

**Picture 2**

![Picture 2](www.uwhealth.org/healthfacts)
Movement Disorder

To reduce tremors and trembling, encourage the elder to use both hands while keeping the elbows close to the body in order to bring a cup or fork to the mouth. (See photos 1 & 2)

Provide more time for the elder to move from one place to another.

To reduce a tremor, stabilize the elbows on top of the table when eating. (See photo 3)
Hemiplegic Arm
If an elder has difficulty using his/her arm:

- Encourage the elder to use the weak arm in everyday activities as much as possible.
- Position the arm so the elbow is supported. (See photo 1)
- Allow the elder to do as much as he/she can; don’t take over the task.
- Use your hand or arm to guide the elder if he/she is unable to do an activity independently.
- When dressing, always put the elder’s weak arm in the sleeve before dressing the strong arm. When undressing, always undress the weak arm first.

Photo 1
**Joints**

For painful and stiff joints:

- Encourage the elder to move and stretch his/her joints although it is uncomfortable. Encourage the elder to be gentle and move slowly.

- Encourage the elder to change position frequently and move his/her joints as much as possible.

- If the elder has arthritis in the hands, he/she should avoid pushing, pulling, or doing twisting movements.
**Pain**

If the elder experiences pain:

😊 Encourage the elder to move the painful body part as much as he/she can without making the pain worse.

😊 Encourage the elder to change positions often and to move around as much as possible.

😊 Find something enjoyable for the elder to do so that he/she does not focus on the pain.

😊 Encourage the elder to deep breathe and relax rather than tense up.
Swelling of the Legs, Feet, and Hands
If the elder’s legs, feet, or hands are swollen:

ฐ️ Raise the elder’s feet and legs using a pillow or rolled up blanket.
ฐ️ Encourage the elder to move his/her legs and feet and do ankle pumps. (See picture 1)
ฐ️ If the elder's hands or arms are swollen, raise the arm up using rolled up blankets or a pillow. Encourage the elder to make a fist, open it, and extend the fingers. Repeat this several times. (See picture 2)

Picture 1

Picture 2

UW Health
www.uwhealth.org/healthfacts
Setting up the Environment
Prior to starting a task or activity:

- Retrieve necessary items for the activity and then allow the elder to complete the task independently.

- Use hand over hand to help the elder do an activity. For example, help the elder brush his/her hair by placing your hand over the elder’s hand. (See photo 1)

- Gather clothing for the elder and then allow him/her to dress him/herself. Assist the elder as needed.
Transfers

1. Have the elder scoot to the edge of the wheelchair prior to transferring him/her.

2. Stand by and guard the elder to help as needed.

3. Stand in front of the elder, blocking his/her knees with your knees.

4. Maintain a straight back and bent knees when preparing to transfer the person.
COMMUNITY BASED REHABILITATION LITERATURE REVIEW

Students examined the literature on community based rehabilitation and its efficacy. The resulting literature review, titled “Bridging the Gap from Third World to Industrialized Nations,” examines the current state of research on CBR, its effectiveness, and its potential applications in both developing and developed nations. This information was then incorporated into presentations by the students at the Interdisciplinary Case Conference and the 2011 Pacific University School of Occupational Therapy Research Symposium, and presentations by Faculty Advisor Tiffany Boggis in York, England and the 2011 AOTA conference.
Community-based Rehabilitation Literature Review:
Bridging the gap from third world to industrialized countries
Alicia Van Nice, OTS: Pacific University, Hillsboro, OR.

Introduction

Current economic plight, workforce shortages, disproportionate access to health care, changing demographics, technological advances, and a market-driven need for costly health care services, has caused the need to re-evaluate the implementation of health care services to support these complicated shifting trends. Furthermore, with the advances in medical technology and shift towards a larger population of older adults with an increased life expectancy, there is a need to effectively improve services for aging Americans and the people who care for them within the home and community setting.

In the twenty-first century, the glaring consequences to these growing trends have been made apparent for many industrialized countries. The health care reform bill has yet to unveil how these issues will sustainably be addressed in the United States. According to Barnes and Radermacher (2001), this situation is common in that health systems around the world are facing increasing pressure to build-up their community services as a way of offsetting the cost of hospital services. According to Kendall, Muencheberger and Catalano (2009), hospital avoidance has become a major concern in most health systems, directing the eyes of policy-makers to the community infrastructure. Thus the increasing cost of health care makes it imperative to support community programs that encourage independence, safety and life satisfaction for aging adults and people with disabilities while guaranteeing the most cost-effective care.

The elements of Community-based rehabilitation:

Historically, the Community-based Rehabilitation model (CBR) has been proposed by the World Health Organization (WHO) as an appropriate model for developing countries to provide basic rehabilitation services citizens. The CBR model, derived from WHO’s Primary Health Care model (PHC), which gave rise to
the goal of ‘Health for All by the Year 2000’ (WHO, 1988) promotes the use of community resources and personnel to provide basic rehabilitation services and disability prevention in a low-cost and accessible manner.

Based on a social model, the fundamentals of CBR as defined by Ilo, Unesco, and WHO (2004), Thomas, M. and Thomas, M J. (2003), Cheausuwantavee (2007), Pollard, N. and Sakellariou, D. (2008), and Kendall et al. (2009) include:

- CBR focuses on active engagement, empowerment, rights, equal opportunities and social inclusion of all people with disabilities
- CBR is about collectivism and inclusive communities where people with disabilities, their families and community members participate to allocate resources and develop intervention plans and services for people with disabilities in their environment
- CBR needs to be initiated and managed by insiders in the community, rather than outsiders, to support sustainability

Taylor et al. (2004) attempted to distinguish CBR from existing models of rehabilitation that are available in industrialized countries using its key features. They noted that CBR tends to occur in natural community settings, such as in the client’s homes or community setting rather than in the hospital. Also, CBR is likely to be delivered by a range of health professionals and paraprofessionals or even community volunteers rather than just therapists. CBR programs aim at promoting independence from traditional therapy services by training caregivers and family in the community to deliver rehabilitation. Lastly, they also noted that CBR programs are likely to be aimed at achieving broader social and systemic changes as well as improvements in individuals’ functional capacity.

Studies on CBR have evaluated outcomes of CBR in developing countries including attitudinal survey and objective reality, cultural competence, client satisfaction, quantitative assessment and evaluation, and the varying implementation of the concept and components of CBR. Across the scope of CBR’s implementation in developing countries, CBR tended to be treated as a static variable or objective reality (Cheausuwantavee, 2007), focused on a continuum of
the social model principles with often carryover a medical model perspective as a basis for rehabilitative services in the community. Pollard and Sakellariou (2008) note that medical rehabilitation alone often fails to recognize some of the social complexities surrounding experiences of disability, such as the impact of multiple marginalizations arising from other cultural or minority groups that people with disabilities may also belong to. People thus become disabled to the extent that they cannot participate in the activities they are expected to within their community, therefore community membership is compromised and disability is context-related.

**Contributions and limitations regarding implementation of CBR**

**Contributions**

Many studies have pointed out the valuable aspects gained by the implementation of CBR [Lightfoot, (2004), Cheausuwantavee, (2007), Fraas, M. et al (2007), and Kendall et. al (2009)]. CBR is an inexpensive alternative compared to institution based care that utilizes community resources to provide the majority of its rehabilitation services. The importance of poverty and culture as a role in the disparity of access to health care is visible in both developing and developed countries, which CBR promotes accessibility to health care services not otherwise attainable through development of community resources, education, and training. Contributions of CBR help to promote positive attitudes of society toward people with disabilities and are a strategy for enhancing quality of lives of all people with disabilities (PWDs) in the community.

CBR can also be a useful rehabilitation model to encompass cultural sensitivity because it encompasses local community members and PWDs as active agents whom are part of the local culture. CBR can therefore be used a means to collaborate with the greater community and explore the attitudes towards disability, enable PWDs to identify their own needs, and become active participants in the rehabilitative process. CBR is ideally implemented through strong interrelationships between families, communities, PWDs and the appropriate health care training, education, vocational and social services. This networking of stakeholders can create opportunities for caregiver training, education and
involvement, improved accessibility to services, and improved collaboration between PWDS, family members and service providers.

Limitations

Limitations include a lack of a unified frame of reference and set of competency skills for service providers, inadequate financial support of CBR projects, discrepancies on how CBR is managed in the community, and lack of support from centralized government. Kendall et. al (2009) report that a definitive protocol and improved competency standards for the implementation and development of CBR programming is essential to provide a unified framework across different health professions, contexts, environments, and populations served. Therefore, educational institutions will need to better respond to the demands of the changing health environment to successfully implement CBR in developed countries. Pollard, N. and Sakellariou, D. (2008) report that there appears to be a lack of dedicated education modules that address CBR for occupational therapists and other health professions for professional registration qualifications. The World Federation of Occupational Therapy acknowledged the importance of educating their professional members to provide CBR because CBR requires specific competencies that may not be currently delivered by professional training curricula (WFOT, 2003).

The need for funding and support from the centralized governmental for CBR projects is often necessary especially in the initial stages of CBR. In underdeveloped countries where CBR has been implemented, WHO has been instrumental in supporting its development and CBR programs were largely successful because of community volunteer involvement (Pollard, N. and Sakellarios, D. 2008). External funding if provided monetarily, such as with grants, could also risk creating financial dependency, which can affect the overall sustainability of a program. Also, lack of funding and support from the centralized government decreases the incentive for health professionals and community-based workers to provide long-term services if competitive funding and benefits are not available (Lightfoot, 2004). CBR thus requires massive coordination of health-care planning, service delivery systems and
funding to maintain effective and sustainable services for PWDs, their family, and the community.

**Conclusion**

With the growing shift in healthcare trends and expense of traditional health care approaches in the United States, CBR presents itself as a promising new approach to addressing the long-term needs of people with disabilities because it focuses on active engagement between the person with the disability, their family, the community and the involved health professionals. CBR has been promoted as a way of accommodating the changing patterns of health and social care needs in first world countries (Kendall et. al, 2006) and is seen as a response to the increasing realization that institutionally based services are expensive and have failed to adequately integrate people with disabilities into society (Dalal, A., 1998). However, there remains a lack discrepancy from ideal and typical CBR implementation because of constraints evident from a lack of a unified framework of service planning and implementation, underdeveloped educational competencies for health professionals to meet the diverse needs set forth by the CBR model, and an overall lack of funding and support to initiate and sustain the implementation of CBR projects. The development of CBR thus to be successful in the United States will bring new challenges to training providers and universities that are responsible for the preparation of a health workforce for the future as well as require significant changes in healthcare policies and allocation of funding to support the inclusion of CBR programs.
References


REVISED OCCUPATIONAL THERAPY INTAKE FORM

The Spanish version of the occupational therapy intake form being used in the Hogar la Providencia was revised in order to clarify meanings and more accurately reflect colloquial Spanish usage.
<table>
<thead>
<tr>
<th>PERFIL PERSONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Cuál es su historia médica?</td>
</tr>
<tr>
<td>¿Toma algún medicamento(s)?</td>
</tr>
<tr>
<td>En caso afirmativo: ¿Sabe usted cuáles son?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funciones Mentales:</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Tiene problemas para recordar cosas?</td>
</tr>
<tr>
<td>En caso afirmativo, ¿Cuáles son los problemas de su memoria?</td>
</tr>
<tr>
<td>Residente está orientado a:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

*Tenga en cuenta las observaciones relacionadas con la memoria, atención, conciencia, orientación, temperamento, y personalidad.*

<table>
<thead>
<tr>
<th>Función Sensorial y Dolor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Tiene problemas de la vista?</td>
</tr>
<tr>
<td>¿Usa anteojos?</td>
</tr>
<tr>
<td>¿Tiene usted problemas para escuchar?</td>
</tr>
<tr>
<td>¿Alguna vez ha notado un moretón o cortada que no sabe cómo lo ocurrió?</td>
</tr>
<tr>
<td>¿Con frecuencia le caen cosas con facilidad? Es decir, es difícil usar las manos?</td>
</tr>
</tbody>
</table>

*Observaciones relacionadas con el dolor, la temperatura, la audición, y la visión.*

<table>
<thead>
<tr>
<th>Dolor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Tiene usted dolor, entumecimiento, u hormigueo?</td>
</tr>
<tr>
<td>¿Si es afirmativo, dónde?</td>
</tr>
<tr>
<td>¿A qué hora del día experimenta más dolor? (es decir, en la mañana, tarde, noche)</td>
</tr>
<tr>
<td>¿Hay algo que le quita el dolor o que lo hace mejor o peor?</td>
</tr>
<tr>
<td>¿Hay cosas que no puede hacer ahora que le gustaría hacer, pero está limitado por el dolor o una condición médica?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estructuras y Funciones Neuromusculoesqueléticas:</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Necesita descansar al caminar o cuando empuja su silla de ruedas en distancias cortas?</td>
</tr>
<tr>
<td>¿Es usted capaz de levantarse y sentarse por sí mismo/a?</td>
</tr>
</tbody>
</table>

*Tenga en cuenta las observaciones relacionadas con tono, movimientos involuntarios de motoras, movilidad conjunto/estabilidad, coordinación motriz, resistencia.*

<table>
<thead>
<tr>
<th>Movilidad</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Cómo es su equilibrio?</td>
</tr>
<tr>
<td>¿Se ha mareado alguna vez?</td>
</tr>
<tr>
<td>¿Se ha caído o ha estado a punto de caerse?</td>
</tr>
</tbody>
</table>
¿Si se ha caído, le hizo un herido?
¿Usa bastón o andarivel?
*Tenga en cuenta las observaciones relacionadas con equilibrio/ambulación.*

<table>
<thead>
<tr>
<th>PERFIL OCUPACIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Cuánto tiempo lleva en este hogar?</td>
</tr>
<tr>
<td>¿Cómo es un día típico para usted?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participación Social:</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Platiqueme acerca de su familia? (es decir, tiene hijos, hermanos, padres)</td>
</tr>
<tr>
<td>¿Tiene familia en el área?</td>
</tr>
<tr>
<td>Si es afirmativo, ¿Con qué frecuencia la ve?</td>
</tr>
<tr>
<td>¿Con quién se socializa en el hogar? ¿Tiene amigos(as) aquí?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trabajo:</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿A qué se dedicaba?</td>
</tr>
<tr>
<td>¿Tiene actualmente alguna fuente de ingresos?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>La Educación:</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Asistió a la escuela?</td>
</tr>
<tr>
<td>¿Cuál fue el grado último que completó?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>El Tiempo Libre:</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Tiene aficiones/pasatiempos?</td>
</tr>
<tr>
<td>¿Cuáles son las actividades en que participa o que disfruta usted? (es decir, pasar tiempo con otros, bailar, asistir a la iglesia/misa, la artesanía, los juegos de cartas, la música)</td>
</tr>
<tr>
<td>¿Tiene suficientes cosas para hacer durante el día?</td>
</tr>
<tr>
<td>¿Se siente aburrido(a) con frecuencia?</td>
</tr>
<tr>
<td>¿Cuáles son las actividades que desea hacer pero por cualquiera razón, no las hace ahora?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actividades de La Vida Diaria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Necesita ayuda para alimentarse?</td>
</tr>
<tr>
<td>¿Necesita ayuda para vestirse? Específicamente ¿necesita ayuda para ponerse los calcetines, los zapatos, o la ropa?</td>
</tr>
<tr>
<td>¿Necesita ayuda con los botones, hebillas, cordones, o cremalleras?</td>
</tr>
<tr>
<td>En caso afirmativo, ¿Cuáles son los problemas? ¿Por qué?</td>
</tr>
<tr>
<td>¿Necesita ayuda para bañarse?</td>
</tr>
<tr>
<td>¿Necesita ayuda para usar el inodoro?</td>
</tr>
<tr>
<td>¿Necesita ayuda para levantarse de su cama o una silla?</td>
</tr>
</tbody>
</table>

| Es difícil caminar de un lugar al otro lugar? |

<table>
<thead>
<tr>
<th>Sueño y Descanso:</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Cuántas horas duerme cada noche?</td>
</tr>
<tr>
<td>¿Hay algo que le impide dormirse? (es decir, tiene dolor, está incomodo(a))</td>
</tr>
<tr>
<td>¿Hay algo que le hace dormir más? (es decir, dolor, fatiga, medicamentos)</td>
</tr>
</tbody>
</table>
**PERSONAL PROFILE**

What is your medical history?

Do you take any medications?
If yes, do you know which ones?

**Mental Function:**
Do you have difficulty remembering things?
If yes, what things are difficult to remember?

Resident is oriented to: 
- [ ] Person  
- [ ] Place  
- [ ] Country  
- [ ] City  
- [ ] Other

*Record any observations related to memory, attention, consciousness, orientation, temperament, and personality.*

**Sensation:**
Do you have visual problems?
Do you wear glasses?
Do you have difficulty hearing?

Have you ever noticed a bruise, cut, or wound you did not remember getting?
Do you have difficulty using your hands? Do you drop things frequently?
*Record observations related to pain, temperature, hearing, and vision.*

**Pain:**
Do you have pain, swelling, or tingling?
If yes, where?

What time of day do you experience most pain?
Is there something that relieves pain or makes it better or worse?

Are there things you would like to do now but are unable because of pain or another medical condition?

**Neuromusculoskeletal Structure and Function:**
Do you need to rest when walking or when pushing your wheelchair short distances?

Are you able to stand up or sit down by yourself?
*Record observations related to tone, involuntary motor movements, motor coordination, resistance, and stability when moving.*

**Mobility:**
How is your balance/equilibrium?
Do you ever feel dizzy?
Have you fallen or almost fallen?
If you have fallen, were you injured?
Do you use a cane or walker?

*Record observations related to balance and equilibrium.*

<table>
<thead>
<tr>
<th>OCCUPATIONAL PROFILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long have you lived at this hogar?</td>
</tr>
<tr>
<td>What is a typical day like for you?</td>
</tr>
</tbody>
</table>

**Social Participation:**
Tell me about your family. Do you have siblings, cousins, children etc.

Do you have family living in the area?
If yes, how often do you see them?
Who do you socialize with here at the hogar? Do you have friends here?

**Work:**
What kind of work did you do?
Currently, do you have a source of income?

**Education:**
Did you attend school?
What was the last grade you completed?

**Free time:**
Do you have any hobbies?

What activities do you participate in or enjoy doing? (For example, spend time with others, dance, attend church/mass, ceramics, card games, music).

Do you have enough things to do during the day?
Do you feel bored frequently?
What are some things that you wish you could do now but for whatever reason are unable to do them?

**Activities of Daily Living:**
Do you need help feeding yourself?
Do you need help dressing yourself? Specifically, do you need help putting on your socks, shoes, or clothing?

Do you need help managing buttons, buckles, shoe laces/cords, or zippers?
If yes, what are the specific problems?
Do you need help bathing yourself?
Do you need help using the toilet?
Do you need help getting up from a chair or your bed?

Is it difficult walking from one location to another?

**Sleep and Rest:**
How many hours do you sleep each night?
Is there anything that makes sleeping difficult, such as pain or discomfort?
Is there anything that makes you sleep too much, such as medication?
CULTURAL PRESENTATIONS

In preparation for their time in Nicaragua, students from all of the participating disciplines prepared informative presentations about Nicaragua. These presentations ensured that students were better equipped to provide services that were culturally appropriate and well suited to Nicaraguan elders, community members, and caregivers given their context. Students were assigned partners from outside their discipline as a means of encouraging interdisciplinary collaboration. Cultural topics explored by occupational therapy students and shared with their peers included Nicaraguan elder care, history, culture, and holidays.
From Indigenous to Independent
(Pre-Columbian-AD 1838)

- Before the arrival of the Spanish, three tribes inhabited Nicaragua: the Niquirano, the Chorotega, and the Chontal.
- Columbus was the first European to visit in 1502.
- In 1524, the rival towns of Granada and Leon were founded, leading to a permanent Spanish settlement.
- The Spaniards named the country Nicaragua after the powerful Niquiano chief Nicarao.
- Great Britain later sought authority of Mosquito coast along the Caribbean in 1655.
- Nicaragua remained a Spanish colony until 1821, when then a wave of revolutions swept Central America.
- Nicaragua then joined the United States of Central America.
- Due to the union collapsing in 1838, Nicaragua then became autonomous.
Anglo-American Influence (1838-1857)

• In 1847, American transportation proprietor Cornelius Vanderbelt established the Accessory Transit Company, which carried thousands of prospectors through Nicaragua to California during the Gold Rush of the 1850's.

• In 1855, American bandit William Walker took advantage of domestic Nicaraguan strife. He was initially invited by Leon liberals to help capture the conservative capital Granada.

• After seizing the capital, he took control of the national army and declared himself the President.
Post-Independence (1857-1909)

- 1857: Walker angered Vanderbilt after seizing property from the transit company. The combined forces of the British Navy and four Central American governments expelled him from Nicaragua and thus began 30 years of Conservative rule.
- 1893: José Santos Zelaya led a liberal revolt that brought him to power.
- 1894: Zelaya reincorporates the Mosquito Coast into Nicaragua, which ended a land dispute with the UK.

United States Occupation (1909-1933)

- 1909: 2 Americans executed for a plot to blow up the Diamante damn, Zelaya resigns later this year.
- 1912-33: United States Marines occupy Nicaragua.
- 1927-33: Guerrilla war against Nicaraguan government and US Marines leads to marines withdrawal.
The Somoza Dynasty (1936-1972)

- 1936: With United States support, Somoza García seizes the presidency: the Somoza family rules until 1979
- Soon after: Nepotism in all key positions within the government and military
- 1938: Somoza disregards term limits for presidency
- 1956: Rigoberto López Pérez assassmates President Somoza: he is succeeded by his two sons
- 1945-60: United States backed business enriches the Somoza family, to the detriment of Nicaragua
- 1960s-1970s: Pesticides banned in the US are exported to and widely used in Nicaragua

Sandinista insurrection (1972 - 1979)

- 1972: Managua earthquake kills over 10,000 people and leaves 500,000 homeless
- 1974: Kidnapping and murder incident gives new life to the FSLN Guerrilla movement
- 1975: Martial law declared
- 1978: Full scale Civil War declared
- 1979: Somoza regime is isolated in Managua and toppled by the FSLN
Sandinistas and Contras (1979 – 1990)

- 1979: New government is proclaimed by the Sandistas
- 1980: Reagan administration arms the Contras in their insurrection against the Sandistas
- 1982: United States legislature illegalizes sale of arms to the Contras
- 1983-84: American anti-communist acts escalates, including attacks on ports and harbors

These acts were declared illegal by the International Court of Justice!

- 1984: The Sandinistas gathered 67% of the vote
- 1986-87: Illegal sales of arms by US government to Contras escalates
- 1988: Ceasefire declared between Sandistas and Contras

Post-Sandinista period (1990-present)

- 1990: Violeta Camorro is elected President
- 1996: Arnoldo Alemán is elected President
- 1998: Hurricane Mitch
- 2001: Enrique Bolaños is elected President
- 2006: Daniel Ortega is elected President
- 2007: Hurricane Felix
People

- Known to have a very creative, varied, happy, and humorous culture.
- Hospitality, goodness, and friendliness are often recognized by visitors.
- The current culture, which is practiced amongst the present day mestizos, is a mixture of both Spanish and native Indian culture.
Either communicative or reserved depending on the circumstances.

Main languages: Spanish, English, and Indigenous Language
Personal Space and Communication Styles

- Most Nicaraguans are comfortable standing a little less than an arm’s length away from the person they are talking with; less than this if the person is a friend or family member.

- Little or no touching takes place during initial conversations; good friends and family will touch more.

- Eye contact may vary according to the person’s class; direct eye contact with foreigners is more common among the more affluent.
Greetings

- It is customary to greet everyone in the room individually
- Hand shakes are appropriate for both sexes
- Cheek to cheek with a kissing sound is also common
- When meeting someone it is appropriate to say “mucho gusto”
- It is polite to bid farewell to everyone in the room individually
Gestures

- "No": finger wag
- "I don’t get it" or "I don’t understand": nose scrunch
- "over there": pucker lips, point with chin
There is a saying: “Hay mas tiempo que vida”: “there’s more time than life.”

Time is given freely and punctuality is not overly valued. It is not uncommon for meetings to begin ½ hour to one hour late.
References

- http://news.bbc.co.uk/2/hi/americas/country_profiles/1225218.stm
- http://books.google.com/books?id=WOf2kbyJdrgC&pg=PA24&lpg=PA24&dq=Nicaragua+time+relax&source=bl&ots=YOHteMVtGci&sig=5gwJwAUBbjAKkBo4kQ4888B2-yU7g&hl=en&ei=xTXoTPXWM432tgPcl43FCw&sa=X&oi=book_result&ct=result&resnum=6&ved=0CDMQ6AEwBQ#v=onepage
- http://www.nicaragua.com/culture/
- http://www.culturecrossing.net/basics_business_student.php?id=149
Nicaraguan Holidays and their Cultural Importance
Introduction

The city of Granada was established in 1524 and is the oldest Spanish colonial town built during the Spanish conquests.

The Spanish imbued the Nicaraguans with Christian mainly Catholic (80% +) values and traditions.

This deep fervor established patron saints for each city who are celebrated annually.
Patron Saints and Holy Celebrations

- Granada celebrates the **Assumption of Mary in mid August**, and the **Immaculate Conception the first week of December**. During the Holy Week (the week before Easter) there are a lot of procession going on in Granada, but that's a custom throughout Nicaragua [http://www.granada4u.info/archive998_en.htm](http://www.granada4u.info/archive998_en.htm)
Holidays and Festivals

- **Holy Week**, March or April: Celebrated the week before Easter.

- **Independence Day**, Sept. 15: This holiday commemorates Nicaragua's independence from Spain in 1821. In certain regions of Nicaragua, the day is marked by bullfights in which a matador attempts to mount and ride the bull, rather than kill it.

- **Christmas**, Dec. 25: Nicaraguan children celebrate Christmas starting on the 6th is celebrated throughout the month of December with contests, parties and games. The celebration concludes on Christmas Day when they receive gifts.

http://www.ucis.pitt.edu/clas/nicaragua_proj/culture_arts/christmas/christmas.pdf
Christmas Festivities

Starting on December 7th the people of Nicaragua prepare for the celebration of "La Purisima" (meaning "the most pure") or the Immaculate Conception of Virgin Mary.

The prayers and songs for the Virgin Mary and the enjoyment of these festivities are such that they are called "La Noche de Griteria" (The Night of the Screaming). "Someone from the crowd will ask loudly, "What is the cause of your happiness?" And the chorus will answer, "The conception of the Virgin Mary!"

Throughout the month of December families buy Christmas trees and decorate their houses with red poinsettias and red crepe paper.

http://www.ucis.pitt.edu/clas/nicaragua_proj/culture_arts/christmas/christmas.pdf
The Tradition of La Purisma in Granada Nicaragua

• December 7\textsuperscript{th}-24\textsuperscript{th} people in Granada revel in the streets with songs and fire works. Houses decorate and hand out treats to the best of the carolers.

• The reenactment of Mary and Josephs search though the city for a place to rest happens on the 16\textsuperscript{th} with the houses involved using Nativity scenes. The final home serves food and wine with carols after and will host mass through Christmas Eve.
Christmas Eve and Day in Granada

• The people of Granada celebrate with dancing, carols played and sang in the street, food, fireworks, parades, and reverence to the holiday.

• Processions are led by local parish priests through the streets with community members in costume to act out the Bible stories relating the birth and life of Jesus Christ

• Culminate in midnight mass and family dinner

• The following morning the children look for hidden treats
Questions & Answers

• Invite questions from the audience
Resources

• List the resources you used for your research

http://www.granada4u.info/archive998_en.htm

http://www.ucis.pitt.edu/clas/nicaragua_proj/culture_arts/christmas/christmas.pdf
Health Status of Elders in Nicaragua

Presented by
Anna Potter, OT
Alexis Steinberg, PA
2010
2006 Study: Evaluation of the Health Status of Nicaraguan Elders

- Sistema de Evaluación para Residencias de Ancianos (SERA): Interview/questionnaire study developed in Spain to evaluate multiple aspects of nursing homes and residents.

- Information gathered from 6 hogares in north-central Nicaragua, consisting of 165 residents and 70 caregivers.
Los Hogares Nicaragüenses

- 19 homes in Nicaragua
- Funding/financial support
- Physical environment
- Living conditions
- Staff
The Residents

- More males than females
- Average age: 79 years
- Dominant religion: Catholicism
- Reasons for admittance to homes
  - Psychosocial concerns
  - Financial concerns
Health Status of Residents

- Diverse needs and health status levels within each hogar

- Resident health survey
  - Most residents considered their health to be stable despite claiming to have some form of illness/disease.
  - 61% independent with ADLs
  - 39% dependent with ADLs
  - 0% claimed to have received dental care
  - 17% claimed to have urinary incontinence
Resident Health Survey Responses
WHO Mortality Data 2004
Gracias y Buen Viaje a Todos!
In March, 2011, occupational therapy students organized, planned and lead the College of Health Professions Interdisciplinary Case Conference. The focus of the case conference was to educate students and faculty on the efficacy and potential applications of the Community Based Rehabilitation (CBR) model and the power of interdisciplinary collaboration, using the Hogar la Providencia as a case example. After a brief introduction to the principles of CBR, attendees worked in multidisciplinary groups to create a needs assessment and to consider possible applications of CBR within the United States.
A Community Based Approach to Health Promotion

Tiffany Boggis, OT faculty; Alicia Van Nice, Anna Potter, Pamela Hursey-King, and Dona Johnson, OT students
Becca Reisch, PT faculty; Talina Marshall, PT student
Sarah Brown, PH faculty; Shannon Buxell, PH student
Kelli Shaffer, DHS faculty; Stacy Shrewsbury, DHS Student
Amanda Roy, PA student
Objectives

- To understand the concept of a community based approach for health promotion for populations within communities

- To explore the role of each profession and collaborative efforts critical to a community based approach to care

- To envision possibilities for sustainable community based programming for populations within a local community
What is Community Based Rehabilitation (CBR)?

**CBR defined**

“CBR is a strategy within a general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of all people with disabilities.” (WHO, 2004)

**Disablement defined**

“Disablement is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers.” (Disabled People's International, 1981)
Medical Model vs. Social Model

The Medical Model

People with disabilities as passive receivers of services aimed at cure or management
Medical Model vs. Social Model

The Social Model

People with disabilities as active fighters for equality working in partnership with allies
Origins of CBR

- United Nations, 1951
- Emergence of primary health care, 1960’s
- WHO: Alma Alta Declaration, 1978
- CBR Global Review, 2003
- CBR adopted by 90 countries
Core Concepts of CBR

- Facilitate awareness of and positive attitudes about disability
- Focus on prevention and health promotion
- Promote education and sustainable services
- Build social capital to enable communities to help themselves
Role of Health Professionals

- Direct service
- Trainers and educators
- Referral source
- Community liaison
- Advocacy
- Program development
CHP Interprofessional International Education: A CBR Approach

- 2007: Project initiation in partnership with the Jessie F. Richardson Foundation (OT, PT, DHS)
- 2008: Pharmacy joins the team
- 2009: PA joins the team
- 2010: Optometry joins the team
Immediate Aid

- Medicines
- Food
- Funding
- Equipment
Capacity Building

- Service Learning trips
- Caregiver and community education
- Construction projects
Sustainable and Replicable Solutions

- Purposeful Profit model where the elder homes will generate profit so that they can become sustainable
- “Train the Trainer” in order to create a cadre of health care professionals that will continue to train those working with elders throughout the country
Overview of Nicaragua

- Second poorest country in western hemisphere
- Long history of social and political upheaval
- Long history of natural disasters
- Financial assistance focused on child and maternal care
- Worldwide phenomenon of baby boomers
- Remittance is the primary form of income for Nicaraguans
- Long life of hard labor and little or no medical attention
- Many elders left without family member support
Everyone at your table has just arrived for a 10-day stay in which you will be working together to begin a Community Based Rehabilitation project.

Your first priority is to perform a needs assessment, which is a systematic exploration of the way things are the way they should be.

Your group’s goal is to improve health conditions for the elders.
First Discussion

You will have 15 minutes to discuss your particular profession’s approach to the needs assessment with a CBR approach.

Afterward, our interprofessional team will present how we approached the needs assessment process.
# Physical Therapy: Preliminary Needs Assessment

<table>
<thead>
<tr>
<th>Needs of the Hogar Residents</th>
<th>Needs of the Caregivers</th>
<th>Needs of the Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents’ access to their environment</td>
<td>Transfer training for facility caregivers</td>
<td>Barriers within the community to providing care to Hogar residents</td>
</tr>
<tr>
<td>Presence and effectiveness of assistive devices</td>
<td>Education on geriatric physical therapy</td>
<td>Barriers within the Hogar to accessing resources within the community</td>
</tr>
<tr>
<td>Presence of residents who would particularly benefit from skilled physical intervention</td>
<td>Education of proper use of assistive devices for volunteers</td>
<td>Physical barriers to bringing resources to the Hogar</td>
</tr>
</tbody>
</table>
Interprofessional Enrichment

- PT and OT integrating activities with assessment and immediate intervention
- Benefits: Material repurposing, time efficient, enjoyable
- Assessment: Balance, vision, coordination, strength, sit/stand, endurance
- Intervention: Changing parameters and repeated motions
Pharmacy

- Assessed medication supply and their ability to acquire and store medications
- Reviewed medication profiles/medical charts
- Organized medications
- Provided caregiver education on “Medication Use in the Elderly”
- Created reference notebook of all donated Rx medication to give to the caregivers
Pharmacy

- Provided medication consults to PA students, Dr. Lopez, and for certain procedures in the dental clinic

- Reorganized the medication room at the Granada hogar for easier use

- Learned physical assessment techniques from PA students – collaborated in treatment recommendations

- Learned occupational therapy assessment techniques through assisting residents in craft activities organized by OT students

- Translated Latin American drug names into English equivalents
PA Contribution and Goals:

- Reviewed charting system and use
- Assessed residents overall health status, noting general health concerns and conditions
- Addressed prior health needs identified by previous group
- Collaborated with other professions to facilitate achieving their goals
- Provided caregiver education
- Carefully documented our ideas and experience
What We Learned:

- Working as part of an interprofessional team is INVALUABLE
- Understanding what your colleagues do is important to provide the best patient care
- Do things on the community’s schedule, not your own
- Educate and empower
- Document carefully
The interrelationship between oral health and general health is particularly pronounced among older people. Poor oral health can increase the risks to general health and, with compromised chewing and eating abilities, affect nutritional intake.

http://www.who.int/oral_health/action/groups/en/index1.html
# Dental Needs Assessment

<table>
<thead>
<tr>
<th>Resident Need Assessments</th>
<th>Caregiver Need Assessments</th>
<th>Community Need Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified DMFT ( decayed, missing, filled teeth)</td>
<td>Poor oral health education</td>
<td>No community partnerships</td>
</tr>
<tr>
<td>On average each resident is missing 18 out of 32 teeth</td>
<td>Not providing dental cleaning on a daily basis</td>
<td>Dental hygienists don’t exist in Nicaragua</td>
</tr>
<tr>
<td>Pain and abscessed teeth</td>
<td>Education based on literacy levels</td>
<td>No financial resources for oral health care development</td>
</tr>
<tr>
<td>Poor motor skills and limited dexterity</td>
<td>Limited time to provide care</td>
<td>Initiating partnerships with dental students to provide care</td>
</tr>
<tr>
<td>Limited access to oral hygiene aids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of education</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Interprofessional Care

- Enrichment of interprofessional education
- Collaboration with occupational therapy for elder dexterity and motor skills
- Physical therapy for wheelchair transfers and patient adjustments
- Pharmacy administered antibiotics and post-pain medication management for dental cleanings and extractions
- Physician assistants completed medical histories, blood pressures, lung capacity, and heart conditions
### Occupational Therapy: Preliminary Needs Assessment

<table>
<thead>
<tr>
<th>Resident needs</th>
<th>Caregivers needs</th>
<th>Facility needs</th>
<th>Community stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident interviews</td>
<td>Caregiver interviews</td>
<td>Photographed and noted specific features of the physical environment</td>
<td>Established relationships with:</td>
</tr>
<tr>
<td>Observed daily routines</td>
<td>Observed interactions with residents</td>
<td></td>
<td>Community entities</td>
</tr>
<tr>
<td>Identified health conditions</td>
<td>Interviews with nuns in the Hogar</td>
<td></td>
<td>Government and administrative officials</td>
</tr>
<tr>
<td>Identified services received</td>
<td>Explored work expectations and routine</td>
<td></td>
<td>Local organizations supporting people with disabilities in the community</td>
</tr>
<tr>
<td></td>
<td>Assessed areas for improvement in training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Interprofessional Enrichment

- Collaborated with other professions especially PT from Pacific to train PT students from Managua
- Met with local professors and health professionals
- Gained insight into other professional programs
- Learned far more about the strength of true interprofessional projects
Bridging the Gap to the U.S.

- CBR historically has been applied to 3rd world countries.
- Currently, the United States is facing changing trends that has shifted how healthcare services are being viewed.
- Need to re-evaluate the implementation of healthcare services to effectively improve the lives of people with disabilities.
CBR in Oregon: Outside In

Outside In is focused on helping homeless youth and other marginalized people move towards improved health and self-sufficiency

http://www.outsidein.org/

Services include:

- Education          Counseling
- Housing            Medical care
- Employment         Meals
- Safety              Recreation and Art

Stakeholders include:

Community volunteers, Portland Community College, Lewis and Clark College, Nike Foundation, Intel, Legacy Health
Cascade AIDS Project (CAP)

CAP is a community based provider of HIV services, housing, education and advocacy.

http://www.cascadeaids.org/

Services include:

- Support groups
- Outreach services
- Prevention & Education
- Emergency housing
- HIV/STD testing
- Social networking
- Newly diagnosed support/services

Stakeholders include:

Dept. of Health and Human Services, Multnomah County HIV services, Housing Authority of Portland, community volunteers, Portland art and local business community
CBR in Oregon: NW Senior and Disability Services (NWSDS)

NWSDS develops and maintains a comprehensive and coordinated service system to meet the needs of seniors and people with disabilities in Clatsop, Marion, Polk, Tillamook and Yamhill counties.

Services provided:
- Case management services
- Assistance with self care, home management
- Meals provided on-site
- Vocational and volunteer support
- Family Caregiver support
- Financial and medical assistance
- Counseling

Stakeholders include:
Senior Advisory Council, Disability Services Council, Alzheimer’s Network of Oregon, Oregon Dept. of Health Services, and community volunteers

http://www.nwsds.org/index.html
Second Brainstorming Discussion and Sharing Session

- Identify one person at your table who will do the writing for the group. Select another person to describe your project to the whole group.

- Follow the brainstorming outline on your table to guide your discussion and ideas. There will be 20 minutes allowed for this activity.

If opportunity doesn’t knock, build a door.
First Discussion Scenario

Your team has just arrived at the Hogar (elder home) La Providencia in Granada for a 10-day stay in which you will be working together to begin a Community Based Rehabilitation (CBR) project. Your first priority is to perform a needs assessment, which is a systematic exploration of the way things are and the way they should be. 

GOAL: Promote health and wellness for the elder population using CBR.

The following information about the Hogar will assist you in your needs assessment:

- There are 45 residents between ages of 65-100+. Elders in Nicaragua receive no governmental assistance such as social security or Medicare. Many elders have been abandoned by their families, who have had to seek employment outside of Nicaragua. Residents of the Hogar experience the health consequences associated with a lifetime of poverty with little access to medical or dental care.

- There are 8 caregivers at the facility. The average education is approximately 6th grade level. Caregivers provide feeding, self care assistance and medications for all elders in the home. The work is challenging and poorly paid, but most caregivers respect and care about the elders.

- Other services provided at the Hogar include general facility housekeeping and maintenance, food preparation, and laundry.

- Conditions/diagnoses of the Hogar residents: stroke, dementia/Alzheimer’s, cardiac conditions, diabetes, chronic pain, Parkinson’s, low vision, hearing impairment, mobility issues, periodontal disease, decubitus ulcers, incontinence, and developmental delays. Most chronic conditions go untreated due to lack of sufficient financial support and access to medications and health care services.

- The Hogar is operated by an order of Catholic nuns. The head nun is a nurse. The government provides 5-10 % of the funding with the rest of daily costs coming from community and international donations.

- Health System in Nicaragua: Private health insurance and access to well staffed private medical facilities exist for those who can afford it. Public health care focuses on child and maternal care with little attention given to elder care. Nicaraguans can visit a medical doctor through the public health system at no cost. However, lab tests, pharmaceuticals, oral health care, mental health care, and physical therapy services must be paid for out of pocket. The profession of occupational therapy does not exist in Nicaragua.
Discussion Part 1:

Using the information provided, your team has 15 minutes to discuss the following questions.

4 Steps to a Needs Assessment

1. Gap analysis:

   ☐ What are the gaps between current conditions at the Hogar and necessary/desired conditions? Begin with the ideal: if you could do/have anything you wanted at the Hogar, what would it be? Then compare with the reality: what is the absolute minimum needed to make the Hogar a better place for its residents?

<table>
<thead>
<tr>
<th>Ideal</th>
<th>Reality</th>
</tr>
</thead>
</table>

   ☐ Using a CBR approach, what information are you missing or would you like to know to perform the needs assessment?

   ☐ How will you get the information? **Hint:** Consider what people, organizations and other stakeholders should be involved in this process. Think internal (those within the Hogar) and external (those outside of the Hogar).

   ☐ Keeping with a CBR approach, what data gathering methods will you use to gather this information?

2. Prioritize:

   ☐ What are the most important needs that must be addressed?

   ☐ What are the priorities of each discipline? Are there areas of overlap?

   ☐ In which areas will interprofessional collaboration be most important?

3. Identify causes of problems and challenges.

4. Identify possible solutions and growth opportunities.
Identify one person at your table who will do the writing for your group. Select another person to describe your project to the group as a whole. Follow the brainstorming outline below to guide your discussion and ideas.

**Brainstorming Outline (20 minutes for discussion)**

1. **Project Title:**

2. **Population/ community (Within Oregon):**

3. **Mini needs assessment: What are the gaps between the desired and the present condition?**

   - Ideal
   - Reality

*For the sake of this discussion, the professionals at your table have the opportunity to build a CBR health program for an underserved population in Oregon. You have enough money to build a preliminary program but need to choose a community for financial and planning support.*

- Who will you serve?
- What community partners will you engage?
- How will you involve the clients to be served and monitor efficacy?
5. Program goal: What is the desired end-result of your group’s program?

6. What changes in the current conditions will your program make to achieve the goal? (For example, providing education, etc.)

7. Identify stakeholders: (community partners, possible funding sources, etc.)

8. Activities: Sustainable interventions from the interdisciplinary group: what activities or interventions will your group do in order to achieve the goal?

THANK YOU FOR YOUR PARTICIPATION!
HAVE A GREAT SPRING BREAK!
RESEARCH AND PRACTICE SYMPOSIUM
PRESENTATION

Occupational therapy students made their final presentation at Pacific University’s first annual Research and Practice Symposium. The focus of the presentation was on the Community Based Rehabilitation model and its applications for the Nicaragua Project, as well as the potential usefulness of the CBR model for projects within the United States.
A Community Based Approach to Health Promotion: Nicaragua Project

Presented by Pacific University- School of Occupational Therapy students

Pamela Hursey-King, Dona Johnson, Anna Potter and Alicia Van Nice
Objectives

- To understand the concept of a community based approach towards health promotion for populations within communities
- To envision possibilities for sustainable community based programming for populations within our role as occupational therapists
What is Community Based Rehabilitation (CBR)?

<table>
<thead>
<tr>
<th>CBR defined</th>
<th>Disablement defined</th>
</tr>
</thead>
<tbody>
<tr>
<td>“CBR is a strategy within a general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of all people with disabilities.” (WHO, 2004)</td>
<td>“Disablement is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers.” (Disabled People's International, 1981)</td>
</tr>
</tbody>
</table>
Medical Model vs. Social Model

The Medical Model

People with disabilities as passive receivers of services aimed at cure or management
Medical Model vs. Social Model

The Social Model

People with disabilities as active fighters for equality working in partnership with allies
Origins of CBR

- United Nations, 1951
- Emergence of primary health care, 1960’s
- WHO: Alma Alta Declaration, 1978
- CBR Global Review, 2003
- CBR adopted by 90 countries
Core Concepts of CBR

- Facilitate awareness of and positive attitudes about disability
- Focus on prevention and health promotion
- Promote education and sustainable services
- Build social capital to enable communities to help themselves
Strengths and Limitations of CBR

- Relatively inexpensive (Lightfoot, 2004)
- Provides services to underserved populations (Cheausuwanvate, 2007)
- Culturally sensitive (Lightfoot, 2004)
- Promotes inclusion of people with disabilities (Krefting & Krefting, 2001; Lightfoot, 2004)
- Lack of research indicating efficacy (Kendall, 2009; Pollard & Sakellariou)
- Lack of education about CBR among health professionals (WFOT, 2003)
- Lack of a unified framework to guide projects (Kendall, 2009; Pollard & Sakellariou)
The Nicaragua Project: A Sustainable Approach to Elder Care

- 2007: Project initiation in partnership with the Jessie F. Richardson Foundation (OT, PT, DHS)
- 2008: Pharmacy joins the team
- 2009: Physician’s Assistant joins the team
- 2010: Optometry joins the team
Overview of Nicaragua

- The aging population in Nicaragua is under-served and not well understood.
- Financial assistance focused on child and maternal health-care.
- 50% of Nicaraguans over the age of 60 are unemployed.
- Families leave their elderly loved ones to find work in other countries.
- Nicaragua is the 2nd poorest nation in the western hemisphere.
- Long history of natural disasters.
- History of social and political upheaval.
# Health Provider Statistics

<table>
<thead>
<tr>
<th>Health Provider</th>
<th>Nicaragua</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>3.7*</td>
<td>27*</td>
</tr>
<tr>
<td>Nurses</td>
<td>3.9*</td>
<td>84*</td>
</tr>
<tr>
<td>Hospital beds</td>
<td>9.0*</td>
<td>36*</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>-</td>
<td>3.3*</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>3 per million</td>
<td>580 per million</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>1 per 60,000</td>
<td>49 per 60,000</td>
</tr>
<tr>
<td>Dentists</td>
<td>1 per 77,000</td>
<td>66 per 77,000</td>
</tr>
<tr>
<td>Gerontologists</td>
<td>1 per million</td>
<td>23 per million</td>
</tr>
</tbody>
</table>

* Professionals per 10,000 residents
The Nicaragua Project

Fundraising
Allocate Resources
Planning
Implementation
Direct Service
Social Capital Building
Sustainability
Outcome Measures
Future Prospects
This model was developed by M. Law, B. Cooper, S. Strong, D. Stewart, P. Rigby, L. Letts and revised by C. Christensen & C. Baum in 1997.
## Preliminary OT Needs Assessment

<table>
<thead>
<tr>
<th>Resident needs</th>
<th>Caregivers needs</th>
<th>Facility needs</th>
<th>Community stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident interviews</td>
<td>Caregiver interviews</td>
<td>Photographed and noted specific features of the physical environment</td>
<td>Created relationship with community entities</td>
</tr>
<tr>
<td>Observed daily routines</td>
<td>Observed interactions with residents</td>
<td>Focused on areas that might limit the residents’ engagement with daily activities and leisure</td>
<td>Universities</td>
</tr>
<tr>
<td>Identified health conditions</td>
<td>Interviews with nuns in the Hogar</td>
<td></td>
<td>Government and administrative officials</td>
</tr>
<tr>
<td>Identified services received</td>
<td>Explored work expectations and routine</td>
<td></td>
<td>Local organizations supporting the disabled in the community</td>
</tr>
<tr>
<td></td>
<td>Assessed areas for improvement in training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Direct Service

- Direct service: 115 elders
- Elders participated in graded leisure and exercise groups as well as Christmas festivities
- New elders were evaluated and interest inventory was administered
- Needs assessment of hogar Juigalpa
Building Social Capital

✧ Caregiver training: 22 caregivers
  ✧ Trained on improving resident participation in self care tasks and educated on safe transfers

✧ Sustainability:
  ✧ 23 Nicaraguan PT students and community volunteers trained on the principles of OT and care of elders
  ✧ Community outreach to local Rotary Club, Monsignor, and community organizations
Interprofessional Enrichment

- Collaborated with other professions especially PT from Pacific to train PT students from Managua
- Met with local professors and health professionals
- Gained insight into other professional programs
- Learned far more about the strength of true interprofessional projects
Outcome Based Projects

- Caregiver Resource Manual
- ADL evaluation
- Current research on CBR incorporated into interdisciplinary health profession presentations
- Future incorporation of Pool Activity Level Instrument (PAL) assessment
Future of the Project

- Future prospect of mobile dental van
- Creation of possible Nicaraguan fieldwork site for OTD
- Online gerontology course for post professionals and Nicaraguan students
- Design methodology for collecting outcome measures
Bridging the Gap to the U.S.

- CBR historically has been applied to 3rd world countries
- Currently, the United States is facing changing trends that has shifted how healthcare services are being viewed
- Need to re-evaluate the implementation of health-care services to effectively improve the lives of people with disabilities
CBR in Oregon: Outside In

Outside In is focused on helping homeless youth and other marginalized people move towards improved health and self-sufficiency.

Services include:
- Education
- Housing
- Employment
- Safety
- Counseling
- Medical care
- Meals
- Recreation and Art
- LGBT support

Stakeholders include:
- Community volunteers
- Portland Community College
- Lewis and Clark College
- Nike Foundation
- Intel
- Legacy Health

http://www.outsidein.org/
How do we envision the future of community healthcare?

- What principles of CBR is your practice currently implementing?
- How can we further incorporate CBR into practice?
- Questions and Comments??
Resources


