

2015 Elder Friendly Futures Research Poster Abstracts

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COLLABORATING WITH PHYSICAL THERAPISTS TO CREATE COMMUNITY-CLINICAL LINKAGES TO PHYSICAL ACTIVITY PROGRAMS FOR OLDER ADULTS

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Purpose/Objectives: EnhanceFitness (EF) is an evidence-based group physical activity program for older adults. EF is disseminated by Senior Services and is offered at community organizations such as YMCAs and senior centers. Collaborating with physical therapists (PTs) offers an important opportunity for increasing older adult referrals to EF. We examine current community-clinical linkages between PTs and EF programs, and identify specific facilitators, barriers, and opportunities for improvement.

Methods/Components: Data were collected and analyzed qualitatively.

- 1) Open-ended self-assessments (n=21) and semi-structured interviews (n=20) with Y-associations offering EF.
- 2) Direct observations (n=39) of five PT clinics and structured interviews (n=30) with PT providers across thirteen states offering EF.

Outcomes/Stage of Development:

- 1) YMCAs reported the following facilitators for clinical partnerships: strong leadership, staff time, outreach persistence, and consistent communication with providers. Barriers included a lack of knowledge on how to perform outreach, and a lack of resources/plans to meet increased EF participation.
- 2) PTs identified several facilitators for referring older patients to physical activity: rapport with patient, desire for independence, and the ability to create an exercise plan that meets therapy goals. Barriers include concern for safety and proper execution of exercises, limited knowledge of available programs and lack of patient comprehension or motivation.

Conclusions/Implications: Findings suggest that PTs consider patient concerns/preferences, instrumental needs, ease of referral, safety, and adaptability of EF when making referrals. Findings are informing a change-agent toolkit for Ys to more effectively partner with PTs. These innovative community-clinical linkages may increase the access of older adults to physical activity programs.

ASSOCIATIONS BETWEEN SEX DIFFERENCES, PAIN, INSOMNIA, AND DEPRESSION IN OLDER ADULTS WITH OSTEOARTHRITIS

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Purpose/Objectives: The purpose of this study was to examine associations between sex and pain, insomnia and depression in older adults with osteoarthritis (OA).

Methods/Components: 8,057 participants aged 60+ with an electronic medical record OA diagnosis were mailed a screening questionnaire which asked about their pain (Graded Chronic Pain Scale), sleep disturbance (Insomnia Severity Index), and depressive symptoms (Patient Health Questionnaire Depression Scale). Logistic regression analysis was conducted to examine the associations between sex and OA comorbidities.

Outcomes/Stage of Development: 3,321 participants completed the questionnaire. Overall, they were older (Mean = 72 yrs) and highly educated, with 81.6% completing at least community college. The majority were female (66.6%) and about 80% had one or more daytime problems related to trouble sleeping. Females had a higher odds ratio of having pain and insomnia simultaneously than males (OR = 1.66, 95% CI = 1.37, 2.02), controlling for age, education, and comorbidity index. Similarly, females tended to have higher rates of pain with depression than males (OR = 1.63, 95% CI = 1.35, 1.99), and higher rates of comorbid insomnia and depression (OR = 1.57, 95% CI = 1.30, 1.88). The association with sex appeared to be the strongest when considering the presence of the three comorbidities together (OR = 1.73, 95% CI = 1.40, 2.15), although the strength of association was similar.

Conclusions/Implications: Sex differences are associated with comorbid pain, insomnia, and depression in older adults with OA. Specifically, females are more likely to suffer these comorbid symptoms compared to males. In addition, the strength of this association increases with increasing comorbidity.

TWO COMMUNITY-BASED IPAD WORKSHOPS FOR CARE PARTNERS AND THOSE ALZHEIMER'S DISEASE AND RELATED DEMENTIA

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Purpose/Objectives: This poster describes a community-based workshop series that utilizes iPads for the benefit people with memory loss. It is specifically for the dyad of individuals with Alzheimer's disease and related dementia (ADRD) and their care partners. Sessions offer normalized, accepting, and mentor driven activities that help dyads experience new communication technology in beneficial ways. Sessions are held in the public library or faith-based institutions.

Methods/Components: Gerontologist-trained volunteers, mentor the participants through a series of apps. The apps have been specifically selected in one of four different activity areas beneficial for memory loss, including Life Stories, Music, Games and Images. For example, a music activity might include the app SingFit, developed by music therapists for the memory-care market.

Outcomes/Stage of Development: The workshop series is based on my Master's Capstone, 'The Use of Tablet Computers with Dementia and Caregivers in a Community-based Program'. TouchTEAM is the name of the ongoing program at the Santa Cruz Public Libraries. It is volunteer-based, with 10 trained volunteers. Memory2.0 Café is the second program, and will open to the public this September, at St. John's Episcopal Cathedral in Spokane, WA.

Conclusions/Implications: The specific aim of this project is to provide communities with innovative digital support for aging in place, because successful aging in place holds promise as an affordable alternative to many of the costs (both emotional and financial) of ADRD. The program does this by harnessing the power of tablet technology in the relationship between care partners and care recipients and through providing a supportive place in the community.

IN-HOME MOBILITY IN OLDER ADULTS WITH DEMENTIA AND THEIR CAREGIVERS

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Purpose/Objectives: Individuals with dementia are vulnerable to mobility disability, often resulting in restricted activity and loss of independent residential status. Impaired mobility with advancing stages of dementia is also associated with elevated care needs. The purpose of this study was to examine the prevalence of impaired in-home mobility in community-dwelling older adults with dementia and their caregivers.

Methods/Components: Performance-based tests of mobility were conducted in the homes of older adults with dementia and their caregivers at baseline of an interventions study, "Implementing RDAD in AAA Community-Based Services" (NIH/NIA RO1 AG 041716-03S1; P.I. Linda Teri, PhD). Tests included the Timed-Up-and-Go (TUG), Short Physical Performance Battery (SPPB), and the 90-Second Balance Test. Impaired mobility was defined as a SPPB score ≤ 10 , TUG > 14 sec, or 90-Second Balance Test ≤ 53 sec.

Outcomes/Stage of Development: Forty-five individuals with dementia (ages 62 to 93) and 45 caregivers (ages 32 to 93) completed in-home testing. In participants with dementia, frequency of impaired in-home mobility was 89% on the SPPB, 62.2% on the TUG, and 62.2% on the 90-second balance test. In the caregivers, frequency of impaired in-home mobility was 28% on the SPPB, 5% on the TUG, and 8% on the 90-second balance test.

Conclusions/Implications: Almost all older adults with dementia demonstrated impaired in-home mobility, indicating high risk for mobility disability. Almost one-third of caregivers also demonstrated impaired mobility. These findings highlight a need for programs tailored to prevent mobility decline and disability in community-dwelling older adults with dementia and their caregivers.

FOSTER OPTIMISM AND MEANING THROUGH SERIOUS LEISURE AMONG HOMELESS ALASKA NATIVE ELDERS IN SEATTLE, WA

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Purpose/Objectives: Alaska Native older adults have suffered numerous challenges throughout their lives, including boarding schools, being forbidden to speak their native language, (Langdon, 1987), and the introduction of foreign diseases that decimated entire communities (Fortuine, 1992). Research often focuses on the negative implications of these historical events. This study challenges this approach by exploring what fosters a sense of optimism and purpose for homeless Alaska Native Elders in Seattle and what could improve these factors in these individuals.

Methods/Components: This mixed methods study explores optimism and health among Alaska Native older adults in downtown Seattle. This exploratory study used semi-structured, qualitative one-on-one interviews with 14 Alaska Native men and women who were members of the Chief Seattle Club. There were eight men and six women participants, representing six Alaska Native cultural groups and length of time in Seattle ranged from three months to 50 years. Along with the interview, a measurement of optimism (Life Orientation Test), the Loyola Generativity Scale, as well as social network questions were administered.

Outcomes/Stage of Development: Within this discourse of optimism participants discussed how leisure activities produced enjoyment (casual leisure) and fulfillment (serious leisure) (Stebbins, 2012). Though there are outliers, those with higher optimism levels tended to demonstrate a tendency to focus their leisure pursuits in conjunction with maintaining optimism.

Conclusions/Implications: The paper notes the lack of literature on building community amongst Alaska Native Elders, and calls for the Chief Seattle Club to build up the serious leisure it's members are participating in to develop an active citizenship and community.

SCHOOL OF PHARMACY AND RETIREMENT COMMUNITIES PARTNER TO ENHANCE PHARMACY EDUCATION AND PATIENT/PATIENT CARE

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Purpose/Objectives: Describe the development, content and outcomes of a new collaborative model for clinical pharmacy education in geriatric pharmacy and delivery of resident/patient care in retirement communities.

Methods/Components: Based on University of Washington School of Pharmacy's (UWSOP's) experience in geriatric pharmacy education and in providing clinical pharmacy care in nursing homes, assisted living facilities (ALFs), and CCRCs, the UWSOP and the University House Wallingford (UHW, an Era Living Community) established an experiential teaching and clinical practice program at UHW in 2010. Initially, UWSOP faculty specializing in geriatrics, together with 1-2 advanced students, spent 12 hours weekly at UHW responding to residents' and staff requests for in-depth medication regimen reviews, medication and health information, triage, and patient monitoring. Monthly newsletter articles and quarterly educational presentations were also provided. These benefits were in addition to, rather than in lieu of, those provided by dispensing pharmacies or by regulations for ALFs.

Outcomes/Stage of Development: To date, the program has expanded to include all eight Era Living Communities, one CCRC, and 11 other retirement communities. Specific commitments for focus and in-home time vary among the communities. Since 2010, seven faculty and 45 students have provided 1739 consultations. Administration of these collaborative programs is by UWSOP's own, licensed, non-dispensing pharmacy, UW Pharmacy Cares. Resident and staff evaluations of two initial programs are included.

Conclusions/Implications: The value of collaborative efforts between retirement communities and the UWSOP is affirmed by the extent of program growth, increasing site needs for pharmacist consultation, and increasing educational opportunities.

OUTDOOR ACTIVITIES OF OLDER WOMEN: A COMPARISON OF WOMEN WITH AND WITHOUT OSTEOARTHRITIS

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Purpose/Objectives: Objective: This study describes outdoor activity preferences of older women with and without osteoarthritis (OA).

Methods/Components: Method: This research was part of an exploratory study regarding OA pain and older women's outdoor experiences. A survey was completed by women (N=276; n=113 with OA, n=118 without OA, n=45 uncategorized) living independently within one of four retirement communities.

Outcomes/Stage of Development: Results: The most often reported current outdoor activities were socializing (64.9%), walking (64.5%), and people watching (58.7%), with no significant difference (using chi-square) between women with and without OA for these three activities. Women with OA were significantly more likely to prefer seated games ($p=.023$; 22.1% with OA, 11.0% without OA) and less likely to prefer gardening ($p=.027$; 19.5% with OA, 32.2% without OA). Two thirds of all women indicated they had stopped a former outdoor activity; significantly more women with OA than without OA reported this change in activity ($p=.002$; 76.1% with OA, 59.3% without OA). Women with OA were also significantly more likely to report that the former activity was stopped due to pain ($p=.000$; 38.9% with OA, 10.2% without OA).

Conclusions/Implications: Discussion: Better understanding of how OA influences outdoor activities can provide information to support older women in continuing or returning to outdoor activities. Sheltered areas for sitting and features such as raised garden beds may encourage more older women with OA to engage in outdoor activities. Strategies that provide support for being outdoors can be included in the design of outdoor spaces used by older adults.

CARE AND COLLABORATION WITH OLDER ADULTS WITH CHRONIC CONDITIONS: INNOVATIVE PARTNERSHIPS AND EVIDENCE-BASED PROGRAMMING

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Purpose/Objectives: Our current climate includes a growing aging population with multiple chronic conditions, fewer resources, and increasing demand for programs that improve quality of life; this creates an ideal environment for proven evidence-based programs (EBP) for older adults. This project reports on the implementation and evaluation of two EBPs at a local senior center.

Methods/Components: PEARLS is a depression care management program and EnhanceWellness is a motivational intervention for chronic disease self-management. Both EBPs use person-centered, empowerment models, teaching participants skills to better manage and improve their health and well-being. PEARLS and EnhanceWellness are delivered one-on-one in the community and at home by trained staff at Edmonds Senior Center.

Outcomes/Stage of Development: EnhanceWellness has been in place since 2011 and PEARLS was added in 2014. Delivering these programs together provides options for older adults to find what best works for them – elders who identify more with other chronic conditions can start with EnhanceWellness, while those with more severe depression enter PEARLS. These programs have reached 270 elders, many of whom have completed and benefited from participation – our poster will share measures and quotes to show how these programs helped improve outcomes that are meaningful to participants. Edmonds Senior Center has collaborated with diverse partners to reach underserved elders, including Fire District #1, Lynwood Fire, Swedish Edmonds, UW, home health care agencies and the Verdant Health Commission.

Conclusions/Implications: This project suggests that implementing multiple EBPs can be a successful model for promoting health and well-being for elders and the organizations that serve them.

THE HEALTHY BRAIN RESEARCH NETWORK: EMPOWERING AND IMPACTING PUBLIC HEALTH COMMUNITIES

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Purpose/Objectives: To describe the role of the Healthy Brain Research Network (HBRN) in implementing action items in The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013–2018 (hereafter referred to as the Road Map).

Methods/Components: CDC established the HBRN to strengthen linkages between Prevention Research Centers' and the public health and aging service professionals in states and communities. HBRN's mission is to: 1) establish and advance a public health research, translation agenda that promotes cognitive health and aging and addresses needs of care partners; 2) build an evidence-base for policy, communication, and interventions; 3) collaborate with public health agencies and partners to accelerate effective practices; and 4) build the capacity of public health professionals through training. Network's activities include: developing a research agenda consistent with Road Map actions and aligned with recommendations of the Institute of Medicine cognitive aging report; training scholars to build capacity around brain health; and creating and promoting innovative approaches, and translating evidence and findings into public health practice. Additionally, the HBRN provides technical assistance on areas regarding state Alzheimer's disease plans to ensure states incorporate cognitive health and impairment into public health initiatives.

Outcomes/Stage of Development: Increased capacity of public health agencies and partners to implement actions in the Road Map.

Conclusions/Implications: Efforts like the HBRN are needed to assist with: 1) development of elder- and dementia-friendly communities throughout the nation and 2) better support healthy brain efforts beyond the aging field and into the public health field.

INCREASED MORTALITY RATES FOR ELDERLY PATIENTS WITH RIB FRACTURES

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Purpose/Objectives:

With the rise of the elderly population and the increase in life expectancy, nurses can expect to care for more chronically ill individuals that have multiple pre-existing conditions. Rib fractures tend to occur with age and there is sufficient research to conclude that the number of ribs fractured can predict mortality in an elderly patient.

Methods/Components: Primary interventions for rib fractures in the elderly is pain control, ventilation and fluid replacement. Each intervention has shown to decrease the rate of mortality and improve respiratory outcomes in elderly patients.

Outcomes/Stage of Development: Research has found that epidural analgesia are the most effective form of pain control for clients with chest trauma. It has been shown that mechanical ventilation should be limited to clients with a confirmed flail chest or, in respiratory failure. The use of fluids during rib fractures has been shown to assist in maintaining oncotic pressure, decrease fluid formation and remove water from the lungs.

Conclusions/Implications: There are important ethical dilemmas to consider when interventions are implemented for the elderly. Quality of life and survival after interventions should be considered and discussed with the patient and family.

CROSSING THE CARE CONTINUUM: SELF-MANAGEMENT PLANS FOR COMMON CHRONIC CONDITIONS

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Purpose/Objectives: To develop an easy-to-use tool for patients, families, caregivers, and clinicians that improves transitions of care

Methods/Components: The four pillars of Dr. Eric Coleman's evidenced-based Care Transitions Intervention model inspired us to create one document incorporating warning flags, a personal health record—health goals, questions for providers, and a medication/supplement record—and local resources. We use green, yellow, and red flags, encouraging health (green) while indicating symptoms of worsening condition (yellow) and helping patients and caregivers understand when calling for help is urgent (red). Patients are encouraged to follow up with providers, communicate effectively, and seek assistance before crises develop.

Outcomes/Stage of Development: Collaborating with local healthcare organizations, we developed plans for more than two dozen chronic conditions that result in hospitalization and readmission. Requests from health professionals led us to expand our library and create low-literacy versions and translations. Recently we added a UTI self-management plan, requested by a University of Missouri, Sinclair nursing educator. All can be viewed online or downloaded, and may be adopted by any organization by request and with attribution. Our care transitions coaches use the plans with long-term care case management clients. With recent HRSA grant funding, ADS will expand use, reaching more older adults, families, and caregivers through our Community Living Connections (Information & Assistance) program.

Conclusions/Implications: Our self-management plans are easy to read and understand. They are especially useful for patients with chronic health conditions and everyone involved in improving care transitions.

HOARDING AND SENIOR HOUSING: AN EVICTION DIVERSION PROGRAM PILOT PROJECT

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Purpose/Objectives: The purpose of this pilot project is to develop best practices for handling potential hoarding situations in senior housing through the implementation of an Eviction Diversion Program (EDP) developed in collaboration between Senior Housing Assistance Group (SHAG) and The Hoarding Project. The aims of this program are two-fold:

- 1) To assist seniors in avoiding eviction proceedings resulting from failed inspections due to housekeeping concerns
- 2) Develop best practice recommendations for replicating this EDP in other senior housing facilities.

Methods/Components: Seniors who have failed inspections of their units for housekeeping-related concerns are referred to the EDP within SHAG. Participants are screened and referred to appropriate resources, which may include consultation sessions with a professional organizer and mental health therapy to support long-term behavioral change in hoarding behaviors. The goal is to develop harm reduction and maintenance plan to help keep the home at basic levels of safety for the resident.

Outcomes/Stage of Development: This project is still in the data collection phase of development. At the time of the conference, we anticipate having preliminary recommendations based on the first wave of participants in the pilot project. The project will be completed at the end of 2015.

Conclusions/Implications: This pilot project will offer recommendations based in research for handling potential hoarding situations in senior housing in more effective, appropriate, and sustainable ways, which will allow more seniors to retain their housing following failed inspections due to housekeeping infractions. It will also provide directions for education and program development for working with aging populations in this area of mental health.

SEDENTARY BEHAVIOR IN MEN WITH PROSTATE CANCER: A MIXED METHODS ANALYSIS

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Purpose/Objectives: Purpose/Objectives: We conducted a mixed-methods pilot study to characterize sedentary time (ST) in men with prostate cancer with and without a history of receiving androgen deprivation therapy (ADT).

Methods/Components: Methods: Participants were recruited from Group Health (n=17 with a history of ADT; n=13 without) and completed in-person baseline assessments, wore activPAL inclinometers for 7 days, and completed qualitative semi-structured exit interviews. Data from the devices and exit interviews were used to describe ST levels and to identify barriers to changing ST.

Outcomes/Stage of Development: Outcomes: Men who had received ADT averaged greater ST than those who had not received ADT (ADT: 9.6 hours/day, non-ADT: 8.2 hours/day, p =0.097). ADT users who were >70 years old had especially high levels of ST (>70 ADT: 10 hrs/day, >70 non-ADT: 7.9 hrs/day, <70 ADT: 8.7 hrs/day, <70 non-ADT: 8.3 hrs/day). ADT users also had lower average standing time (ADT: 3.4 hrs/day, non-ADT: 4.2 hrs/day, p =0.162) and significantly lower stepping times (ADT: 1.2 hrs/day, non-ADT: 1.8 hours, p=0.003). Both groups took a similar number of breaks from sitting (ADT: 40.6/day, non-ADT: 42.5/day, p=0.685). Barriers to reducing ST included perceiving oneself to be active already, experiencing fatigue and other symptoms that limited activity, and willingness to change ST.

Conclusions/Implications: Conclusions: Some men with prostate cancer, particularly those who have a history of ADT and are over age 70, have high daily ST compared to the general population of adults 60+ years old (8.5 hours/day). Misperceptions about current ST and health problems are barriers to reducing ST in this population.

FROM VISION TO REALITY: CREATION OF A NORTHWEST CHAPTER OF THE NATIONAL GERONTOLOGICAL NURSING ASSOCIATION

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Purpose/Objectives: The purpose of our initiative was to effectively and efficiently form a chartered chapter of the NGNA to enhance professional growth, develop leadership and program development skills, and provide an opportunity for networking throughout the region.

Methods/Components: To promote inclusiveness and increase attendance, meetings were held along the I-5 corridor, rather than in one place. Information about future meetings was shared publically through social media, Web page, and letters within diverse healthcare settings. After several meetings, a core group was established, ultimately forming the Chapter Planning Committee. Additional committees formed included the Program committee and Outreach Committee to assist in coordination of educational programs and meetings.

Outcomes/Stage of Development: Goals met included founding the chapter in one year, identifying membership types, increasing membership, obtaining 501c3 status, partnering with local facilities and creating a following on social media.

Conclusions/Implications: This is an effective model for forming a chapter. Local NGNA chapters support collaboration at all levels of nursing education. In 2013, the Northwest National Gerontological Nursing Association became a chartered chapter of the National Gerontological Nursing Association.