



Community-Based Resources for Older Adults and Their Caregivers in Cerro Gordo County

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Community-Based Resources for Older Adults and Their Caregivers in Cerro Gordo County:
Development of a Resource Guide and Recommendations for Implementation and Evaluation

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Objective

The ultimate objective of this project is to increase utilization of services intended to assist community members to successfully live in their home for longer periods of time in Cerro Gordo County, Iowa. The population of those who would benefit from increased utilization of these services consists of two major audiences, older adults and individuals who are currently or plan to be caregivers. To accomplish this, we developed a resource guide in order to better promote these services and increase awareness. Initially, with two potentially impactful services, caregiver support and nutrition services, we developed materials that will appeal to both older adults and current or potential caregivers. We also provide recommendations for implementation and evaluation to Cerro Gordo Public Health.

Literature Review

Background Cerro Gordo County

According to the 2010 Census, the population of Cerro Gordo County, Iowa was estimated to be 44,151 with 17.9% of the population aged 65 and over (2010). The county's rural population was approximately 9,092 and the urban population was 35,060 ("Rural and Urban," 2010). Mason City, the seat of Cerro Gordo County, is a micropolitan area with a population of approximately 28,079 ("Quick Facts," 2010). Over 17% of Mason City residents are aged 65 or older ("Quick Facts," 2010).

Aging in Place - Needs of Older Adults

As individuals age, they begin to lose both physical and cognitive function. Due to this loss of function, no matter how big, many older adults present specific needs in order to age in place or stay at home as long as possible. These needs include help around the house including

repairs, cleaning, and everyday tasks, as well as help outside the home. Furthermore, in a rural areas of Cerro Gordo County, these needs are expanded due to location.

Studies have identified help with home repair, keeping homes up to date, and general help around the house as significant needs for older adults (Bacsu et al., 2012; Lette et al., 2017; Wihry et al, 2016). Moreover, Bacsu et al. (2012) also found that rural homes often need more expensive maintenance or repairs than urban or metropolitan homes.

On top of home repairs being more expensive in rural areas, rural residents also experience numerous other needs that many metropolitan residents do not face. Transportation needs, access to community resources, and social isolation were all noted as particularly important issues facing rural older adults (Bacsu et al. 2012; Cook, Yearn, & Martin, 2005). Despite the drawbacks for rural residents, Cook et al. (2005) found that “Nearly all of the rural respondents... indicated that their current homes are where they will always live,” (p. 95).

According to Bacsu et al. (2012), many older adults expressed a need for more caregivers both formal in offices and clinics and informal such as family members inside the home. While many older adults receive care from informal caregivers, a number are still concerned about the level of care they are not receiving, either due to not having an informal caregiver or not having someone with them at all times (Wihry et al., 2016). Tao & Mcroy (2015) also found a need to increase in-home services. Current caregivers in Bacsu et al. (2012)’s study suggested implementing adult day care to lessen the needs of the older adult population while also decreasing the load on informal caregivers.

In addition to the need for increased care, many older adults in both rural and urban areas expressed a need for more social interaction. Campbell (2015) found a significant belonging

need among older adults while seniors in Bacsu et al. (2012)'s study expressed a need for increased social engagement within their community.

Aging in Place and Health Outcomes

Marek et al. (2005) found significantly better outcomes in residents aging in place compared to nursing home residents in four categories. These categories included cognition, depression, activities of daily living (ADLs), and incontinence. Popejoy et al. (2015) conducted a study in aging in place alone vs. aging in place with home health care. They found that individuals aging in place alone reported higher rates of Alzheimer's disease, congestive heart failure, depression, stroke, and intractable pain than individuals who received home health care and related services.

Services for Aging in Place

Studies have shown that the vast majority of aging Americans intend to age in their own homes (Graham, Scharlach, Kurtovich, et. al., 2016). Home- and community-based services are preferred by older adults, and may assist with older-old adult community integration by reducing barriers to instrumental activities of daily living (Shi & Singh, 2015; Cutchin, 2003). The needs of the aging population are dynamic, and consideration of the long-term care services that support the needs of aging adults is pertinent. Home- and community-based services that support aging in place include accommodations to basic physical and cognitive impairments that accompany the normal aging process (Mynatt, Essa & Rogers, 2000). Two primary services that allow an individual to maintain their independence and delay moving away from their homes include transportation and nutrition services (Mynatt, et. al., 2000; Cutchin, 2003).

According to Dickerson, Molnar, Eby, & Alder (2007) safe and practical transportation alternatives must be available when safe driving is no longer possible for older-old adults as

mobility is essential to continued engagement in civic, social, and community life (p.). Mobility also contributes to human interactions and experiences that are necessary for maintaining health and quality of life (Dickerson, et. al., 2007; Tang & Pickard, 2008; Cutchin, 2003).

Nutrition Services

Additionally, nutrition services deliver nutritious meals to older adults that are unable to grocery shop for or prepare meals. One such program, Meals on Wheels, provides home-delivered meals once or twice a day to people 60 years and older who are homebound and their spouses regardless of spousal age (Niles-Yokum & Wagner, 2015).

A significant challenge to combating underutilization of nutrition services is to focus on changing rhetoric around nutrition services to emphasize supporting older adults from the “perspective of empowerment and autonomy” (Niles-Yokum & Wagner, 2015, p. 101). Meals on Wheels also often acts as a gateway service to alternative home- and community-based services through forming relationships with community members and partners (Niles-Yokum & Wagner, 2015).

Caregiver support

Home- and community-based services not only provide necessary care for aging individuals, but also relieve some of the “new burdens to otherwise normal lives” of primary caregivers (Strawbridge, Wallhagen, Shema, & Kaplan, 1997, p. 505). In a study of the burdens placed on caregivers of aging adults, it was observed that caregivers had poorer mental and physical health, and greater activity limitations compared to non-caregivers (Strawbridge, Wallhagen, Shema, & Kaplan, 1997). Furthermore, primary caregivers reported poorer perceived health and increased reports of depression, anxiety, health care service utilization and conflict between caregiver and other family members (Strawbridge, et. al., 1997).

Caregiving encompasses a variety of activities, such as provision of personal care, managing household chores, meal preparation, shopping and errands, financial responsibilities, companionship, wellness checks, coordination of medical services, and arranging outside activities and services (Silverstein & Giarrusso; 2013). Caregiving for older persons, previously seen as a non-normative life event, is now considered an ordinary aspect of life (Roberto & Jarrott, 2008).

Higher levels of caregiving tasks correlate directly with an increased sense of burden, depressive symptoms, and physical symptoms (Roberto & Jarrott, 2008). Because more than half of all family caregivers work to meet financial obligations, as well as maintaining caregiving responsibilities, caregivers who reported working full-time also reported providing lower amounts of care and higher unmet needs for their care-recipients (Silverstein & Giarrusso, 2010; Roberto & Jarrott, 2008).

In 2011, “The Congressional Budget Office estimates that family and friends provided services on an unpaid basis worth \$234 billion,” and predicts a steady increase in the services provided by informal caregivers (Niles-Yokum, K. & Wagner, D.L., 2015, p. 53). Despite the stress endured by caregivers, most adult child caregivers are less likely to use respite care services compared to spousal caregivers (Casado, Van Vulpen & Davis, 2011; Kosloski, Schaefer, Allwardt, Montgomery, & Karner, 2002). Services such as respite, socialization in adult day services, and individual and family counseling have been found to “help alleviate caregiver burden,” yet the data from the Casado et al. (2011, p. 530) demonstrated that a majority of these services were never utilized by caregivers of older Americans. The utilization of home- and community-based services is associated with the perceived availability and awareness of

available services, and although awareness does not guarantee usage, there is a call to raise awareness for such services to improve the likelihood of utilization (Tang & Pickard, 2008).

Social Marketing to Older Adults

In marketing to older adults who come from a diverse groups and have had different life experiences, marketing techniques should be different from the general population in order to develop messages that this diverse group find acceptable and relevant. While this group is diverse, certain strategies exist that appeal to a wide range of older adults. Only recently have social marketing campaigns become sensitive to their differences.

A cluster randomized controlled trial tested a social marketing program in churches with the intention of increasing participation of older adults in balance classes aimed at reducing falls (DiGuseppi et al., 2013). The gains possible by participation in the balance classes framed the program messaging. Messages were disseminated by church leaders and staff as well as posters, brochures, and newsletters. They found that individuals in intervention churches had higher rates of recall about falls and benefits of balance classes as well as higher percentages of participation in those classes (DiGuseppi et al., 2013).

Social marketing has also been tested as a method to increase information-seeking behavior of elderly individuals in relation to asthma. Evers et al. (2013) used a population-based survey using the Health Belief Model to segment the population based on symptoms and asthma diagnosis. They tested their campaign concepts using focus groups then disseminated information to intervention groups through media briefs, posters in the community, mini-media directly to households, materials in health care providers' offices, and other public locations. They found that older adults responded positively to images of 'ordinary' older people doing 'ordinary' activities which had a positive impact on self-management of respiratory symptoms.

Positive and empowering messages were well-received and many liked engaging materials which posed questions. They ultimately found that individuals in the intervention group sought out more information about asthma from an information line and their primary care provider (Evers et al., 2013).

Dahl et al. (2013) performed a pilot study to investigate the use of social marketing to promote physical activity in the aging population. Their investigation utilized focus groups with semi-structured questions and discussions to inform their social marketing program. They found that older people respond more to specific and detailed recommendations than general messages. Informal word-of-mouth dissemination of information through existing social networks was important as many participants were cynical of general mass media campaigns, especially advertising campaigns. This negative perception was in part due to feelings that the messages were patronizing to older adults and rejection of self-identification as 'elderly'. Participants largely ignored messages, which they did not believe were relevant to them. They suggested radio programs and T.V. shows as a channel to portray an 'average' active elderly person (Dahl et al., 2013).

As identified by Dahl et al. (2013) and Evers et al. (2013), marketing to the aging population requires special attention to create a message that is engaging and relatable, but not insulting. Using an 'average' elderly person to demonstrate the desired activity seems to be most acceptable and effective by portraying a sense of normality and relatability without being patronizing.

Competition

Many individual, interpersonal, and environmental factors exist that may influence older adults to move out of their homes, which directly compete with this aging in place initiative.

First, older adults, especially in Northwest Iowa, may leave because they desire a warmer climate, a place closer to their family, an area with more opportunities for social interaction and engagement, or an area with a different economic perspective (Bacsu et al., 2012; Key Informant Interview, Personal communication October 5, 2017). Moreover, individuals may be forced to leave their home and enter an aging community such as an assisted living center or a skilled nursing facility due to loss of function or injuries from falls (Bacsu et al., 2012; Fausset et al., 2009; Key Informant Interview, Personal communication October 5, 2017). Numerous studies including one by Lette et al. (2017) also found that many individuals were forced to leave their homes due to not being able to keep their home up to date with repairs, cleaning, or normal housekeeping activities (Bacsu et al. 2012; Cook et al., 2005; Wihry et al., 2016).

While these competition factors present a problem for keeping individuals in their own homes, a study by Campbell (2015) found that the number of adults who want to age in place, is currently increasing.

Exchange

Key informants have noted that an important factor in determining service utilization is conceding that one is in fact in need of services, which in older populations includes admitting to not being able to perform activities that one was once able. As noted in Continuity theory, detailed below, older adults attempt to preserve structures within their own lives, which includes performing certain activities (Atchley, 1989).

In order to facilitate a positive exchange, the language used should reflect the utilization of the service as being a positive factor that allows for some sense of continuity. TRAIL of Johnson County found that they received higher response rates when they positioned their services in the context of improving life “for the family.” Additionally, TRAIL members

responded positively to offered services being framed as helping to free up time so that they could focus on the activities they preferred to be doing, rather than saying that cannot do a task.

Theoretical Background

This campaign will draw from two theories, Andersen's Behavioral Model of Health Services Utilization and Continuity Theory, to inform the formative research, development of campaign materials, and recommendations for implementation. These theories were selected to give us a theoretical perspective around our selected problem, service utilization, as well as our population, older adults, and their motivations.

First, Andersen's Behavioral Model of Health Services Utilization provides a framework that will be used to develop formative research questions, address pertinent constructs around service utilization in campaign materials, and inform implementation strategies (Andersen, 1995; Andersen, Davidson, & Baumeister, 2014). This framework looks at the predisposing factors, enabling factors, and needs for services at the levels of contextual and individual levels (Andersen, Davidson, & Baumeister, 2014). These in turn determine health behaviors, including the utilization of personal health services (Andersen, Davidson, & Baumeister, 2014). This model has been used for identifying service needs, including both home and community based needs, among older adults (Calsyn & Winter, 2001; Casado, van Vulpen, & Davis, 2011). A key finding is that older adults may not utilize services until there is a health need (Calsyn & Winter, 2001). Among frail older adults, awareness of available services was determined to be an important predictor of unmet need (Casado, van Vulpen, & Davis, 2011).

Second, Continuity theory will be utilized to develop formative research questions and inform campaign materials. Continuity theory states that individuals react to aging as it occurs and attempt to preserve external and internal structures in their lives as they age (Atchley, 1989).

This theory also states that basic personality types, responses, and actions that will be taken are stable over time, even in the changing context associated with aging (Atchley, 1989; Fry, 1992). While continuity theory was initially developed around non-disabled individuals, it has been expanded to individuals living with disability, allowing us to extend this theory to populations who are currently or may become disabled (Atchley, 1989; Putnam, 2002).

One issue that needs to be addressed moving forward is the concept of resource availability as it pertains to service utilization (Wang, Henkens, & van Solinge, 2011). For our purposes, resource availability can be conceptualized as both a predisposing and enabling factor, both at the contextual and individual level, that influences service utilization (Andersen, Davidson, & Baumeister, 2014; Wang, Henkens, & van Solinge, 2011).

Problem

Aging comes with a unique set of needs for both those aging and those who provide care for them. While services intended to help older adults and their caregivers are available, they may be underutilized for a number of reasons. Underutilization of nutrition, transportation, caregiver support, and other home- and community-based services impedes individuals' ability to maintain independence and successfully age in place, which may further contribute to caregiver stress levels. Implementing further efforts to increase service utilization may decrease this undue burden on both older adults and their caregivers.

Partnerships

This project was initiated by the Iowa Initiative for Sustainable Communities (IISC) who connected us with our primary partner, Cerro Gordo Public Health (CGPH). This campaign is just one part of their larger Aging in Place Initiative. We worked with CGPH while developing the direction for our campaign. The CGPH website serves as the host for our online service

guide. In this paper we include recommendations for CGPH to further develop, implement, and evaluate the campaign.

We worked with TRAIL of Johnson County, a non-profit organization focused on assisting older adults to successfully age in place in Johnson County. TRAIL, a member of the national Village-to-Village Network, is a fee based membership program, offering ‘full’ and ‘affiliate’ memberships. All members have access to a directory of trusted providers of a wide range of services that an older adult may need (plumbers, electricians, contractors), that have been fully vetted by TRAIL. Full members also have access to volunteer services including daily check in, transportations, and in home assistance. Working with TRAIL greatly informed the development of our campaign scope. Additionally, the interviews helped us develop the format of our guide.

We also developed a partnership with Elderbridge Agency on Aging. The mission of Elderbridge is to empower older adults to remain in their homes as long as possible with a high quality of life by providing services to older adults and serves 29 counties in Iowa, including Cerro Gordo County (Elderbridge Agency on Aging, 2015). Interviews with individuals working with Elderbridge helped us determine areas in which increased utilization of services had the potential for the largest impact on aging individuals in Cerro Gordo County. Additionally, several services featured in our resource guide are sponsored or administered by Elderbridge.

Additionally, we worked with the Iowa Aging Services Coalition of North Iowa in a similar capacity to Elderbridge. They further assisted us in determining services available in Cerro Gordo County that could assist community members age in their homes.

Through our service guide, we link CGPH with Elderbridge, Iowa Aging Services Coalition, and other corresponding service providers, allowing for CGPH to better provide information regarding service available to residents and increase the utilization of these services.

Audience

Our campaign has two major audiences: older adults and current or potential caregivers in Cerro Gordo County. These two groups were identified in key informant interviews as the individuals who would most benefit from utilizing services.

Audience Segmentation Strategies

The most relevant characteristics for segmentation of our audience are awareness and need for services. These two characteristics align with enabling and need factors in Andersen's Behavioral Model of Health Services Utilization in the individual context. Messages and materials were designed to target individuals, both older adults themselves as well as caregivers, with low awareness and moderate to high perceived need for assistance to successfully age in place. Messages and materials for older adults were designed to appeal to those who intend to remain in their home and value their independence, but did not directly target age or demographic characteristics. Materials for caregivers were designed to appeal to their identity as a caregiver and highlight the reduced burden that can come with utilizing these services. While further segmenting may increase the impact of the materials, because of the broad characteristics of individuals who may benefit from being exposed to the research guide, we prioritized larger reach than segmentation.

Logic Model

Please see Appendix 1 for a logic model of campaign activities and intended outcomes.

Formative Research Methods

Formative Research and Application of Theories

Andersen's Behavioral Model of Health Services Utilization and Continuity theory were used to develop formative research materials (Andersen, Davidson, & Baumeister, 2014).

In-depth interviews were conducted with service providers in order to identify key predisposing and enabling factors and the perceived need for elder services from the perspective of the service providers. We also addressed the current utilization of services for aging in place by the targeted populations. We conducted in depth interviews with key informants from TRAIL of Johnson County, individuals from Elderbridge Agency on Aging, and other identified service providers in Mason City. Team members conducted the interviews over the telephone utilizing the interview guide in Appendix 2.

In person interviews were conducted with older adults who currently live at home and attend an adult day health center in Mason City. The interview addressed individual predisposing and enabling factors as well as the perceived need for services for themselves. We also collected measures of perceived health, demographics, and satisfaction with services that have been utilized. Questions to identify the most appropriate way to deliver information to these audiences as well as questions regarding key concepts in Continuity theory were addressed. Two team members conducted brief interviews utilizing the interview guide in Appendix 3.

Online surveys were distributed for both older adults who currently live at home and may utilize these services as well as individuals who currently are or are planning to become caregivers. The survey for older adults utilized the same questions as used for the interviews described above (Appendix 3). The caregiver survey addressed many of the same concepts as the older adult survey, but in the context of providing care for an aging individual. The survey questions for caregivers are in Appendix 4. Survey questions were entered into Qualtrics, an

online survey tool, and a link to the survey was sent to community partners as well as other individuals, such as pastors of local churches, to be distributed to community members (Appendix 14).

Formative Research Results

Community Survey Results

Cerro Gordo County surveyed 209 residents, the majority of which were over 65 years old, about their experiences and needs to safely age in their communities. While we cannot draw strong conclusions due to the small sample size, it brought to the surface many concerns of the community related to aging in place. Around 14% of respondents felt unsafe or uncomfortable living in their current home. The most commonly cited reasons were a fear of falling and a fear of not being able to move safely around the home.

Many services were reported as necessary to allow for the individual to remain at home as he or she aged; these included assistances with housekeeping, yard work, groceries, errands, meal planning and preparation, financial support for living expenses and health services, socialization, and physical changes to home environment to better fit his or her needs. Over 60% of respondents reported that a family member, whom they could count on to assist when needed, lived in town, demonstrating the potential availability of caregivers, and the potential need for increased caregiver support.

Key informant interviews

Our first key informant, an expert in aging and longevity studies, identified the biggest factors that contribute to aging in place, which include health status, social support both formal and informal, assistive devices, and physical and personal supports that make up for loss of function that otherwise leads individuals to leave their home. They then spoke about the factors

that make individuals want to stay in their home, such as the privacy and flexibility of their own home, and then reiterated the fact that most individuals want to stay in their home due to the aforementioned factors. However, they also addressed the push and pull factors that make individuals want to move somewhere else, which include different climate, proximity to family, the cost of living, safety perceptions, and leisure.

After discussing the biggest factors that made individuals stay in their home or move elsewhere, the key informant further discussed that many older adults, need access to transportation services, opportunities for socialization, ways to get engaged with their community, and access to secure sources of food. Fortunately, these services exist in many communities, including some in Cerro Gordo County; however, many individuals experience barriers when trying to utilize these services. The biggest barriers include knowledge of services, stigma associated with some services, perception, and cost. It was suggested that word of mouth is often the biggest facilitator to overcome these barriers. However, individuals who are not well involved in their community, will not hear about these services through word of mouth and will therefore be further disadvantaged in terms of service utilization.

We were encouraged to contact the local area agency on aging, a program which exists across the United States to connect older adults to services in their area. From this, we identified the Elderbridge Agency on Aging which serves to connect older adults and their caregivers in Northwest Iowa to services in their area.

With this information, we identified our second key informant, a contact from the Elderbridge Agency on Aging. They suggested that older adults frequently utilize Lifelong Links, a state resource center, where individuals call the options center in order to be connected with services both within and outside the Elderbridge Agency on Aging. However, according to

the key informant, older adults are underutilizing nutrition and meal services, while their adult children are underutilizing caregiver support services. They then suggested other individuals that we should speak with regarding services in Cerro Gordo County. For these interviews rather than using the exact interview questions in Appendix 2, we first asked about the services that the individual or group offers and then pulled questions from Appendix 2 as time allowed.

Our interviews identified the president of the Aging Services Coalition of North Iowa as another potential key informant, and they were contacted to request an interview. During the interview, they spoke about how Mason City residents need assistance with transportation services and the need for a resource center for all of the services available. She then directed us to the Aging Services Coalition website to learn more about the services offered in Cerro Gordo County.

We then conducted a joint interview with two service coordinators from Elderbridge Agency on Aging who were identified from previous interviews. They spoke about the services offered, and then sent us more information on those services. They also reiterated another key informant's suggestion that nutrition services are underutilized. They then mentioned that the Adult Day Health Center is also underutilized as many individuals call Elderbridge looking for in-home assistance when they could instead utilize the Adult Day Health Center.

Interviews with Older Adults

A total of eight interviews were conducted with older adults who currently live at home. The interviews were 50% female and had an average age of 70.6 (SD=13.8). All interviewees identified as white, except one who was unsure. On a scale of self-rated health, the interviews rated their health good (n=2), very good (n=3), and excellent (n=2), with one interviewee declining to answer. When asked to rate their locus of control on a 10 point scale, the average

score was 8.6 (SD=1.8).

The major reasons for wanting to age in place are the feelings of security, familiarity, and independence. The largest need for one to age in place identified by these interviews was having outside, trustworthy help to assist with a number of tasks, such as transportation, and general assistance around the house. The major barrier towards aging in place identified was their own health status. Six of the eight interviewees listed that aging in place was important or very important to them and five were aware of some service to help them age in place. Familiarity with stated activities varied greatly between interviewees. Six of the interviewees stated that they had used at least one service, including transportation (n=3), caregivers (n=1), nutrition (n=3), cleaning services (n=1), home improvements (n=1), and the Adult Day Health Center (n=1). Interestingly, only one of the interviewees identified the Adult Day Health Center where the interviews were conducted as a service that allows them to age in place. All interviews were either satisfied or very satisfied with the services they utilized and that it was not difficult to use these services. The only facilitator to using services identified was the convenience of the services. When asked what services the interviewees would need to live in their house as long as possible, interviewees reported home improvements, meal delivery services, caregivers, the Adult Day Health Center, and transportation services. Only one individual stated that they could find out if these services were available if they were not already aware of them. Five interviewees believed that resources were available to them to take advantage of these services.

When asked how they would like to be provided with information about services, the interviewees identified websites (n=1), television (n=2), newspapers (n=2), and radio (n=1) as acceptable. One interviewee stated that they had no preference and one did not provide a response.

Older adult and Caregiver surveys

While some individuals initiated the older adults (n=6) and caregiver (n=14) surveys, there were no responses to the older adult survey and one response to the caregiver survey. We believe this is due to the populations targeted, the length of the survey (29 and 33 questions respectively), and the use of an online survey tool. Some of the initiated surveys are likely individuals who were asked to distribute the survey. Recommendations for fielding additional surveys are presented below.

Resource Guide Development

Formative research identified nutrition and caregiver services as underutilized and beneficial to residents of Cerro Gordo County. Key informant interviews identified potential legal or ethical complications associated with including or endorsing certain services. For this reason, services such as medical services, home-health care, and home contractors, were not included in the resource guide. Additionally, transportation services are the focus of a concurrent project in the Aging in Place Initiative.

Utilizing the Member Resource Information Guide developed by our partner, the Aging Services Coalition of North Iowa, we identified potential nutrition and caregiver services available in Cerro Gordo County. We further identified services available in Cerro Gordo County using the search terms “Cerro Gordo County + Caregiving Services,” “Cerro Gordo County + Elder Services,” and “Cerro Gordo County + Nutrition Services” to find publicly available information. Key informant interviews also identified additional services.

Once services were identified, information about the sponsoring organizations including contact information, locations, and a summary of the offered services were compiled in the

resource guide (Appendix 11). Using an existing website template, CGPH is publishing the resource guide on the Aging in Place webpage.

Campaign Development and Testing

Marketing Mix

When developing the messages and other campaign materials, the following marketing mix was conceptualized:

Product: The product being promoted by this campaign are the beneficial outcomes (i.e. maintaining independence, opportunities to socialization, reduced stress) of utilizing services in the resource guide

Price: The price of utilizing the resource guide is the self-identification as someone who would benefit from using services. This is an issue for both older adults and caregivers due to them not wanting to identify as needing assistance. There may be additional costs associated with having to utilize the services (costs of services, need for transportation, etc.).

Place: The resource guide will be featured online on the Cerro Gordo Public Health webpage as well as in a print format. The guide will be made available in the community both by providing campaign materials directing individuals to the online guide as well as paper copies to community partners.

Promotion: We will promote the service guide and utilizing services through newspaper advertisements in the Globe Gazette as well as mini-media (postcards) and physical copies of the resource guide distributed to community partners. Community partners include organizations in the resource guide, other community organizations serving older adults or their caregivers, and other relevant places, such as in clinics' waiting rooms.

Message Development

All messages were developed following Continuity theory. Because the theory states that people want to maintain internal and external structures, staying in one's home and maintaining independence were featured in the messages. Additionally, no messages or materials depict older adults, as identified in the literature review as being important, which allows the campaign to reach a wider audience and reduce reactance. The mini-media postcards (Appendix 6) were developed to engage older adults and caregivers and promote the resource guide. Furthermore, the newspaper messages were specifically developed using different frames, which include gain, loss, and emotional frames. Additionally, because this campaign targets two main audiences, we have developed two sets of print messages. There are messages specific to older adults (Appendix 7) and messages for caregivers (Appendix 8) with three different messages for each group.

Campaign Material and Message Testing

Campaign materials and messages were tested over two separate days at the Hy-Vee West in Mason City. Hy-Vee West was chosen as the pilot testing site due to the high volume of consumers. The initial pilot testing session included the mini-media postcards (Appendix 5), in addition to the newspaper ad message frames for both aging adults and caregivers (Appendix 7 and 8, respectively). This session asked respondents to provide feedback on 1) how appealing they found the message or message design, 2) how much each message motivated the reader to learn more about the topic, and 3) areas that could be improved in each campaign material and message.

Messages were generally positively received with no preference between messages. Respondents reacted positively to the format of the mini-media postcards, but messages did not resonate with all individuals, informing further development of these messages (Appendix 6).

The following session pilot tested the online Resource Guide on the CGPH webpage. Roughly 30 people provided feedback on the usefulness of the website and how easy it was to navigate. We received no negative feedback.

Limitations

One limitation was the limited responses to the formative research questions that were fielded, particularly the older adult and caregiver surveys. Using online surveys, while chosen for its ease and increased potential reach, is suspected as being a major reason for the lack of responses. Recommendations for fielding additional surveys with revised methods are provided below.

Limited pilot testing represents another limitation of this project. We attempted to message test in a real setting where the materials could be placed for promotion. However, due to busy schedules of potential participants, not many individuals offered their feedback, so we currently have limited knowledge of the target audiences' reaction to our campaign. We include recommendations to enhance pilot testing below.

Another limitation of this project is the currently narrow scope of the resource guide. However, based on time and interviews with experts in the field, it was determined that in order to obtain the appropriate amount of information for the most underutilized services and have the biggest impact, only nutrition and caregiver support services should be included in the resource guide at this time. However, many more services exist in Cerro Gordo County to assist with aging in place, so as discussed later, we recommend expanding the service guide in the future.

Further Recommended Research

Surveys with Older Adults and Caregivers

Surveys using revised survey questions in Appendix 9 (older adults) and 10 (caregivers) should be fielded to better inform the campaign strategies. The number of questions has been reduced, and it is recommended that the survey be done in-person, rather than in an online format. We believe this will increase the response rate and provide a more complete picture of the experience of older adults and caregivers in Cerro Gordo County.

Message Testing and Revisions

In order to receive additional feedback on the messages, we recommend further pilot testing with the target audiences utilizing focus groups or intercept interviews. We recommend using the messages that are best received for implementation.

Implementation Plan

Next Steps

Moving forward, we recommend the CGPH Aging in Place Resource Guide have a stand-alone page on the website to improve readability and visual appeal of the guide. This can be achieved by creating a “Resources” link at the top of the Aging in Place webpage. As the guide is further developed, additional services should be added to the resource guide as they are identified. If additional service categories are seen as needed, they should be incorporated as well.

Furthermore, we recommend hiring a graphic designer to assist CGPH in developing a uniform aging in place logo that can be easily identified by the audience and included on all print and online campaign materials. Additionally, the graphic designer can assist in designing a tasteful, appealing, and easy-to-read physical copy of the resource guide for distribution. As these campaign materials are further developed, we recommend pilot testing and revising materials as necessary using focus groups or intercept interviews.

Implementation

After hiring a graphic designer and further pilot testing materials, we recommend printing the promotional materials and resource guide as well as placing the mini-media postcards and physical resource guides throughout Cerro Gordo County. We recommend placing both mini-media and physical guides in pharmacies and clinics. By having both materials in these locations, many individuals will become aware of the campaign. The placement of physical resource guides will also increase awareness of older adults who do not frequently use the internet. We also recommend placing mini-media in grocery stores. Furthermore, physical guides should be placed at all locations of the current services in order to increase older adults' and their caregivers' awareness of additional services.

As additional promotion of the campaign, we recommend running the “services center, best” ad in the Globe Gazette. This ad will reach all individuals who receive the newspaper or view it online, and subsequently draw attention to the website guide of services. To further increase reach and awareness, we also recommend including a section about the services guide in the CGPH monthly newsletter.

Proposed Timeline and Budget

The proposed timeline for the further development and implementation of the resource guide and promotion campaign is shown in Appendix 12. Appendix 13 contains the proposed budget and budget justification for the project. The total projected costs are \$1472.

Evaluation Plan

The major intended outcome of this project is increased service utilization by both older adults and their caregivers. Based on our theoretical background and the results of the formative research with older adults as well as key informants, it is believed that awareness of services is a

key factor in increasing service utilization. The recommended evaluation plan for this project includes process and outcome evaluations around both service utilization and awareness of community based services. Following the implementation of the campaign, website visits to the resource guide should be monitored to assess if individuals are viewing the resource guide, and the number of physical copies of the resource guide distributed by community partners should be tracked.

Process evaluation should include tracking and recording the number of services in the resource guide as well as the number of organizations to which the resource guide has been distributed. Outcome evaluation will consist of three major components: community surveys, provider surveys, and provider interviews. The community survey should be distributed among the target populations, older adults and their caregivers, and answer the evaluations questions: “Are community members aware of the resource guide?”, “Have community members visited the website or picked up a physical copy?”, and “Are community members using services?”. The provider survey should be distributed to every organization that has a service featured in the resources guide and should answer the evaluations questions: “Has awareness of services increased?” and “Has service utilization increased?”. Provider interviews should be conducted with a randomly selected subset of organizations featured in the resource guide and answer the evaluation questions: “Has awareness of services increased due to the resource guide?”, “Have service users talked about the resource guide?”, and “Has service utilization increased? Was it due to the guide?”.

Appendix 1: Logic Model for Planned Activities

Inputs	Outputs		Outcomes- Impact		
	Activities	Participants	Short	Medium	Long
-Funding -Time -Support -Expertise/Technical Advisory -Community Partners -UI Student Project Leaders	-Formative Research: Key informant interviews, focus groups, or intercept surveys -Link Cerro Gordo Public Health with service providers -Create resource guide -Distribute resource guide	-Key informants -Cerro Gordo County aging adults and caregivers -UI students and professor -UI Iowa Initiative for Sustainable Communities -Cerro Gordo County Department of Public Health -Elderbridge Agency on Aging -Lifelong Links -Other Community Partners	-Increase awareness of services available -Increase number of participating community partners -Reduce barriers to utilization	-Increase utilization of services -Community members utilize resource guides -Create an enabling environment for aging in place	-Sustain utilization of services -Individuals age in place longer and more successfully

Appendix 2. Formative research questions for service providers

Audience: Service provider

Section 1.

Can you tell us about [organization] and the services it provides?

What about whom it provides services too?

-Probe: older adults

-Probe: children of older adults who are or may be caregivers

Section 2. Predisposing

Can you tell us about the community you serve?

How supportive is the community for your [organization/service provided]

Section 3. Perceived need

What needs do older adults face in order to successfully age in place?

-Probe: do your services meet these needs?

What needs do children of older adults face in order to help their parents successfully age in place?

-Probe: do your services meet these needs?

Section 4. Enabling

With your current resources, are you able to currently meet the needs of the community for [service provided] or is there still unmet need?

-If there were an increase in utilization, would [organization] be able to meet this increase?

-Do other organizations in the area offer similar services?

Appendix 3. Formative research questions for older adults

Hello,

We're a student group at the University of Iowa looking at services that older adults might use in order to stay in their homes, also known as aging in place. We'd love to hear from you about your experiences and what types of services are available, known about, and used. This will help us develop a guide in coordination with Cerro Gordo Public Health featuring services available to older adults to help them stay in their homes as long as possible.

The survey should only take 10 minutes, and your responses are completely anonymous. Completing this survey is voluntary and will not directly benefit you. You do not have to answer any question you do not want to answer.

Your experiences and insight are extremely valuable, and we really appreciate your input.

If you have any questions about the survey, please email us at: patrick-j-brady@uiowa.edu

Block 5

Are over the age of 50 and live in Cerro Gordo County, Iowa?

- Yes
 No

Experience with AIP

We are interested in older adults "aging in place" and the services used to do that. Aging in place can mean staying in your own home for as long as possible and not going into a nursing home.

Why would someone want to age in place?

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What would someone need to help them age in place?

What might keep someone from being able to age in place

For the following questions, please select the answer that best represents you

Think about how important it is for you to stay in your own home for as long as possible and select the best answer below

	Not important at all	Slightly important	Fairly important	Important	Very important
How important is it for you to age in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you aware of services that are available to help people age in place?

- Yes
- No

Services for aging in place may include the following listed below. Please indicate how familiar you are with each of the following services

	Extremely familiar	Very familiar	Moderately familiar	Slightly familiar	Not familiar at all

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	Extremely familiar	Very familiar	Moderately familiar	Slightly familiar	Not familiar at all
Nutrition services (i.e. meals on wheels)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home improvements (i.e grab bars, ramps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you utilized any services to help you age in place?

- Yes
- No

What services have you utilized?

Service 1	<input type="text"/>
Service 2	<input type="text"/>
Service 3	<input type="text"/>
service 4	<input type="text"/>
service 5	<input type="text"/>

Why did you use each service?

<input type="text" value="{q://QID9/ChoiceTextEntryValue/1}"/>
<input type="text" value="{q://QID9/ChoiceTextEntryValue/2}"/>
<input type="text" value="{q://QID9/ChoiceTextEntryValue/3}"/>
<input type="text" value="{q://QID9/ChoiceTextEntryValue/4}"/>
<input type="text" value="{q://QID9/ChoiceTextEntryValue/5}"/>

How satisfied were you with each of these services?

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
» Service 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Service 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
» Service 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» service 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» service 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How difficult was it to use each of these services?

	Very difficult	Difficult	Neither Difficult nor Easy	Easy	Very Easy
» Service 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Service 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Service 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» service 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» service 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What made it easy or difficult for you to use these services?

Are there any reasons why you haven't sought out any services to help you with aging in place?

Individual perceived need

What services do you think you would need to live in your house as long as you would like? (i.e. help with chores, meal preparation services, transportation, removal of stairs, addition of grab bars)

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Are you aware if these services are available to you?

- Yes
- No

Do you know where you could find out if they were available?

- Yes
- No

How much do you agree with the following statement?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I have the resources you need in order to take advantage of these services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If someone were to provide you with information or resources on services that were available in your community, how would you like to get them (examples include on a website, in the newspaper, radio, TV)?

Continuity theory

What things would you like to be able to keep doing as you age?

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How could the services mentioned above help you do this?

Demographics

Thinking about your own health

	Poor	Fair	Good	Very good	Excellent
In general, how would you rate your overall health now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your own health

	0	1	2	3	4	5	6	7	8	9	10
On a scale of 1-10, How much control do you feel like you have over your health?											

What is your age?

What is your gender

- Male
- Female
- Other

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What is your Race/Ethnicity?

- African American/Black
- Caucasian/White
- Hispanic/Latino
- Asian
- Other

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Appendix 4. Formative research questions for caregivers

Block 4

Hello,

We're a student group at the University of Iowa looking at services that older adults and their caregivers might use in order to stay in their homes, also known as aging in place. We'd love to hear from you about your experiences and what types of services are available, known about, and used. This will help us develop a guide in coordination with Cerro Gordo Public Health featuring services available to older adults to help them stay in their homes as long as possible.

The survey should only take 10 minutes, and your responses are completely anonymous. Completing this survey is voluntary and will not directly benefit you. You do not have to answer any question you do not want to answer.

Your experiences and insight are extremely valuable, and we really appreciate your input.

If you have any questions about the survey, please email us at: patrick-j-brady@uiowa.edu

Block 4

Do you provide care for an older adult still living at home and live in Cerro Gordo County, Iowa?

- Yes
 No

Experience with AIP

We are interested in older adults "aging in place", the caregivers who assist them, and the services used to do that. Aging in place can mean staying in your own home for as long as possible and not going into a nursing home.

Why would someone want to age in place?

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What would someone need to help them age in place?

What might keep someone from being able to age in place

For the following questions, please select the answer that best represents you

Think about how important it is for you to assist the person you provide care for to stay in your their home for as long as possible and select the best answer below

	Not important at all	Slightly important	Fairly important	Important	Very important
How important is it for the person you provide care for to age in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you aware of services that are available to help people age in place?

- Yes
- No

Are you aware of services that are available to help people who are caregivers?

- Yes
- No

Services for aging in place may include the following listed below. Please indicate how familiar you are with each of the following services

	Extremely familiar	Very familiar	Moderately familiar	Slightly familiar	Not familiar at all
Nutrition services (i.e. meals on wheels)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12/11/2017

Qualtrics Survey Software

	Extremely familiar	Very familiar	Moderately familiar	Slightly familiar	Not familiar at all
Home improvements (i.e grab bars, ramps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you utilized any services to help the person you provide care for age in place?

- Yes
- No

What services have you utilized, either for yourself or for the person you provide care for?

Service 1	<input type="text"/>
Service 2	<input type="text"/>
Service 3	<input type="text"/>
Service 4	<input type="text"/>
Service 5	<input type="text"/>

Why did you use each service?

#{q://QID9/ChoiceTextEntryValue/1}	<input type="text"/>
#{q://QID9/ChoiceTextEntryValue/2}	<input type="text"/>
#{q://QID9/ChoiceTextEntryValue/3}	<input type="text"/>
#{q://QID9/ChoiceTextEntryValue/4}	<input type="text"/>
#{q://QID9/ChoiceTextEntryValue/5}	<input type="text"/>

How satisfied were you with each of these services?

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
» Service 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Service 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Service 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Service 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Service 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How difficult was it to use each of these services?

	Very difficult	Difficult	Neither Difficult nor Easy	Easy	Very Easy
» Service 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Service 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12/11/2017

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	Very difficult	Difficult	Neither Difficult nor Easy	Easy	Very Easy
» Service 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Service 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Service 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What made it easy or difficult for you to use these services?

Are there any reasons why you haven't sought out any services to help you with aging in place?

Individual perceived need

What services do you think you would need to live in your house as long as you would like? (i.e. help with chores, meal preparation services, transportation, removal of stairs, addition of grab bars)

Are you aware if these services are available to you?

- Yes
- No

Do you know where you could find out if they were available?

- Yes
- No

What services do you think you would need to be an effective caregiver to the person you provide care for as they age? (i.e. help with chores, meal preparation services, caregiver support)

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Are you aware if these services are available to you?

- Yes
- No

Do you know where you could find out if they were available?

- Yes
- No

How much do you agree with the following statement?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I have the resources you need in order to take advantage of these services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If someone were to provide you with information or resources on services that were available in your community, how would you like to get them (examples include on a website, in the newspaper, radio, TV)?

Demographics

Thinking about your own health

	Poor	Fair	Good	Very good	Excellent
In general, how would you rate your overall health now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the health of the person you provide care for

12/11/2017

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Poor Fair Good Very good Excellent

In general, how would you rate the overall health of the person you provide care for ?

Thinking about your own health

0 1 2 3 4 5 6 7 8 9 10

On a scale of 1-10, How much control do you feel like you have over your health?

Thinking about the health of the person you provide care for

0 1 2 3 4 5 6 7 8 9 10

On a scale of 1-10, How much control do you feel like you have over the person you care for's health?

What is your age?

What is your gender

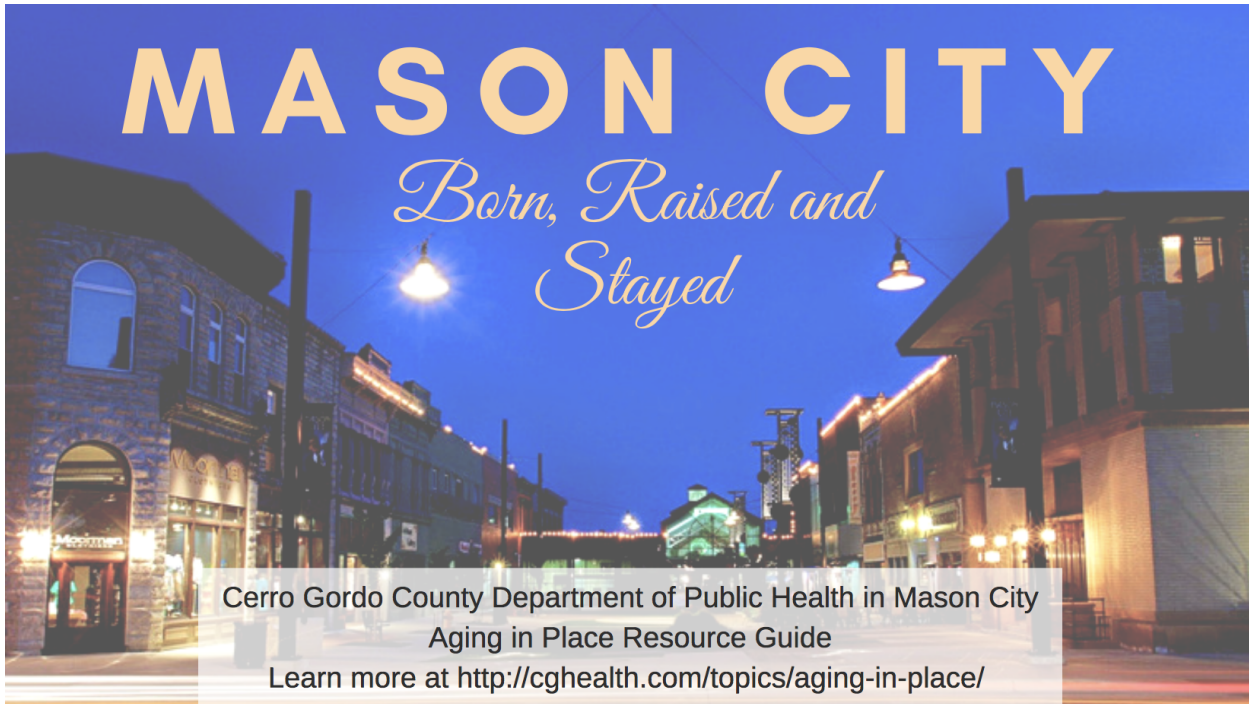
- Male
- Female
- Other

What is your Race/Ethnicity?

- African American/Black
- Caucasian/White
- Hispanic/Latino
- Asian
- Other

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Appendix 5. Original mini-media campaign materials



Home is where the
heart is...

... and where retirement
should be!



Cerro Gordo County Department of Public Health
Aging in Place Initiative
Learn more at <http://cghealth.com/topics/aging-in-place/>

Appendix 6. Revised mini-media campaign materials

Aging in Place Resource Guide

Plan now to Stay in your Home in Later Life

Let us help you or your loved ones stay in their homes as long as they like. Learn more about the services available in your community at <http://cghealth.com/topics/aging-in-place/>



Cerro Gordo County Department of Public Health
Aging in Place Initiative

Home is where the heart is...

... and where you should be too! Let us help you or your loved ones stay in their homes as long as they like.



The Cerro Gordo resource guide can help you find the services you need in your community, from daily meal support to social activities, support groups, transportation, & more! Visit <http://cghealth.com/topics/aging-in-place/> for more information on the services available!

Cerro Gordo County Department of Public Health
Aging in Place Initiative

Appendix 7: Newspaper Ads for Older Adults*Gain Frame:*

Do you want to live in your home as long as possible? Do you want to stay near your loved ones? Do you what services are available to help you live in your home? Visit <http://cghealth.com/topics/aging-in-place/> to find out about all of the services available to assist you! From nutrition, to social support, services are available in Cerro Gordo County!

Loss Frame:

Are you afraid of being forced to move out of your home? Without knowing about the services available in Cerro Gordo County, you could end up in a nursing home. Visit <http://cghealth.com/topics/aging-in-place/> to find out about the services available to keep you from moving. Available services include: daily meal support, social activities, support groups, transportation, and more!

Emotional Frame:

Do you love your home and your freedom? Do you want to stay in your home for as long as possible? Visit <http://cghealth.com/topics/aging-in-place/> to find out about the services available to keep you independent and in your own home for as long as possible. From nutritional support, to transportation, and social activities, services are available in Cerro Gordo County to assist you!

Appendix 8: Newspaper Ads for Caregivers*Gain Frame:*

Would you like help caring for your aging family members? Services are available in Cerro Gordo County to assist you! Visit <http://cghealth.com/topics/aging-in-place/> to find out about support for you and your loved ones! From social support groups for you, assistance in the home and community, adult day health, and transportation, services are available to relieve your stress!

Loss Frame:

Is caring for you aging family members causing you to lose out on your life? Assistance is available in Cerro Gordo County for you and your aging family members! Visit <http://cghealth.com/topics/aging-in-place/> to find out about the services available to keep you from losing out on your life and to keep your loved ones from losing out on their quality of life.

Emotional Frame:

You love your aging family, but do you sometimes wish you had a break? Do you need a stress reliever or some assistance? Visit [Http://cghealth.com/topics/aging-in-place/](http://cghealth.com/topics/aging-in-place/) to find out about the services to assist you and your loved ones. From adult day health, to nutrition support, to social support groups, services are available here in Cerro Gordo County to help you!

Appendix 9. Proposed survey questions for Older Adults

1) We are interested in older adults "aging in place" and the services used to do that. Aging in place can mean staying in your own home for as long as possible and not going into a nursing home.

- Why would someone want to age in place?
- What would someone need to help them age in place?

2) Think about how important it is for you to stay in your own home for as long as possible and select the best answer below [5 point Likert scale, not important at all to very important].

3) Are you aware of services that are available to help people age in place?

4) Have you utilized any services to help you with [list services mentioned]?

5) Tell me about the **[service they mentioned]** you have utilized?

- Why did you use that service?
- How satisfied were you with using **[service they mentioned]**
- Did you experience any difficulties when you were using this service?

6) What services do you think you would need to live in your house as long as you would like?

- Are these services available?

7) Age

8) Gender

Appendix 10. Proposed survey questions for Caregivers

1) We are interested in older adults "aging in place", the caregivers that assist them, and the services used to do that. Aging in place can mean staying in your own home or helping the person receiving care stay in their own home for as long as possible and not going into a nursing home.

- Why would someone want to age in place?
- What would someone need to help them age in place?
- What would someone providing care need to assist someone aging in place?

2) Are you aware of services that are available to help people age in place or to assist their caregivers ?

3) Have you utilized any services to help you with [list services mentioned]?

4) Tell me about the **[service they mentioned]** you have utilized?

- Why did you use that service?
- How satisfied were you with using **[service they mentioned]**
- Did you experience any difficulties when you were using this service?

5) What services do you think you would need to assist the person you provide care for live in place for as long as possible?

- Are these services available?

6) Age

7) Gender

Appendix 11. Resource Guide Content

Organization	Program	Contact Information	Services
Hy-Vee	Hy-Vee Aisles	Mason City Hy-Vee #1 (West) 2400 4th Street SW Mason City, IA 50401 641-424-2605 Mason City Hy-Vee #2 (East) 551 South Illinois Avenue Mason City, IA 50401 641-424-9741	Shop for groceries online, by department. Order groceries for pick-up or delivery. Prices for delivery vary by store.
Elderbridge Agency on Aging	Senior Nutrition Program Fresh Conversations	Mason City Office 22 N. Georgia, Ste 216 Mason City, IA 50401 641-424-0678 Nutrition Coordinator 800-243-0678 ext. 7060 http://elderbridge.org/our-services/nutrition/	Provides healthy, well-balanced congregate and home-delivered meals to diners. Fresh conversations, a part of the Senior Nutrition Program, offers monthly opportunities for older adults to gather for food, fun, and friendly conversation to help maintain independence. Congregate meal sites are located in Clear Lake and Mason City-Pilgrim Place.
Community Kitchen	Community Meal program	Community Kitchen 606 North Monroe Avenue Mason City, IA 50401 641-424-2316 http://www.communitykitchennia.com/	Noon meals are provided, daily, Monday through Saturday. Evening meals are served Monday through Thursday. No testing for services and serve people regardless of ability to pay.
Community Kitchen	Meals on Wheels	Community Kitchen 606 North Monroe Avenue Mason City, IA 50401 641-424-2316 http://www.communitykitchennia.com/meals-on-wheels	Anyone unable to shop or cook can have lunch and dinner delivered every day of the week including weekends and holidays. Meals are delivered Monday through Friday, with frozen weekend meals delivered Fridays. No waiting list for services.
Good Shepherd	Senior Smorgasbord	John Linden Chapel at Good Shepherd, Inc. 302 2 nd St. NE Mason City, IA 50401 641-424-1740 http://goodshepherdhealthcenter.org/community-outreach	Each Sunday, after worship services are complete, Good Shepherd sponsors a hot, homemade, nutritious meal including a variety of meat, vegetables, salads, fruits, relishes, breads, and desserts. \$5.00 for seniors 62 and older; \$6.00 for invited guests and visitors. Food serving begins at 11:45am and continues until 12:30pm
Senior Citizens Center, Clear Lake	Senior Center Meals Meals-on-Wheels	Senior Citizens Center 105 South 4 th St. Clear Lake, IA 50428 641-357-5443	Congregate meals are served Monday through Friday at 11:30am. Cost is \$3.50 for 60 years and older; \$6.50 for those under 60 years. RSVP required by 9:00am day of. Meals-on-Wheels is also provided through the Senior Citizens Center.

Ventura Community Center	Congregate Meals	Ventura Community Center 4 North Weimer Street Ventura, IA 50482 641-829-3517	Congregate meals are served Monday through Friday at 11:30 a.m. Call to RSVP.
Hawkeye Harvest Food Bank	Food Bank	Hawkeye Harvest Food Bank 122 S. Adams Ave. Mason City, IA 50401 641-424-3073 hhfb50401@gmail.com	Provides emergency food for those in need who are referred to them. Food is provided to last for four days. Open Monday through Friday from 1:00-4:00pm.
Clear Lake/Ventura Food Pantry	Food Bank	United Methodist Church 508 2 nd Ave N Clear Lake, IA 50428 641-357-3663	Those in need are permitted to make one visit per month. Hours of operation are Wednesday from 5:00-7:00pm, Saturday from 9:00-11:00am, first and third Friday of the month from 1:00-3:00pm.

American Parkinson Disease Association Iowa Chapter	Mason City/Clear Lake Support Group	Kentucky Ridge Assisted Living Chapel 2060 South Kentucky Ave Mason City, Iowa 50401 Leader: Martha Boyes marthaboyes@gmail.com 641-357-3609 (home) 641-231-0007 (cell)	Support group for people with Parkinson's and their caregivers facilitated by a peer or health professional. Format may vary, but most support groups have monthly speakers who speak about nutrition, exercise, physical therapy, and voice therapy. Contact the group leader for more information.
Alzheimer's Association – Greater Iowa Chapter	Caregiver Support Group	Country Meadow Place, Ivy Great Groom 17396 Kingbird Ave Mason City, IA 50401 24/7 Helpline: 800-272-3900 https://www.alz.org/greateriowa/	Creates a safe, confidential, supportive environment and community to give participants a change to develop informal support and social relationships. Educated and informs participants about Alzheimer's and dementia, helping participants develop methods and skills to solve problems. 24/7 helpline is available to caregivers. Recurring in person meetings on select Thursdays from 4:00pm to 5:00pm. Check website for more information.
Brain Injury Alliance Iowa	Caregiver and Survivor Support Group	Mason City Public Library 225 2 nd St. SE Mason City, IA 50401 Pat Teeter 641-425-9818 dpnteeter@q.com https://www.facebook.com/groups/BIASurvivorAndFamily/	Monthly support group for survivors and caregivers. Held at 6:30 pm on the second Monday of every month. Facebook group is also available for survivors and caregivers/loved ones at the included link.
Elderbridge Agency on Aging	Mason City Caregiver Support Group	Trinity Lutheran Church 213 North Pennsylvania Avenue Mason City, IA 50401 641-424-0678	Meets the fourth Tuesday of each month from 9:30am to 10:30am.

Elderbridge Agency on Aging	Family Caregiver Program	Mason City Office 22 N. Georgia, Ste 216 Mason City, IA 50401 641-424-0678 Family Caregiver Specialists 800-243-0678 http://elderbridge.org/our-services/family-caregiver/	Family Caregiver Specialists are trained to provide support services such as information and assistance, counseling, caregiving education/training, and access to respite, home modifications, or assistive devices. Call the Family Caregiver Specialists for information and assistance.
Salvation Army and Mercy Medical Center—North Iowa	Adult Day Health Center	Salvation Army Adult Day Health Center 747 Village Green Drive Mason City, IA 50401 641-424-0800	Provides a warm, caring community-based program for adults who are limited in their ability to function independently and need a safe place outside the home during the day. This program offers an opportunity for socialization, meaningful activities, assistance with walking, feeding, toileting, nutritional meals and snacks, exercises, and health monitoring. Open Monday through Friday with full-time, part-time, or half days available. Payment options: Sliding scale feeds, Medicaid Waivers, long-term care insurances, and Veteran's benefits. Free trial day available.
ACBM Corporation	Care Liaisons	Amy Clabaugh—Lead Care Liaison 641-425-0087 aclabaugh@abcmcorp.com Jessica Jensen, BSW—North Iowa 641-425-0345 jjensen@abcmcorp.com Erica Davis, LPN—North Iowa 641-512-5061 edavis@abcmcorp.com Shelly Kingland, BSN, RN—North Iowa 641-812-0743 skingland@abcmcorp.com	Care Liaisons act as the "go to" point of contact for communication regarding inquiries and referrals. Provide expertise via telephone regarding financial resources and regulations, program specialties and availability, and serve as a neutral resource to ensure open communication.

Appendix 12: Proposed Timeline

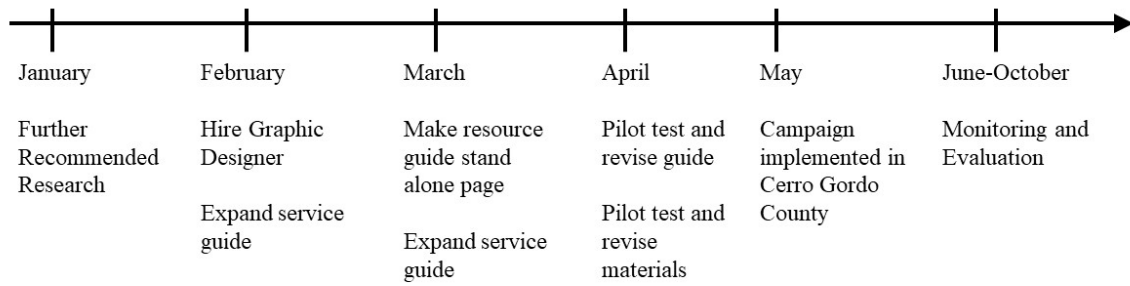


Figure 1. Timeline of the proposed resource guide project

Appendix 13: Budget

Table 1. Proposed budget

Category	Item	Cost
Development	Graphic Designer (40 hrs*\$20/hr)	\$800
Printing	Mini-media	\$100
	Physical resource guide	\$200
Promotion	Globe Gazette Ad (2*\$186)	\$372
Total		\$1472

Budget Justification

We budgeted \$800 for the graphic designer, which comes out to 40 hours of work for \$20 an hour. Three hundred and seventy-two dollars should be used to run one caregiver and one older adult ad in the Globe Gazette. Based on message development, we recommend the “services center, best” ad for \$186 each. With this package, the ad will run in print and online for 14 days, can feature a logo, 12 lines in print, and unlimited text online. We recommend utilizing \$200 for physical resource guide printing and \$100 for mini-media printing.

Appendix 14: Survey Distribution

Table 2. Distribution of older adult and caregiver surveys.

Location	Distribution Type
Salvation Army Day Health Center	Email and in person interviews
Elderbridge Agency on Aging	Email
CGPH	Email
Aging Services Coalition of North Iowa	Email
St. James Lutheran Church	Email
Mason City Christian Church	Email
First Covenant Church	Email
Rhythm Church	Email
Hy-Vee West	In person interviews

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