Enhancing Life, Empowering Aging: Developing Holistic Resources for Older Adults and Care Teams

Enhancing Life, Empowering Aging: Developing Holistic Resources for Older Adults and Care Teams

by

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"Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, not looking to your own interests but each of you to the interests of the others." – Philippians 2:3–4

Abstract

Background:

As of 2024, adults aged 65 and older make up approximately 17% of the U.S. population—around 58 million individuals (Population Reference Bureau, 2024). Despite the growing body of evidence, many older adults hold misconceptions about the "normal" aging process and remain unaware of strategies to optimize their health (Diehl et al., 2020). According to Petrusevski et al. (2022), improving health literacy has the potential to positively impact health outcomes in older adults.

Objective:

This project aimed to develop holistic, evidence-based educational resources that empower older adults with greater autonomy and, in turn, improved quality of life (QoL). By also targeting information relevant to caregivers and healthcare professionals, the resources support more informed, collaborative care and better overall health outcomes for older adults (OAs).

ACOTE Area:

This capstone project is relevant for the ACOTE areas of: *Program Development and Evaluation, and Advocacy.*

Methods:

Resource development was guided by a synthesis of current evidence on aging and expert opinion of therapists working with older adults. The format of the resources was informed by a synthesis of literature findings on older adult learning strategies and accessible design principles. The resulting multi-modal educational tools available in video, print, and digital formats addressed four QoL-related topics: self-advocacy, sleep, socialization, and movement.

Results:

The materials developed for each topic included interactive elements to encourage older adult engagement, such as checklists, planners, self-reflection questions, and interest inventory. The resources provided evidence-based educational content tailored for older adults, and supplemental information for care teams and healthcare professionals. The topics were arranged digitally in Canva with printer-friendly design for handouts and presented with audio on YouTube. A presentation of the information by the capstone student was given with printed handouts to receive informal feedback from community-dwelling older adults. Responses were positive, with users describing the materials as clear, accessible, and informative. Feedback regarding novelty of information varied, as some informants appeared more familiar with the targeted topics compared to others.

Conclusions and Relevance:

By enhancing health literacy in these areas, the resources empower individuals to take an active role in their care, advocate for services, and navigate aging with greater autonomy. Ultimately, this project demonstrates that education promotes aging well and underscores occupational therapy's essential role in supporting autonomy, resilience, and dignity in later life.

Table of Contents

Introduction:

As of 2024, adults aged 65 and older comprise approximately 17% of the U.S. population—about 58 million individuals—a figure expected to rise to 82 million by 2050 (Population Reference Bureau, 2024). This significant demographic shift underscores the growing need to support older adults in maintaining autonomy, well-being, and quality of life (QoL) as they age. Aging itself is not a disease, but it can bring about physical, psychological, and social challenges that interfere with daily functioning (Sánchez-García et al., 2019). Despite these potential barriers, many older adults lack access to accurate information about aging and may underestimate the value of proactive strategies to promote health and independence (Diehl et al., 2020). This capstone project addresses this gap by developing holistic, evidence-based educational resources aimed at empowering older adults to age in place with greater autonomy. Additionally, it provides caregivers and healthcare professionals with practical considerations and education through an occupational therapy lens to strengthen collaboration and optimize care. By promoting health literacy and advocating for occupational therapy's role in aging, the project ultimately seeks to improve health outcomes and overall quality of life for older adults.

Chapter 1: Literature Review

Introduction:

By 2030, one in five Americans will be over the age of 65 (Population Reference Bureau, 2024). As the population ages, there is increasing focus in healthcare and policy on not only extending lifespan, but also improving quality of life in later years. Quality of life (QoL) in older adulthood is not merely about managing illness—it involves supporting daily engagement in valued activities, relationships, and roles. Older adults (OAs), typically defined in scholarly literature as individuals aged 65 years and older, often face a variety of changes and new challenges with aging, such as social loss or isolation, declining vision, strength, working memory, and an increased need for assistance (Mahncke et al., 2006). Despite available evidence, many older adults hold misconceptions about what constitutes the "normal aging" process and remain unaware of ways to better optimize their health, (Diehl et al., 2020). Thus, the course of aging can be altered by controllable means, if older adults enhance their awareness of how to improve their QoL.

Defining Quality of Life:

In recent years, there has been a shift toward a more holistic understanding of older adults' experiences and their quality of life. Previously, the focus was primarily on objective health factors, often referred to as health-related QoL (HR-QoL). Karimi and Brazier (2016) note the lack of consensus around the definition and use of HR-QoL, explaining that it has often been limited to "only those factors that are part of an individual's health". As such, HR-QoL limits the depth of older adults' experience by focusing solely on the standard physical and mental health

domains measured in such instruments as the Short-Form Health Survey (SF-36). This narrow view of QoL overlooks other important QoL factors (Ware & Sherbourne, 1992).

The World Health Organization (WHO) defines quality of life as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (n.d). This definition is intentionally broad and multidimensional, capturing not only the individual's internal evaluation of their life circumstances but also the cultural and contextual influences that shape that perception. By emphasizing personal goals, values, and social norms, the WHO underscores the inherently subjective and individualized nature of quality of life. In contrast to more narrowly focused definitions, such as those found in HR-QoL frameworks—which are often limited to physical and mental health status—the WHO's perspective highlights the complexity of human experience and the importance of considering environmental and cultural factors in any comprehensive assessment of well-being.

Quality of life (QoL) is a central focus of holistic health approaches and occupational therapy, as reflected in the core values of the profession. The term "successful aging" has become common in discussions of QoL and older adults; however, this term primarily emphasizes physical health, whereas QoL encompasses a more holistic view of life that includes social connectedness, autonomy, emotional state, and personhood (Netuveli & Blane, 2008; Siette et al., 2021). Additionally, the concept of "life satisfaction"—an individual's subjective assessment of their overall life—is also discussed in relation to QoL. However, it is important to distinguish life satisfaction from HR-QoL, as studies have shown that life satisfaction can remain stable even when objective health measures decline (Staudinger, 2000).

Measuring Quality of Life:

For older adults, measuring QoL becomes more complex due to potential changes in roles, social networks, environments, routines, and cognitive, physical, and mental health. This raises the question: how should QoL be measured for older adults? Is it appropriate to use the same methods as those used for the general population?

Lawton et al. (1999) proposed a model of QoL measurement that demonstrated an interconnectedness between the objective (amount) and subjective (quality) dimensions of behavior. While occupational therapists make note of these factors, there is no universally accepted holistic measure of QoL. Moreover, due to the demands of various assessments and changes to physical, cognitive, and visual function with aging, older adults may not be in a position to self-report their QoL. Since QoL assessments may be completed both as self-reports and by proxy (e.g., family members, caregivers, or support staff), this can lead to questions about the authenticity of the older adult's reported lived experience when a proxy is used for reporting. Proxy measures often introduce bias and tend to rate QoL lower than self-reports (Hutchinson et al., 2022).

A literature review primarily conducted through the PubMed database revealed several commonly used QoL assessments, some designed for the general population and others specifically for older adults. Siette et al. (2021) conducted a systematic review of 29 QoL assessments for adults and older adults, providing a helpful comparison of instruments and their measured domains. Some of the most widely used assessments for older adults across the literature were the SF-36, EQ-5D, WHOQOL-BREF, and WHOQOL-OLD (Siette et al., 2021). These instruments typically measured domains such as physical health, emotional state, mental health, social connection, personhood, autonomy, and overall QoL (Siette et al., 2021).

Furthermore, Siette et al. (2021) noted that the assessments addressed not only physical and mental health but also external circumstances, available resources, existential beliefs, and personal concerns. Emotional state emerged as the most frequently examined theme, followed by social connection and physical health (Siette et al., 2021).

While these findings help in understanding how QoL is measured, they do not necessarily reflect older adults' own perspectives on what matters most to their quality of life. Fortunately, van Leeuwen et al. (2019) conducted a thematic synthesis of qualitative studies to explore older adults' perceptions of QoL. Their findings categorized QoL into nine domains: autonomy, role and activity, health perception, relationships, attitude and adaptation, emotional comfort, spirituality, home and neighborhood, and financial security (van Leeuwen et al., 2019). This reflects a recurring theme in the literature: QoL in older adulthood is a dynamic, multifaceted concept encompassing many domains that are often overlooked in typical healthcare practices.

Heide (2022) defines QoL as "the ability to preserve one's lifelong identity as they mature into old age." Heide explains that while identity may be threatened by ageism, loss of independence, and emerging disabilities, these factors do not necessarily lead to decreased quality of life (2022). However, as previously noted, physical health alone does not determine quality of life. Older adults can maintain a high level of QoL when they find satisfaction in other domains such as social relationships and emotional well-being (Gobbens & Remmen, 2019). In fact, Netuveli & Blane (2008) note that the "majority of the elderly people evaluate their quality of life positively on the basis of social contacts, dependency, health, material circumstances and social comparisons." They also suggest that adaptation and resilience have a role in maintaining good quality of life. Given this understanding, is older adult care sufficiently addressing these diverse domains as part of standard practice? Although the medical model—with its disease-

oriented lens—has traditionally guided clinical care, growing awareness of the multiple factors influencing older adults' QoL calls for a more holistic approach that supports what older adults themselves consider impactful to their lives (Applegate & Ip, 2016).

Health Literacy for Older Adults:

To instill change in behaviors, it is not only necessary to educate OAs about quality of life factors, but also provide this education in a way to reach these individuals considering their developmental stage of life. To the end, this project also addresses a key gap identified in the current literature: the need for improved health literacy and empowerment in the older adult population. Physical literacy, as it pertains to older adults, requires monitoring one's ability for movement, having knowledge of age-related changes, and being able to remediate changes in function within purposeful activities (Petrusevski et al., 2022). According to Petrusevski et al. (2022), these abilities are foundational in healthy aging and have the potential to positively impact health outcomes for older adults. By creating a resource that includes plain-language explanations, self-reflection tools, and practical strategies, this project promotes the literacy that supports behavioral change and self-efficacy. By making the health-promoting resource accessible to the public, uptake is encouraged, and underserved populations may experience more equitable aging experiences (Ashikali et al., 2023).

Understanding the need for improved health literacy led this student to explore the literature for evidence-based guidance on older-adult learning, with consideration of common cognitive, sensory, and psychosocial factors associated with aging. Older adults may process information more slowly and have experience challenges with working memory and attentional capacity (Sharit & Czaja, 2020). Therefore, limiting information and incorporating plain-language, larger fonts, high contrast color schemes, meaningful examples, interactive

reinforcements, and multimodal content delivery can better accommodate the learning needs of more older adults (National Institute on Aging, 2008). These findings directly informed the development of the printable and video-based educational materials for this project, ensuring the content is as inclusive and accessible as possible to support health promotion among older adults.

Occupational Therapy's Role in Aging:

Occupational therapy's client-centered, holistic, and empowering approach aligns well with the needs of the older adult population and consistently incorporates the aforementioned domains into practice. De Coninck et al. (2024) define occupational therapy (OT) as "the therapeutic use of everyday life occupations with persons, groups, or populations for the purpose of enhancing or enabling participation." As such, occupational therapists are healthcare professionals who empower individuals in meaningful daily activities within their environments, focusing on what matters most to the client. In accordance with the Occupational Therapy Practice Framework (OTPF-4; AOTA, 2020), OTs address physical, cognitive, emotional, and environmental contexts, enabling participation across roles, routines, and environments. Occupational therapists utilize evidence-based practice, shared decision-making in goal-setting, interprofessional collaboration, health promotion, and caregiver education to optimize an individual's care (De Coninck et al., 2024). Evidence indicates that by addressing health promotion, health management, and health maintenance, OAs' occupational performance and QoL improve (Berger et al., 2018). Additionally, a systematic review found that occupation-based interventions significantly improve occupational performance for older adults (Nielsen et al., 2017). Soosová (2016) highlights that maintaining and improving activities of daily living (ADLs) positively impacts most quality of life domains in older adults. Thus, it is imperative to

not only promote health and empower older adults, but also to raise awareness of the profession of occupational therapy so that more individuals may benefit from life-enhancing OT services.

Occupational Therapy and the Care Team:

As previously mentioned, one of the crucial practices for occupational therapists is the consistent caregiver education and interprofessional collaboration. Rooted in OT's holistic nature, this capstone project emphasizes the importance of supporting the broader care network of older adults, including both caregivers and healthcare professionals.

Fields et al. (2021) explain that many caregivers feel ill-equipped to navigate the healthcare system on behalf of the older adult as they must simultaneously manage their own needs.. Research shows that underprepared caregivers may inadvertently contribute to poorer outcomes, including quality of life, for care recipients due to stress, burnout, or mismanagement of care tasks (Fields et al., 2021). To address this, caregivers are included as a target audience in this project, with the goal of enhancing their knowledge, confidence, and caregiving capacity—ultimately promoting better outcomes for both caregiver and care recipient. By providing accessible educational tools, occupational therapists can empower caregivers to feel more competent and less overwhelmed in their roles.

While the resources developed through this project can be utilized by occupational and physical therapists, they are also intended for a broader audience of healthcare professionals, many of whom may be unaware of the full scope and value of occupational therapy (De Coninck et al., 2024). Occupational therapy remains underrepresented in collaborative care models despite its valuable contributions to behavioral screening, environmental modification, and engagement in meaningful activity (Ashikali et al., 2023). Creating a resource that is also accessible to other healthcare professionals helps to increase awareness of occupational therapy,

increase appropriate referrals, and foster more collaborative, person-centered care for older adults.

The aim of this study is to examine the factors influencing QoL in older adults through a comprehensive review of the literature and to develop interactive educational resources for OAs and their interdisciplinary care teams. This capstone project applies evidence-based principles of adult learning and accessible media design to create a multi-modal resource intended for dissemination to older adults across the United States.

Chapter 2 – Needs Assessment

Preliminary review of current literature provided insight for the need for accessible, concise, and understandable materials that enhance OA's health literacy and, in turn, their QoL (Petrusevski et al., 2022). To further explore this gap, a needs assessment was conducted to further define the needs related to developing holistic educational resources aimed at enhancing QoL in OAs. A needs assessment was conducted by recruiting therapists with geriatric experience to gather expert insight into perceived gaps and needs among older adults, which informed the development of the resource. The needs assessment was approved and deemed not human subject research by the Georgia State University Institutional Review Board (IRB).

Methods:

An occupational therapist and a physical therapist living in the Central Savannah River Area (CSRA), each with over 10 years of experience in rehabilitative services for older adults, were interviewed using a one-on-one semi-structured interview design. These therapists were recruited through email outreach, which contained study objectives, interview topics, and informed consent documentation. Additionally, word-of-mouth advertising was encouraged by asking participants to refer other eligible colleagues. Interested participants were instructed to contact the student principal investigator via email to schedule an interview time.

Eligibility criteria required participants to be a licensed physical or occupational therapist with at least one year of experience working with older adults. After obtaining consent to conduct and audio-record the interviews, sessions were held via phone call or online videoconference and consisted of 14 open-ended questions. Audio recordings were transcribed, and qualitative content analysis was used to code the responses and determine common themes.

Results:

The qualitative analysis revealed three main themes.

Theme 1: Lack of Accessible and Client-Appropriate Educational Resources

While younger generations may be adept at navigating the internet, evaluating sources, and discerning credible information, older adults may not always be equipped with the same digital literacy abilities. Although educational resources exist, they are often inaccessible to their intended audience due to digital-only formats, lack of consideration of client factors affecting this population (e.g., visual, cognitive, and functional changes), or absence of evidence-based content. Additionally, while some healthcare facilities provide printed materials, older adults may be unaware of their availability, or the resources may be overly complex, poorly designed, or difficult to understand. These barriers limit the effectiveness of educational materials intended to support and educate older adults in maintaining their health and independence.

Theme 2: Limited Self-Advocacy Skills and Awareness of Available Services

Many older adults adhere to the belief that healthcare providers are the sole experts in their care, leading OAs to hesitate in voicing concerns or asking questions related to their health. Consequently, many OAs' health needs are unmet and unaddressed until conditions become severe, life-altering, or difficult to treat. Furthermore, many OAs are unaware of what services are available to them. This includes a lack of awareness about professional patient advocates who can empower adults to actively participate in their individual health care by asking relevant questions or requesting necessary treatments and referrals. As the aging process continues, changes in mobility, endurance, vision, and cognition can have significant implications on safety

and functional autonomy, warranting an OT referral and intervention. However, there is a widespread lack of awareness of the role of OT and the positive outcomes with OT in supporting OA's functional independence and aging in place. Increasing awareness of the broader spectrum of services available, especially occupational therapy, is essential for the OA and their care team.

Theme 3: A Need for Improved Education Among Ancillary Providers and the Care Team

Older adults often interact with a diverse care team that includes healthcare professionals, ancillary providers, and family members. The care team may consist of primary care physicians, specialists, geriatricians, nurses, pharmacists, mental health professionals, case managers, home health aides/caregivers, occupational therapists, physical therapists, hospice teams, the older adult's neighborhood, and potentially their faith community. While each member in the care team has their distinct roles, specialties, and education, there is a perceived need to improve general knowledge of the team to enhance the quality of care and better support older adults. The members of the care team who spend the most direct time with the OA, such as nurses, therapists, caregivers, and the hospice team, would benefit from a stronger understanding of factors that contribute to QoL, practical ways to enhance quality of life, and awareness of the range of services available to the OA as they age. By equipping caregivers and providers with this knowledge, older adults may receive more coordinated, proactive, and comprehensive care.

Discussion:

The findings from the literature review and interviews guided the development of this capstone project. This needs assessment identified a critical gap in accessible, engaging, and appropriately designed educational resources for older adults. While existing resources are available for OAs, they are often limited by their singular mode of delivery, lack of accessibility,

or failure to incorporate evidence-based information. Additionally, the findings highlight a clear gap in self-advocacy skills and support for older adults in navigating their healthcare. Many adults do not feel empowered to voice their health concerns or seek appropriate services, leading to delayed or completely unmet health needs. Lastly, the findings from this needs assessment indicate a pressing need for enhanced education amongst ancillary providers and care teams to ensure that OAs receive more coordinated and comprehensive support in their aging journey. Ultimately, addressing these three themes can holistically enhance the quality of life amongst older adults.

Chapter 3: Theories and Models

The theories and models that serve as the basis of this capstone experience are the Canadian Model of Occupational Performance and Engagement (CMOP-E) and the Activity Theory of Aging. This model and theory together help guide the thinking when asking, **"What are the factors that contribute to QoL in older adults aging in place that should be considered when developing resources for the older adult and their care team?"**

Canadian Model of Occupational Performance and Engagement (CMOP-E) considers the individual's functionality as well as their engagement in occupations (Law et al., 1990). CMOP-E considers the person, with their spiritual, emotional, and physical aspects, their occupations, and their environment, to include the social, physical, and cultural influences (Law et al., 1990). In this capstone experience, CMOP-E guides the considerations of meaningful engagement of the individual and the environment which affects the individual. This capstone project is also guided by the Activity Theory of Aging, which describes the relationship between staying active and life satisfaction for older adults (Mauk et al., 2006). This theory suggests that the quality of activity is more important than the quantity of activity to older adults. In this capstone experience, the quality and the meaningfulness of activity are foci for improving the quality of life in the older adult population.

Chapter 4: Methods

Project Design and Development

This doctoral capstone project aimed to educate older adults and their care teams while promoting the value of occupational therapy through the creation of relevant, accessible, and evidence-based resources. To support this goal, an initial literature review on older adult learning and health literacy informed the design principles of the resources. Subsequently, for each of the four selected topics, a focused literature review was conducted, a corresponding resource was developed, and iterative feedback from expert mentors guided refinement.

Topic selection for the resources was informed by both existing evidence and expert mentor recommendations. Research demonstrated the significant impact of some domains on QoL, such as physical activity and socialization. Additionally, mentor feedback helped highlight commonly overlooked and understudied aspects in the geriatric population. The student received ongoing guidance from the capstone mentor, which influenced the direction and refinement of the project. For example, while literature irrefutably supports the connection between physical activity and QoL, mentor feedback provided the critical insight into common predispositions older adults have toward the term “exercise”. This consideration was incorporated into the design of the ‘Movement’ section of the resources, promoting increased physical activity through alternative, approachable means rather than solely encouraging traditional exercise.

Additionally, the resources in this capstone project incorporated principles from the literature on older adult learning and appropriate design strategies to enhance engagement with the target audience. To maximize accessibility and effectiveness, the resources were designed to be multi-modal, offering digital access via audiovisual aids (videos) while also providing a printer-friendly paper version. This approach ensures that older adults with varying preferences, learning

styles, and sensory abilities can engage with the material in a format that is best suited to their personal needs.

The literature review began with a search on the PubMed database using the following search terms (but not limited to*): ("Aged"[MeSH] OR "Aging"[MeSH] OR "older adults" OR "elderly") AND ("Learning"[MeSH] OR "Health Literacy"[MeSH] OR "Education"[MeSH]).* While scholarly literature was predominantly used in the development of the resources, additional lay resources from reputable organizations, such as the National Institute of Aging and World Health Organized were utilized. The following literature was reviewed and informed the development of the resources:

Sharit & Czaja (2020) highlight the importance of structuring educational content in a way that minimizes cognitive load for older learners. Their work emphasizes sequencing information effectively—introducing prerequisite knowledge and foundational skills first before progressing to unfamiliar content. This principle was applied in the resource development process to ensure that older adults could build upon familiar concepts and retain new information more effectively.

The decision to implement a multi-modal design was influenced by both known client factors affecting vision and research comparing paper-based and screen-based for memory retention in older adults. While video formats enhance digital accessibility and support individuals with visual impairments, older adults may be less likely to use computers as their primary means of accessing information on the Internet (Sims et al., 2005). Additionally, Hou et al. (2017) describe how spatial text placement on a physical page aids cognitive mapping, which can enhance memory retention. Since many older adults already prefer traditional paper-based media, incorporating a printed format allows for greater engagement by leveraging visuospatial memory processes.

Rather than creating a purely informative resource, the project aimed to integrate elements of both functional and interactive health literacy. Functional health literacy focuses on conveying essential health information, while interactive health literacy, as defined by Manafao & Wong (2012), emphasizes building skills in a community setting that enables individuals to engage with and navigate health-related information more effectively. They define interactive health literacy as empowering individuals to not only gain control over existing health concerns, but also develop skills for preventive health. By incorporating interactive components into the resources, the goal was to encourage active participation, reinforce learning, and support older adults in making informed decisions about their health and well-being.

Outcome Measures / Analysis

Informal feedback from older adults and stakeholders at a presentation of the resources in the southeast region of the US was entirely positive regarding both the content and design of the resources. Participants expressed appreciation for the clarity, accessibility, and relevance of the information (personal communication, April 3, 2025). Responses varied, with some individuals indicating familiarity with the material, while others reported learning new concepts. Common themes from the feedback included descriptions of the resources as clear, well-explained, and easy to understand. Notably, there was a particular appreciation for the inclusion of advocacy-related information and unfamiliarity with hand grip strength association to fall-risk and all-cause mortality (Bohannon, 2019).

Site Description

While most of this capstone experience was completed off-site to develop the educational materials, it was supported by ongoing feedback from Jennifer Huff, MHS, OTR/L, an expert in

geriatric occupational therapy, and owner of Your Aging Therapist, a Mobile Rehabilitative Care company. Jennifer and her carefully selected team of therapists serve older adults across the CSRA, providing therapy wherever it is needed—whether in skilled nursing facilities, assisted living facilities, or personal homes.

Your Aging Therapist is dedicated to empowering adults 55+ to live their best lives by maximizing safety and independence in their homes. The company offers a range of services, including fall prevention, family education and training, preventive care, aging-in-place strategies, and home safety assessments with personalized home program development.

Jennifer brings extensive expertise to her practice as a Certified Aging in Place Specialist, a certified CAR-FIT technician, a Certified Geriatric Care Professional, and Parkinson's LSVT-BIG certified, with multiple certifications in Dementia care. Your Aging Therapist actively engages with the community by hosting CAR-FIT events throughout the year and monthly exercise classes at a local senior center.

This doctoral capstone experience aligns seamlessly with the mission and goals of Your Aging Therapist, aiming to develop resources that enhance the quality of life and health literacy of older adults and better support their involved care team. By identifying and addressing perceived gaps in care through insights from experienced therapists, this doctoral capstone project supports the organization's objective of enabling clients to remain safe and independent in their homes. Furthermore, developing a holistic educational resource complements Your Aging Therapist's services, providing clients with additional education to manage their health and well-being effectively.

Chapter 5: Results

The synthesis of information gathered through a comprehensive literature review, expert interviews, and ongoing guidance from the capstone mentor informed the development of several educational deliverables designed for older adults and their care teams. These materials were created to be accessible, engaging, and evidence-based, supporting the overarching goal of promoting health, autonomy, and quality of life among older adults.

A total of four resources were developed, each centered on a key topic identified as impactful to older adult well-being: **Self-Advocacy, Socialization, Sleep, and Movement**. Each resource includes:

- A concise overview of the topic,
- Discussion of its relevance to health and aging,
- Practical strategies for application,
- Suggestions for occupational therapist involvement, including when to seek support from an OT, and
- Interactive elements such as worksheets or reflection questions to support engagement and real-world application.

To enhance accessibility, the resources were produced in multiple formats:

- **Printable infographics** for use in one-on-one and group settings,
- A **digital Canva presentation** with a clickable table of contents, and
- **Video presentations** to support auditory learners and individuals with visual limitations.

Design considerations prioritized older adult learning needs, including the use of high-contrast color schemes, large bold fonts, plain language, and clear layout structure to promote readability and ease of use.

The resources were shared during a presentation to staff and residents at a facility in the southeastern United States. Feedback was informally gathered, and the reception was entirely positive, with attendees noting the resources were easy to read, informative, and easy to understand. Some participants reported learning new information, including the role of occupational therapy, while others appreciated the validation of existing knowledge, particularly on underdiscussed topics like advocacy.

To support long-term accessibility and wider dissemination, each topic's video was uploaded to YouTube and linked via QR codes embedded in the Canva presentation. This allows the capstone site and external stakeholders to easily share and utilize the materials across various platforms and community settings. All resources, including the full Canva presentation and QR codes, are included in **Appendix 4**. This allows for individual therapists to utilize the resources one-on-one with clients, or use widely for group or public health promotion.

Chapter 6: Discussion

The primary aim of this capstone project was to increase knowledge among older adults and their care teams while also raising awareness of the role of occupational therapy in geriatric care. The selected topics were chosen based on their demonstrated impact on older adults' quality of life and their alignment with occupational therapy's scope of practice. Evidence-based information was synthesized and translated into accessible, engaging resources designed to empower older adults and support care teams in promoting healthy aging. Each resource includes a concise overview of the topic, its relevance to health and aging, practical strategies for implementation, and interactive components to enhance learning and application.

At the local level, the capstone site and therapeutic team now have access to these materials and may distribute them at their discretion. On a broader scale of impact, the video presentations of each topic are available on YouTube, increasing the potential reach and promoting community education beyond the original setting.

Limitations:

This capstone project presents several limitations that should be acknowledged. First, the needs assessment involved a small sample of only two therapists, (one occupational and one physical), from the same city in the southeastern United States. This limited sample size and regional scope restrict the generalizability of the identified needs. Additionally, the absence of direct input from older adults during the needs assessment may have limited the scope of perspectives considered in shaping the project. Including older adults' voices could have revealed different or additional priorities.

Additionally, time constraints played a significant role. Given the 14-week duration of the capstone experience, only a limited number of topics could be thoroughly researched and addressed. A longer timeline would have allowed for the inclusion of a broader range of subjects relevant to older adults and their care team.

Within the literature, there was a notable lack of scholarly articles on the topic of older adult self-advocacy. This limited the depth of evidence-based information and recommendations that were utilized in the resource on self-advocacy.

Another limitation lies in the lack of formal, objective evaluation of the resources' effectiveness. While informal feedback from older adults and staff at a community facility was overwhelmingly positive, this input was not systematically or anonymously recorded. As such, it is difficult to assess the true impact of the materials or determine how the information was applied in older adults' daily lives. Future iterations of this project would benefit from the collection of objective feedback and outcome data to evaluate the resources' utility, uptake, and influence on behavior change among both older adults and care partners.

Future Directions:

Future directions should include incorporating direct input from older adults to inform refinements and identify additional meaningful topics that could expand the resource collection. Future students or occupational therapists could build upon this foundation by expanding the resource library, piloting the materials in different settings, and developing outcome measures to assess impact formally. This ongoing development could support long-term sustainability and further embed occupational therapy's role in promoting healthy aging across diverse communities.

Chapter 7: Implications for Occupational Therapy Practice

This capstone project reinforces the essential role of occupational therapy in promoting health, autonomy, and overall quality of life of older adults. Occupational therapists are uniquely trained to approach aging through a holistic, client-centered lens—considering not only an individual's physical and cognitive abilities, but also their environment, social supports, personal values, cultural context, and daily routines. This comprehensive perspective positions occupational therapy as a vital service in addressing the multifaceted and evolving needs of the aging population.

Occupational therapists may use these resources across a variety of clinical and community-based settings. They can be incorporated into individual sessions, shared with caregivers and families, or integrated into wellness groups at senior centers, long-term care facilities, or outpatient clinics. These materials provide practical, evidence-based strategies on topics that significantly impact older adult well-being and quality of life, aligning with occupational therapy's scope of practice. By pairing relevant content with accessible design and engaging formats, the deliverables support both direct client care and broader educational outreach. Additionally, the inclusion of reflection prompts and hands-on activities encourages active participation and helps individuals connect the material to their daily lives—supporting health literacy and empowering behavior change.

Beyond their educational utility, these tools can also serve as advocacy instruments—helping to increase awareness of the occupational therapy role among older adults and their support networks. As the profession continues to expand its presence within primary care and

preventive health models, resources like these reinforce occupational therapy's contributions to wellness, aging-in-place, and client empowerment.

By addressing common occupational concerns through engaging and adaptable formats, this project supports the expansion of occupational therapy's reach and relevance in geriatric care. The flexible, multi-modal design allows for continued use, adaptation, and expansion in practice—supporting not only individual outcomes, but also broader community initiatives that align with occupational therapy's core mission to promote participation and well-being through meaningful occupation.

Chapter 8: Sustainability Plan

In developing this capstone project, considerable attention was given to ensuring the long-term sustainability and adaptability of the educational resources. Recognizing the progressive nature of education and evolving literature, the resources were designed to allow for ongoing updates and additions. Your Aging Therapist's team can seamlessly incorporate new topics based on emerging evidence, stakeholder feedback, or evolving patient needs.

The resources are intentionally created in multiple formats—paper, digital, and video—to facilitate broad and flexible distribution. They can be easily shared by the capstone site mentor, senior centers, nursing facilities, community centers, and care teams as needed and in formatting that is appropriate for the older adult.

To maintain accuracy and relevance over time, the student primary investigator will conduct bi-annual reviews and update the materials as needed. In addition, the capstone site mentor has the authority to update or add resources, with any changes being reviewed during these scheduled updates. This dual-review process helps ensure that the information remains current and evidence-based.

Although no formal training protocol is being established for professionals, the resources are intentionally designed to be user-friendly and easily integrated into existing care practices. While not a substitute for advanced training, they serve as accessible educational tools and helpful reminders to support professionals in enhancing their geriatric care. The clarity of content and multi-modal design ensure that the resources can be effectively utilized to promote patient education and engagement in a variety of settings.

Overall, this capstone project addresses current gaps in older adult education and provides a sustainable model for future enhancements in geriatric care and educational strategies.

Chapter 9: Conclusions

This capstone project aimed to increase awareness and knowledge among older adults, caregivers, and healthcare professionals by developing concise, evidence-based educational resources on four key quality of life domains: self-advocacy, sleep, physical activity, and socialization. By enhancing health literacy in these areas, the resources empower individuals to take an active role in their care, advocate for services, and navigate aging with greater autonomy. The positive reception from older adults highlights the real-world relevance of the materials. At the same time, including caregivers and healthcare professionals supports collaborative care and timely referrals to occupational therapy. Designed for sustainability, the resources advocate for occupational therapy's role in promoting wellness, participation, and aging well. Future directions may include adapting materials for specific populations and evaluating long-term impacts on referral patterns and QoL outcomes. Ultimately, this project shows that education promotes aging well and reinforces occupational therapy's vital role in supporting autonomy, resilience, and dignity in later life.

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Appendix 1 - Learning Objectives

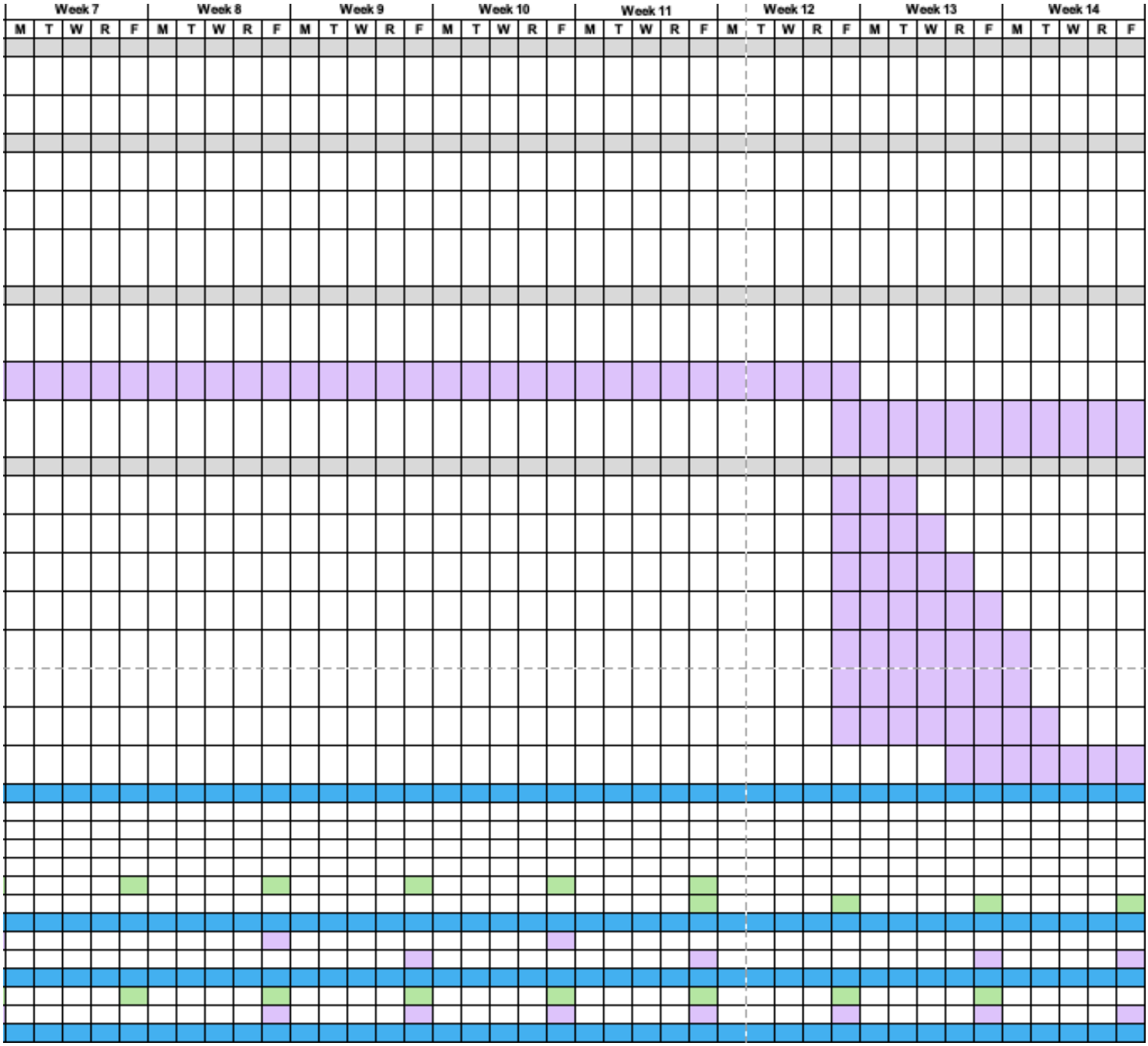
Learning objectives (LTGs) (What you hope to learn; must fit with the GSU OT Curricular Design & Objectives) *Include 2-4	**Short-term objectives (STGs) (Short-term steps to help you reach your learning objectives) *Include 2-3/objective**	**Learning activities (What you will do to achieve the learning objective) *Include 2-4/objective**	**Outcome measures (What will you produce as evidence for achieving the learning objective; the deliverables of your project)**	**Timeline for completion (When will this outcome measure be completed) *This section will be completed in the summer semester**
1. The student will analyze the factors that contribute to Quality of Life (QoL) in older adults (OAs) aging in place through synthesis of research on the topic.	1A. Discover the most appropriate holistic measure of QoL for OAs aging in place 1B. Identify from published literature and assessments the most used factors contributing to QoL in older adults that fall within the scope of OT practice	1A. Review available literature of current QoL assessments 1B. Utilize current literature to analyze and synthesize factors that affect QoL for OA aging in place	1A. Produce a chart with available QoL measurements and their targeted factors and population 1B. Produce a table from synthesized literature regarding factors that contribute to OAs QoL	1A. 1/17/2025 1B. 1/31/2025
2. **The student will analyze the literature to understand adult learning styles for targeted information delivery for OAs, lay and healthcare professionals.**	2A. Understand the potential make-up and complexities of an OA and their care team 2B. Understand the best formatting and mode of delivery for the various members of the OA and their care team	2A. Identify all parties that may be involved with an OA and their care team 2B. Analyze the client factors that commonly impact learning and required adaptations to meet these client factors seen in OA 2C. Identify best modes of delivery for information and education for these populations	2A. Write-up a definition of who is classified as an "older adult" and their "care team" based on literature and frequently used definitions 2B. An annotated bibliography synthesizing the characteristics and common client factors of OAs from current published literature 2C. A synthesized summary table of literature findings regarding best mode of delivery and learning specific to each member in the OA and care team	2A. 1/17/2025 2B. 1/24/2025 2C. 2/14/2025
3. The student will advocate for occupational therapy within the OA community, to include OAs, family/caregivers, and healthcare professionals, through development	3A. Create a holistic, multi-mode resource for OAs and their care team that highlights occupational therapists' skillsets and value when treating OAs 3B. Develop a summary table of findings for therapists	3A. Synthesize information from the literature regarding OA's QoL aging in place 3B. Utilize best mode and formatting of delivery to create a resource with best	3A. Thorough literature review and synthesized information organized in a chart, detailing factors of QoL 3B. A published, fully developed resource for OAs	3A. 3/7/2025 3B. 4/4/2025

and dissemination of a holistic occupational therapy resource.	3C. Increase advocacy skills for OT services presentation of the holistic resource demonstrating the value of OT	care practices from an occupational therapy lens 3C. Collaborate with site mentor regarding appropriate events to present the developed resource	and their care team, in multi-modes 3C. Presentation of the comprehensive resource at a community event targeting OAs, healthcare professionals, and/or the care team	 3C. 4/18/2025
4. The student will summarize the capstone experience through development of a paper to be published to the GSU ScholarWorks	4A. Draft a thorough capstone paper fulfilling all listed requirements 4B. Finalize a thorough capstone paper fulfilling all requirements to encompass the capstone experience	4A. Draft a thorough capstone paper fulfilling all listed requirements 4B. Integrate feedback from site mentor and faculty mentor	4A. Completed and approved literature review section 4B. Completed and approved abstract and summary section 4C. Completed and approved needs assessment section 4D. Completed and approved capstone experience protocol section 4E. Completed and approved results section 4F. Completed and approved discussion and limitations section 4G. Completed and approved sustainability plan and conclusion 4H. Finalized and approved paper, published to the GSU ScholarWorks.	4A. 4/8/2025 4B. 4/9/2025 4C. 4/10/2025 4D. 4/11/2025 4E. 4/14/2025 4F. 4/14/2025 4G. 4/15/2025 4H. 4/18/2025

Appendix 2 - Supervision Plan

Supervision Plan	Brief Goal/Action Description	Deliverables	Start Date	End Date	Duration In Days	Week 1					Week 2					Week 3					Week 4					Week 5					Week 6					Week 7				
						M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F
1	Analyze the factors that contribute to QoL in Oas aging in place through synthesis of research topic																																					
1.A	Discover the most appropriate holistic measure of QoL for OAs aging in place	Chart w/available QoL measurements & pop.	1/13/25	1/17/25	5																																	
1.B	Identify the most used factors contributing to QoL in OA that OTs can address	A table of synthesized literature of factors contributing to QoL of Oas	1/13/25	1/31/25	15																																	
2	Analyze the literature on adult learning styles for information delivery for OA, lay and healthcare professional																																					
2.A.1	Identify all parties that may be involved with an OA and their care team	Write-up of definition of "older adult" and their "care team" based on literature	1/13/25	1/17/25	4																																	
2.B	Analyze the client factors that commonly impact learning and adaptations to meet those factors	An annotated bibliography synthesizing common client factors of OA	1/20/25	1/24/25	5																																	
2.B.1	Identify best modes of delivery for information for these populations	A summary table of findings of best mode of delivery and learning specific to OAs and each member of care team	1/27/25	2/14/25	14																																	
3	Advocate for OT within the OA community, through development and dissemination of a holistic OT resource																																					
3.A.1	Synthesize information from literature regarding factors that most significantly affect OA's QoL aging in place	Organized chart detailing factors of QoL in OAs aging in place after thorough synthesis	1/17/25	1/31/25	10																																	
	Create resource with best care practies from an OT lens with best mode of delivery	A published, fully developed evidence-based resource in multi-modes	2/17/25	4/4/25	39																																	
3.B	Presentation of resource at a relevant community event to demonstrate the value of OT	Attendance and presentation of resource at a community event targeting OAs, care team, and/or health professionals	4/4/25	4/18/25	10																																	
4	Summarize the capstone experience through a published capstone paper																																					
4.A.1	Complete and revise literature review section with feedbacl	Approved literature review section	4/4/25	4/8/25	5																																	
4.A.2	Complete and revise abstract and summary section with feedback	Approved abstract and summary section	4/4/25	4/9/25	4																																	
4.A.3	Complete and revise needs assessment section with feedback	Approved needs assessment section	4/4/25	4/10/25	5																																	
4.A.4	Complete and revise capstone experience protocol section with feedback	Approved capstone experience protocol section	4/4/25	4/11/25	6																																	
4.A.5	Complete and revise results section with feedback	Approved results section	4/4/25	4/14/25	7																																	
4.A.6	Complete and revise discussion and limitations section with feedback	Approved discussion and limitations section	4/4/25	4/14/25	7																																	
4.A.7	Complete and revise sustainability plan and conclusion section with feedback	Approved sustainability plan and conclusion	4/4/25	4/15/25	8																																	
4.B	Integrate feedback from site mentor and faculty mentor for final approval of capstone paper	Approved final paper, published to GSU ScholarWorks	4/15/25	4/18/25	15																																	
Supports from Site Mentors																																						
	Assist in QoL identification		1/13/25	1/17/25	1																																	
	Provide feedback on most used factors for QoL within OT scope		1/27/25	1/31/25	1																																	
	Provide feedback on care team makeup and their complexities		1/13/25	1/17/25	1																																	
	Assist in adult learning and provide expert clinical anecdotal experiences		1/24/25	1/31/25	1																																	
	Assist with final revisions for multi-modal resource		2/17/25	4/4/25	6																																	
	Collaborate and plan event for presentation of multi-modal resource		4/4/25	4/18/25	4																																	
Supports from Faculty Mentors																																						
	Provide feedback on development of multi-modal resource		2/17/25	4/4/25	3																																	
	Assist to review and suggest edits on final write-up prior to submission.		3/10/25	4/18/25	4																																	
Check Points																																						
	Meetings with Site Mentor		1/13/25	4/11/25	14																																	
	Meetings with Faculty Mentor		1/13/25	4/11/25	9																																	
(Others)	(Specific requirement of the project)																																					

(see next page)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Appendix 3 - Summary Pages

Background:
As of 2024, older adults (OAs) aged 65 and above make up approximately 17% of the U.S. population, totaling around 58 million individuals. By 2050, this figure is projected to rise to 82 million, representing a substantial 47% increase (Population Reference Bureau, 2024). This demographic shift underscores the growing importance of supporting our population of older adults to age in place—living independently and comfortably for as long as possible. Aging is not an illness but may lead to barriers that can unfavorably affect individuals psychologically, physically, and socially (Sánchez-García et al., 2019). According to Netuveli et al., aging, with all other influences controlled, does not negatively influence quality of life (QoL), however, QoL has been seen to be reduced by limitations in mobility, difficulties with everyday activities, depression, and limiting longstanding illness (2002). Occupational therapy is uniquely positioned to address the challenges that arise in the aging process and can improve the quality of life and autonomy in activities of daily living of those that receive OT services (Riera Arias et al., 2024). By prioritizing occupational therapy in aging services, we can empower older adults and their care team to thrive in the aging process, ultimately improving their well-being and QoL.

Purpose:
The purpose of this project is to develop an evidence-based comprehensive resource, developed through an occupational therapy lens, that will enhance the ability of older adults to age in place successfully. Dissemination of this resource serves to educate the OA, care team, and therapists for the intended outcome to facilitate autonomy in OAs and, thus, a support a greater quality of life.

Aims:
1. Analyze the factors affecting QoL in OA aging in place through a comprehensive literature review
2. Analyze the formatting of media that is best received by each party in the OA's care team for best care practices
3. Develop an annotated bibliography that summarizes best care practices for therapist quick reference
4. Develop a multi-modal media compilation of resources for distribution to OAs and their care team
5. Disseminate the evidence-based resource at an educational session targeting older adults, healthcare providers, and/or their care team in the Augusta area

For aims 1, 2, and 3, information will be gathered through analysis and synthesis of current literature and clinical anecdotal experience from site mentor organized into a table. Aim 4 will be achieved through application of the knowledge gained from aims 1-3. Aim 5 will be achieved as the culmination of aims 1-4 through a presentation at a relevant event in the Augusta area.

Output and Outcomes:
The immediate output of this capstone project is the production of a multi-mode media resource for OAs and their care team focused on enhancing the QoL of OAs aging in place. The long-term

objective is to facilitate an increase in the QoL of the OA and empower their care team through a holistic occupational therapy resource.

Appendix 4 – Outputs (Holistic Educational Resources)

Enhancing Life, Empowering Aging:
A Practical Resource Guide for Older Adults & Care Teams

By
Anna Atma, OTD/S
Mentored By:
Jennifer Huff, MHS, OTR/L

CONTACT US!

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Enhancing Life, Empowering Aging:

Table of Contents & Video Access

ADVOCACY

SLEEP

SOCIALIZATION

MOVEMENT

SELF-ADVOCACY

YOU ARE IN THE DRIVER'S SEAT OF YOUR LIFE!

- **Knowledge is power.** Educate yourself as best you can.
- Don't let **not knowing** stop you from speaking up!
- **Nobody knows you better than YOU.**
- Ask for information in appointments **to be written**, or to **audio-record** your appointments **to refer** to what was said later
- **Keep a folder for health information** and bring it with you to appointments. Include:
  - names, dates, medications and dosages prescribed, copy of insurance cards, medical history, referrals made, suggestions, and how you've been feeling / side effects you've noticed.
- **What to learn:**
  - typical **aging changes**
  - any **diagnoses you've had** and **acronyms**
  - **different health professionals** you can be **referred to** and the **basics of what they do**
  - **treatment options** for any issue you're experiencing
  - **your rights** in a facility
- **Don't understand? ASK!** Healthcare professionals cannot say their job is complete **if you are left confused** about what was said.
- Something feels off? Get **a second opinion.**

HOW TO ADVOCATE FOR YOURSELF

1.Prepare for the visit

- write down your **concern** (symptoms, changes, issues)
- write out the **questions** you might have
- **educate yourself on the topic the best you can** (ask friends/family/staff, read about it via books/internet)
- **bring your folder** of health/medical information

- **TIP:** if self-advocacy is **new** or **challenging**, bring a **trusted friend**, **family member**, or **advocate** (such as Jennifer Huff!)

2.Discuss your concerns and ask questions during the visit

- Explain your **concern**
- **Refer** to your written **questions**
- Ask for the doctor to **speak in simple language** if they aren't
- **Summarize what the doctor says** to you and ask if your understanding is correct
- **Ask** about the potential risks, benefits and costs **before agreeing to a treatment**
- **Ask about alternative options!**
- **Take notes** and/or ask for a **written summary of the visit**

3.After your visit:

- Write in your health journal **how the appointment went** and if you'll be **changing anything** based on the appointment (medication, diet, physical activity, etc)
- **Keep track** of how the suggested changes or treatment make you feel

ADVOCACY STEPS AND RESOURCES

Note: in an emergency, CALL 911! Other resources are not first responders to emergency situations.

How to File an (anonymous) **APS Report** in **Georgia:**

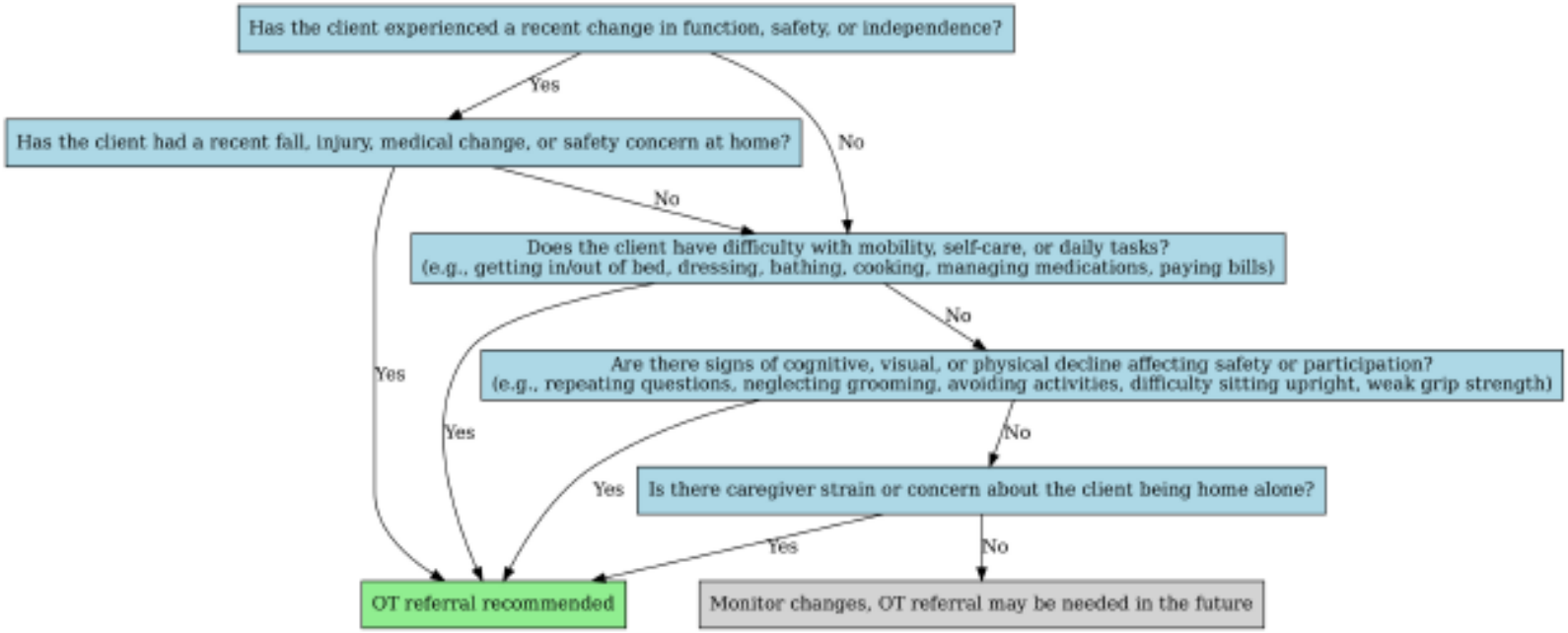
1. If filing an **online report:** visit **https://aging.georgia.gov/report-elder-abuse-neglect-or-exploitation** and click on "**file a report**"
2. If it is **Monday-Friday 8am-7pm**, you can **call 1-866-55AGING (1-866-552-4464) Press "3"**

How to File an **APS Report** in **South Carolina:**

1. If filing an **online report:** visit **https://benefitsportal.dss.sc.gov/#/ran/home** , note that you must **identify** yourself, but it is **confidential**
2. To place an **anonymous call report**: the SCDSS has a **24-hour** Abuse and Neglect Hotline at **1-888-CARE4US (1-888-227-3487).**

For long term care, (nursing homes, assisted living facilities):

- Contact **ombudsman** representatives
- Visit https://www.georgiaombudsman.org/locations-east/ for **GA regional and Augusta contacts**
- **South Carolina** LTC ombudsman: 1-800-868-9095


Has the client experienced a recent change in function, safety, or independence?
Yes
No
Has the client had a recent fall, injury, medical change, or safety concern at home?
Yes
No
Does the client have difficulty with mobility, self-care, or daily tasks?
(e.g., getting in/out of bed, dressing, bathing, cooking, managing medications, paying bills)
Yes
No
Are there signs of cognitive, visual, or physical decline affecting safety or participation?
(e.g., repeating questions, neglecting grooming, avoiding activities, difficulty sitting upright, weak grip strength)
Yes
No
Is there caregiver strain or concern about the client being home alone?
Yes
Yes
No
OT referral recommended
Monitor changes, OT referral may be needed in the future

TIPS FOR GOOD SLEEP

Create a Sleep Routine

Strive to go to sleep and wake up at the same time, even on weekends and vacations!

Reduce Screen Time

Pick a time in the evening to stop looking at screens! This includes phones, computers, and TVs!

Move Regularly

Moving your body in the day time will help your body be ready to sleep peacefully at night. This can range from household chores to exercise.

Create a Night Routine

Building on habits increases success! Consider what you do every night: Brush your teeth? Take medication? Put your night time tasks together to build a routine!

SLEEP TIPS CHECKLIST

- [ ] Choose a consistent wake up and sleep time: _____ & _____
- [ ] Choose a time to discontinue electronics: _____
- [ ] List out movement activities that I do or like:
- [ ] List out night time tasks I need and want to do:
- [ ] Put everything above together for my best sleep:

WHY DOES SLEEP MATTER?

Good sleep can help with [1,2]:

- Quality of life
- Mood
- Protection against diseases
- Ability to function during the day
- Memory and learning
- Problem-solving and speed
- Attention
- Decision-making
- Creativity

Not getting enough quality sleep is linked to [1,3]:

- Problems with **memory**
- **Increased risk of falls** or accidents
- **Stress** in relationships
- **Negative feelings**
- Increased risk of: **high blood pressure**, **heart disease**, and **diabetes**
- **Frailty** / vulnerability to health issues

Sleep Tracker

Day	Hours slept:	Did I exercise before?	Caffeine consumed?	Quality 1-5
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Caregivers Sleep Tips

Sleep is the foundation of the day. Here are things to consider for the older adult in your life [1]:

- Have an **easily accessible lamp** by the bed and nightlights in the hallway and bathroom in case the restroom is needed unexpectedly in the night
- Keep the **floor clear of rugs and cords** that could be tripped on if rushing to the bathroom
- **Keep track of sleep medication** side effects, consistency, and effectiveness over time
- **If mobility is an issue**, leave a bell, button, or phone with numbers saved in case of emergency
- **If wandering and/or confusion are an issue,** lock all doors and windows that lead outside and keep the bathroom light on.
- **Encourage regular exercise**, but not within 3 hours of the selected bedtime
- **Discourage alcohol and caffeine, chocolate, soda, and tea later in the day**
- **Consider stressful factors** and how they can be mitigated, or how stress can be managed
- **Involve an occupational therapist** to assess the home, sleep hygiene, and issues and help strategize
- **Mimic outdoor lighting,** using warm/dimmer lights in the evening as in preparation for rest

While quality sleep can take effort to achieve, sleeping problems are **not** the norm. Keep a **sleep tracker** of habits, noting **exercise**, **caffeine**, **alcohol**, and **water** intake and try to pinpoint patterns. Talk to the doctor about any troubles with sleeping, as it could have a medical cause.

Healthcare Professionals' Role in Older Adults' Sleep

Sleep is the foundation of our day, however, sleep problems should not be considered normal. As healthcare professionals, we must consider the impact of poor or little sleep and what may be contributing to that.

Simpler issues include:

- Stimulating activities too close to bedtime (exercise, engaging social interactions, anxiety-provoking conversations)
- Electronic usage / screen light too close to bedtime
- Consuming too much liquid late at night or too much caffeine later in the day

More complex issues to consider [1]:

- Sleep apnea
- Restless leg syndrome
- Insomnia
- Periodic limb movement disorder
- REM sleep behavior disorder
- Medication management

What we can do (within our scope) [3]:

- Think holistically and ask questions
- Conduct sleep related assessments
- Refer to primary care specialist and occupational therapist

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SOCIALIZATION

Why socialize?

What are things you've been told about socializing?
Do **you** think it is important? Why?

What are you **already** doing?

What ways have you **already been** interacting with family, friends, your community, or staff at locations you visit?

Can you think of things you'd **like** to be doing and any reasons why you haven't started?

Why it matters:

- **Social isolation has been associated with** [1,2]:
  - **Shortened lifespan**, similar to smoking, obesity, or high blood pressure
  - **Weakened** immune systems (making infections harder to fight)
  - **Memory loss, depression, and dementia**
  - **More** emergency hospital visits **and longer** hospital stays

SOCIAL IDEAS:

Mark the ideas that interest you

Community Activities Ideas:

Active Ideas:

- ☐ **Group exercise classes** (yoga, dance, tai chi, water aerobics)
- ☐ **Gardening or outdoor** community projects
- ☐ **Walking** clubs
- ☐ **Social events** (hosted by restaurants, organizations, etc.)
- ☐ **Volunteering**

Less-Active Ideas:

- ☐ **Senior center** or **library programs**
- ☐ **Hobby/educational class** (art, music, language, computer, or other hobby)
- ☐ **Faith-based** involvement
- ☐ **Cultural events** (hosted by restaurants, organizations, etc.)
- ☐ **Hobby clubs** (chess, painting, crocheting, book, history, music)
- ☐ **Coffee dates**

Home Activities Ideas:

- ☐ **Video chat,** call, or write letters to family/friends
- ☐ **Participate in online groups,** virtual religious services, or senior discussion forums
- ☐ **Join or host** a book club via phone or video
- ☐ **Join a pen pal program**
- ☐ **Volunteer** online/at-home (online mentorship, care packages)
- ☐ **Companion services** for social visits

Now, let's plan it!

SOCIAL

WEEKLY PLANNER

THIS WEEK I WILL:

MONDAY →	
TUESDAY →	
WEDNESDAY →	
THURSDAY →	
FRIDAY →	
SATURDAY →	
SUNDAY →	

SOCIAL ACTIVITY LOG

ACTIVITY	TIME AND LOCATION	WHAT DID I ENJOY?	WHAT COULD BE BETTER?

FAMILY/CAREGIVER TIPS

- **Identify Barriers:**
  - Mobility, hearing, vision, transportation, incontinence, depression, cognition, anxiety, etc. can make socialization feel burdensome, challenging, and anxiety-provoking. Be encouraging and patient!
- **Consult Professionals for strategies to overcome/manage barriers:**
  - Occupational therapist, nurse, PCP, or knowledgeable staff.
- **Explore Local Resources:**
  - Transportation and paratransit services, senior centers, YMCAs, Kroc Center.
  - Accessible groups, disease-related support groups, cultural groups.
- **Prioritize Regular Connection [3]:**
  - The more often, the better, and in-person > video call > phone call > letter.
  - In-person contact was the only means of contact that was associated with reduced loneliness in a study.
- **Plan Meaningful Activities:**
  - Coffee dates, movie nights, self-care time, hobbies, games, family gatherings, video chats, or classes.
  - Ask about memories, traditions, and life advice!
- **Visit Accessible Public Spaces, they reduce the risk of loneliness! [4]:**
  - Libraries, parks, cafes, malls, community centers, or other public spaces.
- **If you live far away, connect them with:**
  - Church members, neighbors, or local friends.
  - Companion services

HEALTHCARE PROFESSIONAL TIPS

- **Assess Socialization Needs & Barriers**
  - *Ask about social habits during assessments.
  - *Assess mobility, hearing, vision, cognition, bladder and bowel.
  - *Collaborate with the older adult and their caregiver(s) to address barriers.
- **Advocate for Social Inclusion in Care Settings**
  - *Support social meal times in assisted living or hospital settings.
  - Promote activities that involve teamwork or shared experiences.
- **Educate Families on the Importance of Socialization**
  - *Discuss signs of isolation or loneliness during check-ups.
  - *Suggest support groups or counseling for both older adults and caregivers.
  - *Recommend apps or programs designed for older adults (e.g., virtual senior groups).

What Occupational Therapists Can Do to Help (also see any * noted):

- **Incorporate Social Goals into Treatment**
  - Group therapy, exercise classes, or social-based interventions.
  - Connect them to community resources and appropriate groups.
  - Introduce structured social activities in rehab or long-term care settings.
  - Encourage peer interaction in therapy sessions.
  - Provide caregivers with activity ideas tailored to their loved one's abilities.
- **Encourage Technology for Socialization**
  - Train patients in using accessible devices (voice assistants, adapted keyboards).

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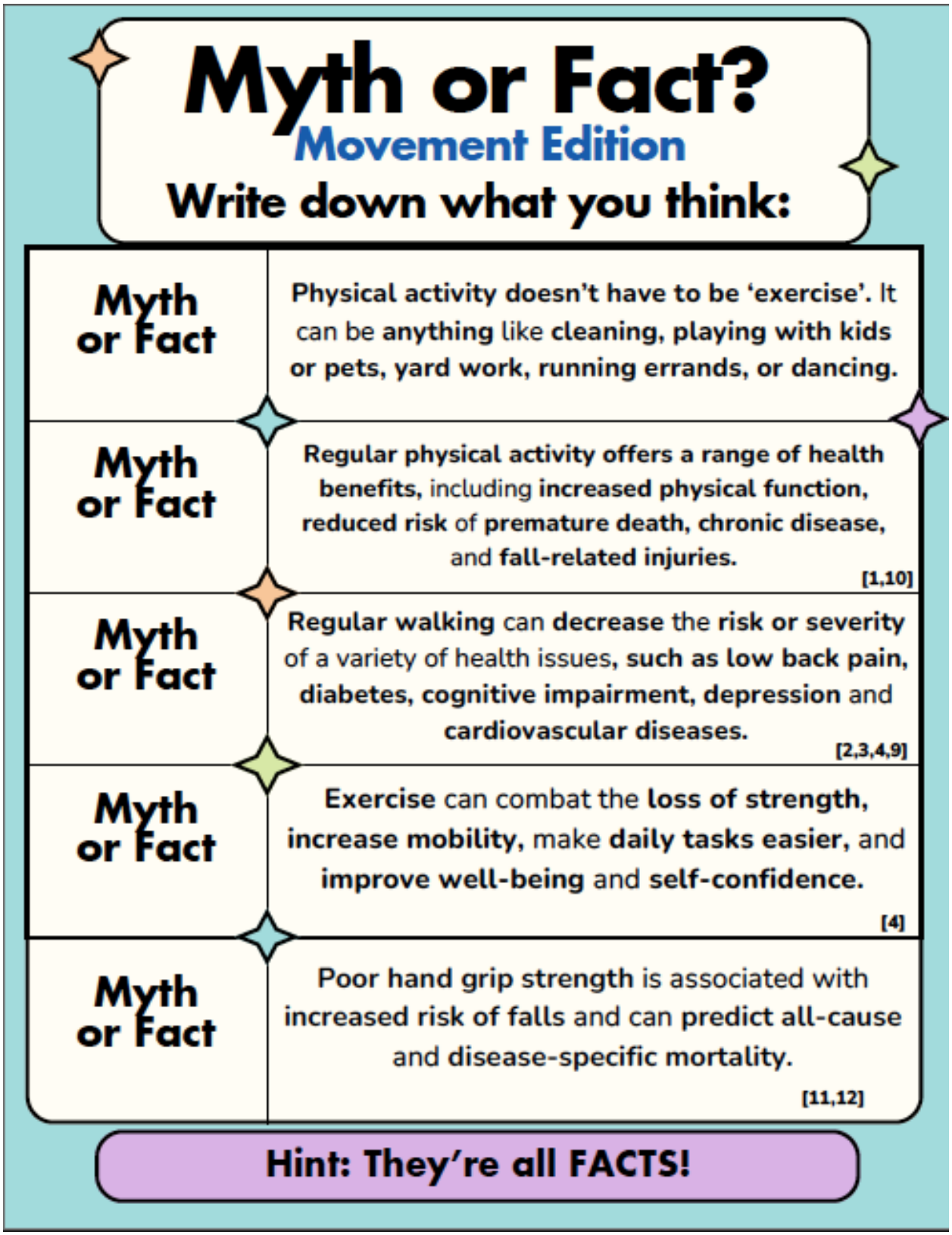
Myth or Fact?
Movement Edition
Write down what you think:
Myth or Fact
Physical activity doesn't have to be 'exercise'. It can be anything like cleaning, playing with kids or pets, yard work, running errands, or dancing.
Myth or Fact
Regular physical activity offers a range of health benefits, including increased physical function, reduced risk of premature death, chronic disease, and fall-related injuries. [1,10]
Myth or Fact
Regular walking can decrease the risk or severity of a variety of health issues, such as low back pain, diabetes, cognitive impairment, depression and cardiovascular diseases. [2,3,4,9]
Myth or Fact
Exercise can combat the loss of strength, increase mobility, make daily tasks easier, and improve well-being and self-confidence. [4]
Myth or Fact
Poor hand grip strength is associated with increased risk of falls and can predict all-cause and disease-specific mortality. [11,12]
Hint: They're all FACTS!

Move Your Body, Everybody!

MOVEMENT FOR EVERYONE:

Key points:

- Do what you **ENJOY**
- Do what you **CAN**
- Do what **MATTERS**
- Do a little **MORE** over **TIME**
- **Use it or lose it!**
- **Don't let age DEFINE YOU!**

Ways to Move More (Without Exercising):

- **Play** with children or pets
- Do **household chores or yard work**
- **Run errands**... yes, window shop!
- **Place common items** (remotes, snacks, etc.) **further away** from your seat or bed
- **Fidget,** rock in a chair, tap your feet, squeeze a ball/towel/sock
- **Walk while you talk** on the phone (even in the house)
- **Stand more** when doing chores or talking
- Use your **high** and **low** cabinets and storage
- Place a **stationary foot peddler** at your desk or couch to use while you're there

Important Notes:

- Consider **what you can do safely** and **what your barriers are**
- **Consult with your doctor** what is **safe for you** to do
- Work with an **occupational and physical therapist** to learn **safe techniques, energy conservation, adaptations,** and **appropriate movements** for **your** individual needs

Resources for More Movement

- **Note:**
  - **It is important that you are medically cleared for increased physical activity**
  - **If you aren't sure** if you're going **to be safe**, talk to someone **before starting** and **create a plan**
  - Coping with **specific joint or back pain, complex medications**, or other **diseases?**
    - Work with an **occupational therapist or physical therapist**! Their goal is to create an **individualized** and **safe** plan for **you!**
- **Keep doing daily movements you already do**
- **Utilize the movement log** to keep track of new physical activities
- **Track** your **progress** in whatever you do!
  - examples:
    - how **long** you **stood** while folding clothes
    - how **far** you walked
    - how **long** it took you to walk the **same distance**
    - how **much weight** you lifted
    - how many **times** you did a movement or stretch

MOVEMENT LOG

ACTIVITY	HOW DID IT FEEL?	HOW DO I FEEL NOW?	WHAT COULD BE BETTER?

FAMILY/CAREGIVER TIPS

- **Be supportive!** Research shows older adults with greater social support are more likely to engage in physical activity [6].
- **Safety first, always**. Stop if there's any concern.
  - Monitor BP, dizziness, and shortness of breath
- **Keep fall recovery items near** (i.e. gait belt)
- Always **encourage use of prescribed assistive devices**
- Encourage **purposeful, social, and diverse activities** and **adaptations to mobility changes** for older adults [5]
- Participate in physical activities with the older adult
- Consider **barriers** that may be impacting regular physical activity such as:
  - **depression** or **loss of social circle**
  - **decreased endurance/stamina**
  - **shame or other negative feelings** about age-related changes (needing assistive devices, incontinence, etc.)
  - changes in **transportation**
- **Get connected** with community organizations or create groups that walk, roll, garden, dance, etc. in a senior center or around the community!
- Consult an **occupational therapist** to help identify barriers and identify strategies and adaptations regarding:
  - mobility, vision, positioning, exercise, and local resources
- **Do NOT** let age **define** your older adult!

HEALTHCARE PROFESSIONAL TIPS

- **Encourage and help educate** health literacy
  - Being **informed about the changes that come with aging**, (such as reduction of strength, decreased mobility and functional autonomy, increased fatigue, etc.) can **improve self-efficacy and exercise behavior** [4][5]
- **Refer** to an **occupational therapist** for assessment, adaptive strategies, and helpful techniques:
  - identifying barriers, meaningful activities, mobility, vision, positioning, exercise, and local resources
- **Recommend or refer to appropriate professional if adaptive equipment seems necessary**
- **Encourage** not just **greater step count**, but also **greater cadence/pace!**
  - **"those with a cadence of 100 steps or more per minute had a 21% lower risk of all-cause mortality compared to individuals with slower cadences" [3]**
- **Consider barriers** that may be impacting regular physical activity such as:
  - depression or loss of social circle
  - decreased endurance/stamina
  - shame or other negative feelings about age-related changes (needing assistive devices, incontinence, etc.)
  - changes in transportation
- **Remember that AGE does NOT have to mean poor quality of life!**
- **Continue to fight ageism and encourage self-advocacy!**

Summary of Current Research

- "Exercise" isn't necessary to experience the benefits of physical activity. **Low-intensity physical activity is still beneficial** [3]
- "**Walking** has been **positively linked** to various aspects of **health-related quality of life**" [3]
- How **MUCH walking? [3]**
  - "it was found that **taking as few as 6000 steps per day** was associated with a **reduction in mortality risk**"
  - **BUT**, it's not just about greater step count, but also **greater cadence/pace!**
    - "those with a cadence of **100 steps or more per minute** had a 21% lower risk of all-cause mortality compared to individuals with slower cadences" [3]
- **Walk, strength train, or nothing?:**
  - While **walking has many benefits** (decreases risk or severity of DM2, cardiovascular and cerebrovascular diseases, dementia and cognitive impairment, and improved mental sleep, longevity, and well-being) [3], "Performing **any amount** of **weight training**" lowers mortality risk. [7]
  - **However, resistance training** is **more effective** in **increasing strength** and **functional autonomy** (independence) [4]

Physical activity and the brain [2]:

- "Evidence suggests that PA confer mild positive effects on cognition in older adults with and without previous cognitive impairment."

- **Nordic Walking (NW) can be a well-rounded exercise option [8]:**
  - **NW improves upper-body strength and cardiorespiratory fitness**, though strength benefits are **lower** than resistance training. NW cardiovascular improvements are comparable to regular walking.

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