Posters!
Posters!
Leadership!
Posters!
Posters!
Poster Session!
Overview

• 4 Steps to Effective Poster Sessions
  o Poster exercise

• Poster Review and Discussion
Four Steps to Effective Posters
(from Panic to Perfect)
Steps to Effective Posters

1. Think strategy
2. Get on message
3. Hone your design
4. Practice your “pitch”
1

Strategy

• Set a clear objective
• Make sense of the environment
• Know your audience
“I want the whole package—the little bowl, the colored pebbles, the plastic castle.”
Get SMART*

• Specific
• Measurable
• Attainable
• Realistic
• Time-bounded

*From “The Spitfire Strategies Smart Chart 3.0,” Washington, DC.
www.spitfirestrategies.com
From Fuzzy to SMART

• Fuzzy Objective
  – Make a successful presentation about my research at the GSA meeting in November.

• SMART Objective
  – In preparation for, participation in and follow up to the 2016 AG meeting, connect with five key academic leaders who provide constructive feedback and/or support to my research agenda.
Understand the Environment
Know Your Audience
Thoughts on Poster Strategy

- Engagement as objective
- Poorly lit, competitive environment
- Scientific audience, on the move
- You are in control of the message
  - Large visual format
  - Conversation starter, not a mini-paper
• Message = distillation
• Adapting messages
• Message challenges
“If you were to boil your book down to a few words, what would be its message?”
"One Thing" Message

A good message* completes the following four statements:

- The one thing your audience needs to know is…
- The reason this is important to this audience is…
- What this audience should do is…
- It is urgent for this audience to act now because…

*Courtesy of Valerie Denney, Denney Communications
Adapting Messages

- Audience values
- Audience expectations
- Multiple audiences
Message Challenges

- Complexity
- Jargon
- Opacity/abstraction
- Lack of emotion
- “Off key”

“You’re right. It does send a powerful message.”
Take a breath

- Looking to your next poster session:
  - Explain your objective
  - Identify your target audience
  - Describe your main message
• Know the basics
• Message drives design
• Get help
Building Blocks

- Less (text) is more
- Think big (fonts)
- Contrast is key
- When in doubt... handout
End-of-Life Care in Nursing Homes is Improving
Suzanne S. Prevost, RN, PhD and J. Brandon Wallace, PhD
School of Nursing and Department of Sociology & Anthropology

INTRODUCTION
Background
- 25% of Americans die in nursing homes
- Projected to increase to 40% by 2020

End-of-Life Care Problems in Nursing Homes
- High prevalence of pain
- Excessive use of life-sustaining therapies
- Lack of communication with families
- Lack of advance care planning

Purpose
In light of recent local and national initiatives to enhance end-of-life care, we conducted an analysis of nursing home MDS assessment data to examine the changing patterns of end-of-life care in nursing homes from 2004-2006.

Methods
Secondary analysis of Minimum Data Set (MDS) assessment data for 103 for-profit nursing homes located primarily in the Southeast, ranging in size from 20 – 474 beds. Trends were examined in 6-month intervals from January, 2004 > December, 2006.

Sample Demographics
- 69% Female
- 91% Caucasian
- 72% Widowed, single, or divorced
- 78% Above the age of 75

Results

Conclusions
Our findings suggest that:
- More residents are being identified as terminal
- More are receiving hospice care
- Fewer are receiving tube feedings
- More have DNR orders

While these findings demonstrate improvements in EOL care, they also support the belief that the dying trajectory is frequently undocumented and many residents who could benefit from hospice care do not receive it.

The investigators would like to thank the John A. Hartford Foundation and the National HealthCare Corporation for their support of this project.
We demonstrated three key learnings

1. The characteristics of cancer survivors
2. The kinds of medical problems cancer survivors have
3. The implications of comorbid illness in cancer survivors for patients and for doctors

(i.e., table, graph, photo, colored text box, etc.)
Get Design Support!

- Templates/models
- Mentor and peer review
- Graphics departments and other pros
Among community living older persons, the inability to perform essential activities of daily living (ADL) without the assistance of another person is common, highly morbid, and costly. An important impediment to the development of interventions to prevent disability is an incomplete understanding of the mechanisms underlying the disabling process.

Previous epidemiologic studies have focused almost exclusively on identifying vulnerable older persons at risk for disability. Relatively little is known, in contrast, about the role of intervening events that precipitate disability. While recent evidence suggests that disability may occur insidiously, particularly among older persons who are physically frail, most episodes of disability appear to be preceded by a discernable intervening event.

OBJECTIVES
To evaluate the relationship between intervening events and the development of disability and to determine whether this relationship is modified by the presence of physical frailty.

STUDY POPULATION
Members of the Precipitating Events Project (PEP Study) 754 community-living persons, aged 70+ years, who required no personal assistance in bathing, dressing, walking, or transferring. Persons who were physically frail, as denoted by a timed score > 10 sec on the rapid gait test (i.e., walking back and forth over a 10-foot course as quickly as possible), were oversampled to ensure a sufficient number of participants at increased risk for ADL disability. Participation rate was high: 75.2%.

DATA COLLECTION
ASSESSMENTS
Comprehensive home-based assessments were completed at baseline, 18, and 36 months by trained research nurse using standard instruments. Telephone assessments of intervening events and ADL function were completed monthly for up to 5 years with a 99.2% completion rate. For between-assessment intervening events, a 14.2% rate of non-participation was recorded.

INTERVENING EVENTS
Acute hospital admissions; Kappa = 0.94 for accuracy; Other illnesses or injuries leading to restricted activity: “Since we last talked on (date of last interview), have you stayed in bed at least half the day due to an illness, injury or other problem?” “Since we last talked on (date of last interview), have you cut down on your usual activities due to an illness, injury or other problem?” Test-retest reliability: Kappa = 0.90 for the presence or absence of restricted activity.

DISABILITY OUTCOMES
PRIMARY
Time to first occurrence of any disability over 5-year follow-up period
SECONDARY
Persistent: new disability present for at least 2 consecutive months
Severe: new disability in three or more ADLs

EXPOSURE PERIOD FOR INTERVENING EVENTS
PROXIMATE
Month prior to assessment of disability
DISTANT
Time from baseline assessment to two months prior to onset of disability or to a censoring event for participants who did not develop the relevant disability outcome.

STATISTICAL ANALYSIS
Evaluated time to first occurrence of any disability, persistent disability, and severe disability, respectively, according to physical frailty at baseline using Kaplan-Meier method. Used time-dependent Cox proportional hazards method to evaluate multivariate relationship between the independent variables, including the proximate and distant intervening events, and the development of each of the three disability outcomes; and subsequently stratified results by physical frailty at baseline. Calculated population attributable fractions of the three disability outcomes for each of the two proximate intervening events.

SUMMARY
Intervening events, including illnesses and injuries leading to either hospitalization or restricted activity, were strongly associated with the development of disability in essential activities of daily living. These associations were limited to events occurring within a month of disability onset, were observed for three distinct disability outcomes, persisted despite adjustment for several potential confounders, and were present among persons who were physically frail and those who were not physically frail.

IMPLICATIONS
Our results highlight the importance of intervening events as a potential target for the prevention of disability, regardless of the presence of physical frailty.
WHEN BAD THINGS HAPPEN TO OLDER PEOPLE: 
THE ROLE OF INTERVENING EVENTS ON THE DEVELOPMENT OF DISABILITY 
Thomas M Gill MD, Heather Allore PhD, Theodore R Holford PhD, Zhenchao Guo PhD Yale University School of Medicine

WHAT WE LEARNED

Illnesses and injuries leading to either hospitalization or restricted activity represent important sources of disability for community-living older persons, regardless of the presence of physical frailty.

These intervening events may be suitable targets for the prevention of disability.

BACKGROUND

A more complete understanding of the disabling process would likely facilitate the development of interventions aimed at preventing disability among community-living older persons.

OBJECTIVES

To evaluate the relationship between intervening events and the development of disability

To determine whether this relationship is modified by the presence of physical frailty

METHODS

Prospective study of 754 nondisabled, community-living persons, aged 70+ years

Categorized participants into two groups according to the presence or absence of physical frailty, which was defined on the basis of slow gait speed

Followed participants with monthly telephone interviews for up to 5 years

- To determine the occurrence of disability
- To ascertain exposure to intervening events, which included illnesses and injuries leading to either hospitalization or restricted activity

RESULTS

Table 3. Association Between Proximate Intervening Events and Disability

<table>
<thead>
<tr>
<th>Proximate Intervening Event</th>
<th>Level of Baseline Physical Frailty</th>
<th>Any Disability</th>
<th>Persistent Disability</th>
<th>Severe Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization</td>
<td>All participants</td>
<td>60</td>
<td>44</td>
<td>132</td>
</tr>
<tr>
<td>Physically frail</td>
<td></td>
<td>34</td>
<td>32</td>
<td>93.2</td>
</tr>
<tr>
<td>Not physically frail</td>
<td></td>
<td>117</td>
<td>73</td>
<td>261</td>
</tr>
</tbody>
</table>

Restricted activity only

| All participants | 5.1       | 3.3       | 7.3       |
| Physically frail | 4.1       | 3.3       | 5.2       |
| Not physically frail | 6.6      | 2.9       | 13        |

*All values are statistically significant at P < .001
Bring the Heat!
Only connect!

- Pique interest (Did you know...?)
- Connect with your audience
- Make it personal
- Tell a (brief) story
- Practice!
Poster Review
Does patient-provider race/ethnicity and language (R/E/L) concordance affect patient experience of care?

Vani Nimbal, MPH*; Beinan Zhao, MS*; Robert J. Romanelli, PhD, MPH*; Latha Palanilappan, MD, MSc*; Sukyung Chung, PhD*  
1 Palo Alto Medical Foundation Research Institute, Palo Alto, CA; 2. Stanford University School of Medicine, Stanford, CA

BACKGROUND

- Prior studies have consistently shown that Asians report poorer experience of care than NHWs, while African American and Latinos reported similarly to NHWs.  
- Minority patients may seek racial/ethnic or language (R/E/L) concordant providers hoping to receive more culturally sensitive and empathetic care, thus influencing their quality of communication and experience of care.  
- Overall, there is insufficient evidence on differences in race/ethnicity (R/E) subgroups, particularly among Asians, in patient experiences of care and whether R/E/L concordance can improve care experience.

PURPOSE

We investigated disparities in patient care experience ratings by (R/E) and limited English proficiency (LEP) status, and assessed whether R/E/L concordance mitigates these differences among Chinese and Asian Indians, two of the largest Asian subgroups that have previously not been explored separately in a study, and Latinos and NHWs.

METHODS

- CG-CAHPS surveys were sent to randomly selected patients who made an outpatient clinic visit.
- Survey responses were linked to each visit data.

Experience of Care Measures

- The main outcomes measures were CG-CAHPS domains that represent “Communication” and “Overall assessment” of provider.
- Deontologized outcomes with the most positive or ‘top-box’ response was used to indicate favorable rating.
- “Communication”: During your most recent visit, did the provider explain things in a way that was easy to understand? Yes, definitely vs. Yes, somewhat or No.
- “Overall assessment”: Using any number from 0 to 10, where 10 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider? 0 or 10 vs. 0-6 vs 0-10 scale.

Analysis

Part 1: Impact of R/E and LEP status on “Communication” and “Overall assessment”  
Part 2: Impact of R/E/L concordance on “Communication” and “Overall assessment” within each R/E and LEP group.

Model: Simple Multivariable Logistic Regression Models

Main predictor variables: (1) Patient R/E and LEP (2) R/E/L concordance

Covariates:
- Patient characteristics: Age, sex, BMI, Common Comorbidity Index (CCI), SES, self-rated health status
- Visit characteristics: fence type, frequency of visits to provider (in prior 2 years), primary care provider (primary acute care, specialty care) vs. specialty visit
- Provider characteristics: Years since medical school graduation, sex, R/E/L

OUTLINING: Communication

RESULTS

- Among patients who responded to the survey (51,086 and 51,533 respectively for each question), 3.6% were Asian Indians, 7.9% Chinese, 8% Latinos, and 81% were NHWs.
- About 33.3% of physicians reported “Very good” or “Excellent” fluency in a Chinese language, another 33.3% being fluent in Spanish, and 14.3% spoke English alone.

Part 1: R/E and LEP status and patient experience of care

- Asian Indians and Chinese (regardless of English proficiency) were less likely to give favorable ratings for both outcomes compared to NHW, while Latinos with LEP rated less favorably on “Communication” but more favorably on “Overall assessment”.

Part 2: R/E/L concordance and patient experience of care

- Asian Indian patients were more likely to rate favorably for “Communication” when the visit was to an Asian Indian provider compared to a non-Asian Indian provider.
- Chinese patients, with or without LEP, did not rate visits to a Chinese vs. non-Chinese provider differently.

CONCLUSIONS

- Latinos without LEP were more likely to rate favorably on “Overall assessment” for Latino providers than non-Latino providers.
- Latinos with LEP were less likely to rate favorably on “Overall assessment” when they saw a provider who was either R/E concordant (i.e. non-Spanish speaking Latino provider) or language concordant (i.e. Spanish speaking non-Latino provider), compared to R/E/L discordant (i.e. non-Spanish speaking, non-Latino providers).

LIMITATIONS

- R/E differences in reported experience of care may in part be due to differences in response style. While we used self-rated health in the same survey as a proxy for response style and controlled for it in the regression, we cannot rule out this alternative explanation.
- Only 23 Latino providers were included in the sample, and thus, the sample size of R/E/L concordant pairs among Latino patients was small.
- Patients who responded to surveys may not be representative of everyone in that R/E group.

REFERENCES

Multiple Chronic Conditions and Psychosocial Limitations in Patients Hospitalized with an Acute Coronary Syndrome

Mayra Tsiminetzky MD PhD
Meyers Primary Care Institute, Division of Geriatric Medicine, Department of Medicine, and Department of Quantitative Health Sciences, UMASS Worcester, MA

BACKGROUND
Multimorbidity (MM) has become increasingly common over the past decade. Persons with MM are at substantial risk for disability, death, and poor quality of life, and account for a disproportionate share of U.S. health expenditures.

OBJECTIVES
- To examine magnitude of, and socio-demographic and psychosocial characteristics associated with, 8 cardiac and 8 non-cardiac chronic conditions in 3 groups of patients: those presenting with 0-1 morbidity, any 2 or 3, and those who had any 4 or more previously diagnosed morbidities among patients hospitalized with an ACS in TRACE-CORE study.

METHODS
2,174 patients discharged from the hospital after an ACS at 6 medical centers in central MA and central GA between April, 2011 and May, 2013 were included. Information from medical records was gathered on 8 cardiac and 8 non-cardiac-related conditions. Psychosocial factors were assessed during the index hospitalization using standardized in-person instruments.

CONCLUSIONS
- In this study of nearly 2,200 patients discharged from the hospital after an ACS, a high prevalence of multiple cardiac- and non-cardiac chronic conditions was observed.
- Multimorbidity was strongly associated with psychosocial impairment and worse quality of life.
- Given the aging U.S. population, the MM burden in patients with an ACS will likely continue to increase during coming years.
- Our results emphasize the challenge and complex nature of caring for these patients, which extends well beyond the optimal management of their underlying coronary heart disease.

Drs. Gunetz and Tsiminetzky are supported by award number 1R24AG045000 from the National Institute of Aging, Advancing Geriatrics Infrastructure & Network Growth (AGING).
More Posters
End-of-Life Care in Nursing Homes is Improving
Suzanne S. Prevost, RN, PhD and J. Brandon Wallace, PhD
School of Nursing and Department of Sociology & Anthropology

INTRODUCTION

Background
- 25% of Americans die in nursing homes
- Projected to increase to 40% by 2020

End-of-Life Care Problems in Nursing Homes
- High prevalence of pain
- Excessive use of life-sustaining therapies
- Poor communication with families
- Lack of advance care planning

Hospice Care
- Nursing home residents are less likely to receive hospice care than people who die in other locations
- Residents who get hospice care have:
  - More aggressive pain management
  - Less invasive procedures
  - Less hospitalization prior to death
  - Higher family satisfaction with care

PURPOSE

In light of recent local and national initiatives to enhance end-of-life care, we conducted an analysis of nursing home MDS assessment data to examine the changing patterns of end-of-life care in nursing homes from 2004-2006.

METHODS

Secondary analysis of Minimum Data Set (MDS) assessment data for 103 for-profit nursing homes located primarily in the Southeast, ranging in size from 20 – 474 beds. Trends were examined in 6 month intervals from January, 2004 > December, 2006.

Sample Demographics
- 69% Female
- 91% Caucasian
- 73% Widowed, single, or divorced
- 78% Above the age of 75

Samples per Six Month Interval

<table>
<thead>
<tr>
<th></th>
<th>Number of Residents</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. – July 2004</td>
<td>22,111</td>
<td>2,999</td>
</tr>
<tr>
<td>July – December 2004</td>
<td>20,219</td>
<td>2,270</td>
</tr>
<tr>
<td>July – December 2005:</td>
<td>22,743</td>
<td>2,630</td>
</tr>
<tr>
<td>Jan. – July 2006:</td>
<td>22,869</td>
<td>2,730</td>
</tr>
<tr>
<td>July – December 2006:</td>
<td>22,675</td>
<td>2,574</td>
</tr>
</tbody>
</table>

RESULTS

CONCLUSIONS

Our findings suggest that:
- More residents are being identified as terminal
- More are receiving hospice care
- Fewer are receiving tube feedings
- More have DNR orders

While these findings demonstrate improvements in EOL care, they also support the belief that the dying trajectory is frequently undocumented and many residents who could benefit from hospice care do not receive it.

The investigators would like to thank the John A. Hartford Foundation and the National HealthCare Corporation for their support of this project.
Persistent Pain in Assisted Living Facilities
C.A. Kemp, BSN, RN, BC; L.L. Miller, PhD, RN; H.M. Young, PhD, GNP, FAAN; S.K. Sikma, PhD, RN

What We Learned
Older adults with persistent pain living in assisted living facilities are more likely to have fallen in the previous year and require assistance with mobility.

Background
- Persistent pain is a common, debilitating condition among older adults regardless of residence.
- Assisted living facilities (ALFs) are the fastest growing segment of the senior housing market.

Purpose & Aims
This study describes the phenomenon of persistent pain in older adults residing in eight ALFs in Washington & Oregon.

Aims
- Compare demographic characteristics, cognitive status, ADL function, & number of falls in past year in the pain group & non-pain group.
- Describe analgesic orders of the pain group.

Sample
- 156 residents from the Medication Management in Assisted Living Facilities study (NINR R21 NR009102-01) participated in this study.
- Pain group (n=92, 59%) vs. non-pain group (n=64, 41%).
- Pain group inclusion criteria:
  - Routine or PRN opioid analgesic order OR
  - Routine (once daily) non-opioid analgesic order OR
  - Pain-related diagnosis (e.g., arthritis, sciatica, “knee pain”)

Methods
- Secondary data analysis.
- Cross-sectional, descriptive design.

Results

Next Steps
- Examine correlations among falls, mobility, and analgesic orders in assisted living residents.
- Describe changes in analgesic orders over 6-month period of parent study.
- Examine impact of analgesic order changes on number of falls and assistance with mobility.

Limitations
- Research questions formulated based on available data.
- Data collected by chart review with minimal data verification.
- Cross-sectional design prohibits analysis of changes over time or causal effect.

Acknowledgments
NINR R21 NR009102-01
John A. Hartford Building Academic Geriatric Nursing Capacity Pre-Doctoral Scholarship.
Octogenarians in these focus groups identified fear of loss of function, and the need to keep mentally and physically active, but not beliefs about improved life expectancy, to be important determinants of physical activity.

**Implications/Next Steps:** Interventions aimed at increasing walking among octogenarians might increase their impact by shifting the incentive focus away from health improvement, and towards maintenance of physical and mental functioning.

**Background**
- Over 12 million Americans will be octogenarians by 2030; most will be ambulatory.
- The vast majority of ambulatory octogenarians do not participate in regular physical activity.

**Objective**
- To identify octogenarians’ beliefs and attitudes about physical activity

**Methods**
- Recruited English-speaking octogenarians at 8 low-income senior residential housing units
- Conducted 1-hour focus groups using standardized open-ended script
- Grounded theory approach
- Transcripts read independently by 3 investigators to identify themes and develop coding template
- 4th investigator coded each line
- Reliability of coding scheme assessed on 5% of lines by 2nd coder – 83% agreement

**WHAT WE LEARNED**

1. Physical activity is not regarded as an optional activity one might do in order to improve health outcomes, but rather as activities of daily living necessary to maintain mobility/independence/health/life.
   - Sample quotes:
     - “I still do my housework, we have to keep going.”

2. Fear of loss is a major source of motivation for participation in physical activity.
   - Sample quote:
     - “a lot of people sit down and they don’t think about it and the next thing you know, they can’t do anything . . .”
     - “you stop doing things, and you’re not always able to do them again.”

3. Physical and mental health are regarded as inseparable phenomena.
   - Sample quotes:
     - “If you just sit all day and don’t do anything you’re no longer thinking anymore so you get brain dead.”
     - “Once you get lazy at walking, you get lazy at thinking and you just sit and become like a vegetable.”

**RESULTS**

- **Major Themes**
  - 1. Physical activity is not regarded as an optional activity one might do in order to improve health outcomes, but rather as activities of daily living necessary to maintain mobility/independence/health/life.
    - Sample quotes:
      - “I still do my housework, we have to keep going.”
  - 2. Fear of loss is a major source of motivation for participation in physical activity.
    - Sample quote:
      - “a lot of people sit down and they don’t think about it and the next thing you know, they can’t do anything . . .”
      - “you stop doing things, and you’re not always able to do them again.”
  - 3. Physical and mental health are regarded as inseparable phenomena.
    - Sample quotes:
      - “If you just sit all day and don’t do anything you’re no longer thinking anymore so you get brain dead.”
      - “Once you get lazy at walking, you get lazy at thinking and you just sit and become like a vegetable.”
Please Don’t Measure My “Burden”
Duty and Satisfaction Are What Matter to Me
Lyda C. Arévalo-Flechas PhD, RN
The University of Texas Health Science Center at San Antonio

What We Learned & Where We Are Headed

Measures for burden in the majority population may not assess the same concept in Latinos/Hispanics and other populations. The best measures of the impact of caregiving duties and the interventions to minimize negative effects may lie in concepts that express the impact more positively.

Duty fulfillment and satisfaction are proposed as positive perceptions of what Latino/Hispanic Alzheimer’s caregivers experience. Further qualitative exploration of these concepts will provide the basis for instruments to measure these two types of caregiver perception not considered in current theoretical models.

Background

- Burden is not the best way to describe the impact of caregiving on Latino/Hispanic caregivers of a relative with Alzheimer’s disease.
- Current models do not consider the role culture and language play in how caregiving is perceived.
- Spanish lacks a word that translates to the English "burden." The Spanish word “carga” translates only to a physical load.
- Neither “burden” nor “carga” are culturally competent words to accurately describe Latino/Hispanic caregiving.

Assumptions

- Each culture gives people a way to see the world (Spradley, 1979). This worldview is passed from one generation to the next primarily through language.
- More than a way to communicate, language also creates and expresses cultural reality (Spradley, 1979). Ways of perceiving, categorizing, and thinking about one’s world result directly from one’s language.
- The linguistic (cognitive) categories that make up one’s reality and define actions are meanings (Krauss, 2005). Meaning is essential to human life (Frank, 1963). Meaning making allows us to make sense of our lives and experiences, as humans.
Quality and Inequality in Home Care of Older Adults: How do cultural background and social policy influence publicly and privately funded home care practices?
Elana Buch, University of Michigan

Background
- Home care is one of the fastest growing industries in the U.S.
- Home care workers and recipients often come from different class and ethnic backgrounds.
- Research suggests that home care participants' backgrounds may affect their ideas about quality care.
- Current research primarily focuses on publicly funded care.

Research Questions
1. How is cultural background related to home care participants' understandings of home care quality?
2. How does public vs. private funding influence participants' ability to shape home care practices?
3. How do home care practices reproduce or transform pre-existing social relations and formal labor conditions?

Methods
- Research sites: One publicly and one privately funded home care agency in Chicago, IL.
- Sample: Nested sample includes 15 worker-recipient pairs (criteria = cognitively capable older adults receiving avg. of 8 hrs. care/week), available family members, agency supervisors and industry leaders.
- Data collection: Participant observation in homes and agency offices, life care history interviews, document and policy review.

Preliminary Findings
1. Workers and recipients from diverse cultural backgrounds suggest that quality care helps the recipient maintain social personhood. However, meanings of personhood are culturally informed. Workers try to learn about recipients' families, cultural backgrounds and personalities, adjusting care to reflect recipient's understanding of personhood.
2. Private pay recipients act and are treated like consumers who have the right to control their care. Clients in publicly funded programs tend to frame the care offered to them as a gift, and thus to build relationships with workers based on norms of reciprocity rather than those of market exchange.
3. Lack of acknowledgement of workers' role in maintaining recipients' social personhood exacerbates pre-existing social inequalities (greater in privately than publicly funded care). Reciprocal relationships between publicly funded workers and recipients can lead to political action addressing common causes of inequality in their lives.

Conceptual Map of Home Care

Policy Context
- Federal Legislature
- State Legislature
- Unions
- Lobbying Organizations
- Minimum Wage
- Medicaid
- State HCBS Programs
- Labor Policy
- Employment Benefits

Worker's Cultural Background
- Home Care Agency
  - (Publicly or Privately Funded)
- Worker's Family
- Supervision, Training, Compensation, Recruitment

Recipient's Cultural Background
- Home Care Worker
- Home Care Recipient
- Recipient's Family

This research is generously funded by: NIA Grant 733-A000017 and the Hartford Doctoral Fellows Program
A Life of Quality?

Systematic review and meta-analysis of interventions relevant to quality of life for persons with intellectual disabilities and dementia

**Background**
Shifts in population, life expectancy, and associated prevalence rates have brought attention to services for persons with intellectual disabilities (ID) and dementia, which are ill-prepared to meet growing needs.

**Aim**
Synthesis of ID literature in order to assess: 1) the effectiveness of psychosocial interventions with QOL-related outcomes, and 2) their relevance for persons who are aging with dementia.

**Methods**
Use of a QOL conceptual framework with targeted domains/indicators (Schalock & Verdugo, 2002).
Electronic and hand searches to uncover published studies spanning 25 years from databases, journals, conference proceedings, reference lists, etc.
Study selection, quality assessment, and data abstraction undertaken by two independent reviewers.
Narrative synthesis of studies and fixed/random effects meta-analyses by classified QOL domain.

**Key QOL Domains**

A dissertation funded by the John A. Hartford Doctoral Fellows Program in Geriatric Social Work, Administered by the Gerontological Society of America
GERIATRIC NEUTROPHILS

The implications of immunosenescent neutrophils in neutropenic older adults with cancer

BACKGROUND:
Immunosenescence
• Refers to age-related changes in structure and function within the immune system
• Renders older adults more vulnerable to infection than younger adults
• Vulnerability magnified by disease and treatment affecting immune function
• Has critical implications for older adults immunocompromised because of neutropenia

PURPOSE:
To review the intersection of immunosenescence and neutropenia, focusing on innate immunity and implications for neutropenic older adults with cancer, and to examine current management of neutropenia in light of immunosenescence.

METHODS
Literature culled from searches in MEDLINE using keywords neutropenia, immunosenescence and related terms was reviewed and critiqued to achieve the stated purpose.

FINDINGS
Geriatric neutrophils form a weaker line of defense against infection
• Blunted mobilization response when the hematopoietic system under stress
• Decreased phagocytic ability
• Premature apoptosis
• Decreased intracellular killing ability

Geriatric neutrophils may partly account for neutropenia’s devastating impact on older adults
• Neutropenia-related infection occurs in up to 48% of older adults
• Neutropenia-related hospital stays are 13.5 days vs. 7 days for younger adults
• Neutropenia-related mortality is reportedly 5-30% for those over 70 years old

ELEMENTS OF CURRENT PRACTICE:

- Fever indicates infection
- Administer growth factors to increase production of neutrophils
- Neutropenic diet includes restricting vitamin rich foods
- Neutropenia is associated with considerable physical and psychological stress

CRITIQUE:

- 20-30% of older adults with an infection never develop a fever
- Growth factors stimulate production of geriatric neutrophils
- Malnutrition has a negative effect on immune function
- Physical and psychological stress has a negative impact on immune function

IMPLICATIONS FOR RESEARCH AND PRACTICE:

- Broader assessment to include emphasis on atypical presentation of infection in older adults
- Give growth factors according to guidelines and expand interventions to include nonpharmacologic supportive care
- Reconsider neutropenic diet and consider supplementation with immune boosting elements
- Research to explore the physical and psychosocial impact of neutropenia from the older adult's perspective

MARGARET H. CRIGHTON, MSN, RN
John A. Hartford Foundation Building Academic Geriatric Nursing Capacity Scholar
Going Poster

Remember the Four Steps

1. Think strategy
2. Get on message

Take a breath... then

3. Hone your design
4. Practice your “pitch”
Welcome to PosterBuzz

Scientific posters are an increasingly popular form of professional communications. Poster sessions provide a unique, face-to-face opportunity for researchers to engage their peers, get needed feedback, prompt new ideas, and meet potential collaborators.

Posters are everywhere at professional association and society meetings across the country, and yet most scientists and academics struggle to put something useful up on the wall. Then they spend poster sessions standing around hoping somebody, anybody, will come by and talk with them about their work.

So who to call? Backed by a team of communications experts who have worked with academic leaders during the last two decades, PosterBuzz is here to help. It is a unique resource for graduate and doctoral students, early career scientists, and even seasoned researchers looking to improve how they communicate about their research. PosterBuzz will help you create dynamic posters that ensure your research—and your ideas—stand out in a crowd.
For More Help

• Call me/write SCP: jbeilenson@aboutscp.com

• See BandwidthOnline(www.bandwidthonline.org) & Poster Checklist in “How Do I...Create an Effective Poster”

• Engage graphic designers in your department/school/area for advice.

• Offer this to a graphic design class as a unique design project.

• Contact your university/school publications or graphic design office.