

Creating a Virtual Village for Faculty Emeriti:
A Proposal for the University of Puget Sound

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This project, submitted by Alisha Brannam has been approved and accepted
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Abstract

This project provided the University of Puget Sound Administration with a proposal for developing a Virtual Village for Puget Sound's Faculty Emeriti. A Virtual Village may aid the University's Faculty Emeriti by giving them the necessary supports to stay in their homes. The proposal included 11 sections: Introduction, age-related changes and their impact on function, importance of social participation on the aging senior, an overview of virtual villages, the need for a virtual village at Puget Sound, the design of a virtual village at Puget Sound, volunteer requirements and duties, sustainability of the Village, additional resources, glossary and references. This proposal provided the implementation, of the Village, in three tiers. The first tier provided check-in services and light home maintenance. The second tier included those services plus the addition of transportation. The third tier included the services of tiers one and two, plus the addition of vetted vendors. A Virtual Village at Puget Sound can offer the Faculty Emeriti needed support to continue to reside in their homes participate in their community while they "age in place."

Purpose Statement

The purpose of this project was to create a proposal for the University of Puget Sound Administration to allow them to implement a virtual village to support Faculty Emeriti to “age in place.”

Background

The implementation of a Virtual Village at the University of Puget Sound can support the University’s Faculty Emeriti by providing them necessary supports that increase the likelihood that they can stay in their homes and community.

The Aging Population

As the population of the United States ages, the question arises, “where will the aged live when they can no longer care independently for their homes?” Many think that the only option would be to move into retirement homes or other care facilities. People in the United States are realizing that this is a very expensive option that is going to get even more expensive as the Baby Boomers become older adults (Knickman & Snell, 2002). Baby Boomers are defined as people born between 1946 and 1964 and this population is estimated to be 76 million in size (US Census, 2003). That means that in the next 18 years, increasing numbers of Baby Boomers will be of retirement age and may need assistance with their living situations.

Many older adults want to stay in their homes, but may find it difficult to do everything that is necessary to maintain their residence because of age-related changes and potential impact on independent living. These changes can affect numerous parts of the body, leading to changes in vision, balance, hearing, muscle and bone strength,

coordination, memory and attention, and flexibility (Hooper & Bello-Haas 2009; Riley, 2009).

Vision

Vision loss can lead to activity limitations including the loss of meaningful activities. As people age, there are changes in their visual functioning that can impact their ability to participate in meaningful activities. According to Hooper and Bello-Haas (2009), age-related changes to eye structure and the visual system cause decreases in visual acuity, loss of some peripheral vision, impaired color and contrast sensitivity, and slowing of visual processing. These can, in turn, lead to difficulty with reading fine print, difficulty seeing edges of steps or curbs, especially in low light, delayed adjustment to changing light levels, and difficulty distinguishing between similar shades of colors. Ultimately, this can impact meaningful activity, such as making it difficult to read menus or nutritional labels on food, distinguish medications from one another, and drive. It is possible to lessen the impact of age-related visual changes through adaptation, including the use of reading glasses, larger print on written materials, and extra light (Hooper & Bello-Haas, 2009). Changes in vision have been shown to negatively impact social participation, daily activities, work and leisure and can ultimately negatively affect a person's physical and mental health (Alma, Van der Mei, Groothoff & Suurmeijer, 2011).

Hearing (Auditory Functioning)

The loss of hearing can lead to limitations in activity. In aging adults, there are changes in auditory functioning that can impact their ability to participate in meaningful activities. According to Hooper and Bello-Haas (2009), these age-related changes to the ear and auditory system decrease a person's ability to hear high frequency sounds, make

it difficult to discriminate between words that sound alike (such as fun, sun, or run) and difficulty hearing quiet sounds. These can, in turn, lead to difficulty with determining the meaning of what is being said. This can impact social participation, because the older adult may give inappropriate responses to questions, or defer to a spouse or caregiver to answer questions. It is possible to lessen the impact of age-related auditory changes through the use of a hearing aid. This change can allow a person to hear what is being said, such as instructions from pharmacists for medication management or directions from a GPS, and also better allows the older adult to carry on conversations with friends. To further assist the older adult, the conversation partner should face the person and articulate clearly, possibly repeating words that were not heard or understood (Hooper & Bello-Haas, 2009).

Changes in Bone and Muscle Body Composition

As people age, there are changes to body composition that can impact their ability to participate in meaningful activities. Age-related changes to the musculoskeletal system lead to a decrease in muscle mass, decreased bone density and less flexibility in connective tissue and cartilage. These can lead to decreased muscle strength, decreased coordination, postural instability, postural changes and decreased flexibility. This can impact meaningful activity by making it difficult to carry groceries, bend over to tie shoes, stand up from low surfaces, or place something on a low shelf. These changes can also directly impact balance, resulting in an increased risk of falling. It is possible to lessen the impact of age-related musculoskeletal changes by using adaptations like walking with a quad cane or walker for stability. Participating in physical exercise like walking, swimming, weight training or water aerobics build muscle and strengthen bones

(Bello-Haas, 2009). According to the Centers for Disease Control (CDC), healthy, older adults should get at least 150 minutes of moderate exercise like brisk walking or 75 minutes of high intensity aerobic exercise, like jogging, every week. In addition, strength training, with light weights, should be done 2 times per week (CDC, 2012).

Cardiopulmonary System

According to Dean & De Andrade (2009), changes in the cardiopulmonary system can lead to activity limitations. Age-related changes to the circulatory system can decrease the efficiency of the heart and decrease the maximum heart rate. Systolic blood pressure increases with age, reflecting the increased work the heart needs to do to move blood through the body. The lungs lose their elasticity and increase in fibrous tissue making it harder to take a deep breath. This can lead to fatigue and dizziness with position changes, such as when getting out of bed or standing up from a chair, and to the older adult fatiguing more easily when completing tasks. These changes can impact meaningful activities, such as running errands, walking to the mailbox and standing to prepare a meal. It is possible to lessen the impact of age-related cardiopulmonary changes through modifications to routines including use of energy conservation techniques, including taking regular rest breaks and allowing more time for task completion (Dean & De Andrade, 2009).

Cognitive Changes

Riley (2009) defines age-related changes to cognition as a decreased ability to attend to activities, the loss of sequencing ability, a decline in memory and changes to attention. These changes can result in reduced problem solving skills, reduced abstract reasoning skills, difficulty remembering new information and changes to how learning

occurs (Riley, 2009). Older adults have the capacity to learn but repetition is needed and the information is more likely to be retained if it is meaningful. These changes can impact daily life, such as remembering phone numbers and names, remembering where the car is parked, recalling if medication was taken, managing daily financial matters, social interaction and remembering the directions to the store (Meade & Roediger, 2009). It is possible to lessen the impact of age-related cognitive changes through the use of brain building exercises like crossword puzzles, memory games and physical activity. Other adaptations include using tools such as maps and GPS, leaving messages on the home answering machine, tracking appointments with a pocket calendar, writing down what needs to be done on post-it notes and placing them where they will be seen (Riley, 2009).

All of the above mentioned age-related changes can contribute to an increased fall risk. According to Serrador, Lipsitz, Gopalakrishnan, Black and Wood (2009) falls are the leading cause of injuries in people over 65. The increase in falls is partially due to age-related changes resulting in a mismatch between the person's abilities and the environmental demands (Iwarsson, Horstmann, Carlsson, Oswald & Wahl 2009). For example, a young person can often see very well in a dimly lit room, whereas those experiencing age-related changes to vision don't see well in dim lighting and may fall because they are unable to see the edge of the rug or clutter in their pathway. Increasing the number of lights or installing brighter bulbs will create a well lit environment and reduce the risk of falling by making the environmental demands match the person's abilities in a more effective way.

It is important to understand age-related changes and how they can affect the ability of a person to stay in their home and "age in place." To age in place means that a

person will be able to stay in their home as they grow older. Over the past decade it has been consistently reported that older adults prefer to live independently in their own homes. Sabia (2008) cites a survey, conducted by AARP, that found 90% of 1585 respondents, aged 65 and older, strongly indicated that they wanted to stay in their homes as long as possible (Sabia, 2008). Being able to live at home while aging and continuing to be able to participate in the activities that are meaningful is what “aging in place” is all about.

Social Support

Social networks are very important throughout the lifespan, including when people age. Older adults with more sources of social support have been shown to have better physical and psychological well-being and greater resilience in response to diseases and other life stressors (Scharlach 2009). As people retire and children move out or a spouse dies, a person may become more isolated and not make new contacts (Holmen & Furukawa, 2002), so replacing those social supports becomes critical. Research has shown that older adults who do not participate socially are at an increased risk for functional decline and even mortality (Lee, 2000). A person’s level of social participation affects health with a lack of social engagement associated with a decline in health of older adults (Bukov, Maas & Lampert 2002). Social participation positively affects not only a person’s physical health, but quality of life as well (Tang & Lee, 2011). As a result, having connections to the community is an important factor for successful aging in place (Sabia, 2008). A community where participation is built-in would therefore be beneficial to the physical and mental health of older adults.

Older adults who experience good relationships with others have a greater sense of well-being (Tang & Lee, 2011). In order for people to have a strong social network, they must be in situations in which they can interact with others. Examples include attending a book club, gardening with others, playing cards, shopping together or having friends over to visit. Adults who are in poor health or unable to get out may be at a higher risk for isolation, which can lead to depression, especially if they live alone and spend their time at home instead of out in the community or with friends (Woo et al., 2007). Community services that can reach those older adults most at risk for isolation are essential to keeping this population healthy and engaged.

With the right kind of assistance, such as provision of transportation to attend community functions, the older person may be better able to participate in meaningful activities and avoid isolation. This can be done while staying at home and aging in place (Sabia, 2008). One model that attempts to meet the needs of people aging in place is called the “Virtual Village” and is designed to help provide a support network to allow people to stay in their homes and age in place.

The Virtual Village Solution

One model, referred to as “The Village,” has been designed to help address the needs of an aging population who desire to stay in their homes. Villages are the products of a grassroots movement that is a growing option for those wanting to age in place. This concept aims to “support the medical, functional, emotional, social, and spiritual needs of older adults” (Accuis 2010). Residents create Villages to help coordinate and deliver services and supports within their communities (Accius, 2010). Many older adults join these Villages because of a desire to remain in their homes. Often older adults do not

want to be a burden to family members and friends. Sometimes family and friends are unable to provide the needed support (Accius, 2010).

Villages are currently in place in many areas of the United States and reflect their communities through variations in design, capacity, and operation. The longest running Village is in Boston, Massachusetts. Founded in 2001, Beacon Hill was the first Village in the United States. This village has provided a road map for designing and implementing other Virtual Villages (Beacon Hill Village, 2011).

Beacon Hill Village was started by residents as an alternative to leaving their homes and moving into a retirement community. By providing programs and services, Beacon Hill Village allows residents to live in their homes as they age. Residents pay an annual membership fee to belong. The individual fee is \$640 while the household fee is \$925. This fee covers referrals for home and transportation services and access to vetted contractors. This fee also covers access to volunteers who provide check-in services, health and wellness information and activities, social and cultural activities and various member discounts (Beacon Hill Village, 2011).

The Capitol Hill Village in Washington, D.C. has been established for four years. It was developed after the Beacon Hill model, and is also a model that other communities follow (Capitol Hill Village, 2011). The Capitol Hill Village provides programs and services that allow residents to stay in their own homes while they age. The annual fee for an individual is \$530 while the household fee is \$800. This fee covers referral services, information, counseling program, transportation, program and business discounts and administrative fees (Capitol Hill Village, 2011).

The biggest difference between the Capital Hill Village and the Beacon Hill Village is that the majority of services provided at Beacon Hill are by paid vendors whereas the Capital Hill Village is operated predominantly by volunteers. Beacon Hill has been operational longer and has a larger membership as compared to the Capital Hill Village. Beacon Hill has thirteen Board members and six paid staff, while Capitol Hill has eighteen Board members and four paid staff. The staffing positions are quite different between the two villages. The paid staff positions at Beacon Hill include:

- Executive Director
- Director of Member Services
- Program Coordinator
- Marketing Director
- Office Manager
- Bookkeeper

The paid staff positions at Capitol Hill include:

- Executive Director
- Director of Volunteer and Social Services
- Advisor to the Board for fundraising and Long term Care
- Office Manager

There is one village operating in Washington State, Northeast Seattle Together (NEST), whose goal is to keep seniors engaged and help them "age in place" as long as possible (Krishnan, 6/20/2010). The annual fee for an individual is \$600 while a household fee is \$900. This fee covers transportation, well-being checks, access to vetted contractor services, access to a variety of volunteer-run services including home and pet care, wellness and fitness activities, classes and organized social activities (NEST, 2011).

Tacoma does not have a program such as a village to assist people to age in place while living in their own home. But the village model could provide guidance in

developing a support network for Puget Sound Faculty Emeriti. If implemented, the Puget Sound Village could provide a support network for the retired faculty at the University of Puget Sound, better allowing them stay in their homes as they age. The Puget Sound community has approximately 50 Faculty Emeriti residing currently residing in the Tacoma area. About 30 Faculty Emeriti have been introduced to the idea of implementing a Virtual Village and the response has been very favorable. Comments include:

- This is a great idea
- I don't currently need services but would like to provide services.
- This will really enhance our community.
- This is great! I've wondered what would happen if I fell, no one would even know I was here.
- I live behind this big hedge and if I was hurt no one could see in.
- I live by myself and would really like someone to check-in with me.
- I'm a young old person and don't need services now but I will someday.
- Thank you for doing this project!

These direct quotes from Faculty Emeriti indicate a need and show their positive support to the creation of a Virtual Village. Many live alone and would welcome and utilize these services.

Procedure for Project

The following were the steps followed to complete this project:

1. Researched the current census statistics on the United States population and trends regarding aging.
2. Obtained knowledge about age-related changes and how these changes impact function and independence.
3. Obtained knowledge about the structure of operating Villages.
4. Researched operating and developing Villages in Washington.
5. Met with Dean Bartanen to learn about her vision for implementing a Village at Puget Sound.
6. Met with Faculty Emeriti collectively and individually to discuss the Village concept and get their input on the idea.
7. Discussed Virtual Village design ideas with Dr. Tatiana Kaminsky and Dean Bartanen to determine what design would work for the University of Puget Sound.
8. Drafted proposal and received feedback from Dr. Tatiana Kaminsky and Dean Bartanen. This feedback was incorporated into the final proposal.
9. Finalized proposal, printed and bound it professionally.
10. Transferred proposal to compact disc (CD) for future use or to make changes as desired by the University

Description of Final Project

This proposal outlined the need and the necessary steps to implement a Virtual Village at the University of Puget Sound in Tacoma, Washington.

This proposal includes eleven sections:

Section 1: Introduction

This section introduced the concept of aging-in-place and how a Virtual Village can support adults in staying in their homes as they age.

Section 2: Age-Related Changes and Their Impact on Function.

This section reviewed age-related changes to vision, balance, hearing, muscle and bone strength, coordination, memory and attention and flexibility and how these changes affect an older adult's function and participation in daily activities and their ability to age-in-place.

Section 3: Importance of Social Participation on the Aging Senior

This section discussed the role of social networks for the aging adult and examined their importance on physical health and quality of life.

Section 4: Overview of the Virtual Village: What is Working in Other Parts of the United States

Section 4 defined the Virtual Village and discussed two of the longest running Virtual Villages: Beacon Hill Village and Capital Hill Village. These two Villages are compared and contrasted as two successful Virtual Villages. The only operating Washington Village, NEST, is also discussed and was used as the model that would work best for The University of Puget Sound Faculty Emeriti.

Section 5: *The Need for a Virtual Village at the University of Puget Sound*

This section provided the rationale for a Village implementation at the University of Puget Sound. Since there is not a Virtual Village in Tacoma this section discussed the need for a Virtual Village at the University of Puget Sound. It was further discussed how a Village could support the University's Faculty Emeriti by giving them the necessary supports to better allow them to stay in their homes and community.

Section 6: *The Design of the Puget Sound Village*

Described the structure of the Virtual Village and divided it into three tiers for gradual implementation:

Tier one will provide:

1. Well being check-in services,
2. Assistance in the home to include but not limited to: changing light bulbs, sweeping walks, vacuuming, taking out the trash, moving trash and recycling to the curb for pick-up.
3. Pre-scheduled light yard maintenance such as cutting grass or trimming bushes.

Tier two would include all Tier one services and add the following:

1. Transportation for members.
2. Provide errand services.
3. Add additional home care services.
4. Increase the number of social events as determined by the membership.

Tier three would include both Tier one and Tier two services and add the following:

1. Vetted Vendors
2. Increased Social Events
3. Classes and lectures by members.

4. Job Descriptions and necessary skills for the Volunteer Coordinator and volunteers.

Section 7: Volunteers: Required for the Success of the Village

This section discussed the necessity of volunteers for the Village to function and be sustainable. A Volunteer Coordinator would be responsible for overseeing the volunteers who provide services to the Virtual Village members. The Volunteer Coordinator would be a paid staff person, decided upon by Dean Bartanen.

Section 8: Sustainability of the Village at Puget Sound

Section 8 outlined the steps necessary to maintain the Virtual Village and keep it sustainable for years to come. These steps included: Educate the Faculty Emeriti about the Virtual Village and encourage them to join, Staff the Virtual Village with a Volunteer Coordinator and the needed volunteers, and third, continue to address the membership needs to insure continued participation.

Section 9: Glossary

This section defined words and concepts used throughout the proposal.

Section 10: Additional Resources

Section 10 identified resources that the University may find helpful when implementing the Virtual Village at Puget Sound.

Section 11: References

This section listed references that were used throughout the proposal.

Project Goals and Objectives

Goal #1:

After reading this proposal, Puget Sound Administration or their designees will understand age-related changes and how they may impact functioning, including social participation.

Objective #1: After reading this proposal, Puget Sound Administration or their designees will describe three age-related changes.

Objective #2: After reading this proposal, Puget Sound Administration or their designees will explain three ways that older adults are at risk for decreased social participation.

Goal #2:

After reading this proposal, Puget Sound Administration or their designees will understand what a virtual village is and how it may benefit Puget Sound Faculty Emeriti.

Objective #1: After reading this proposal, Puget Sound Administration or their designees will describe three benefits of implementing a Virtual Village at Puget Sound.

Objective #2: After reading this proposal, Puget Sound Administration or their designees will give three examples of what existing villages offer their participants.

Goal #3:

After reading this proposal, Puget Sound Administration or their designees will understand supports required to operate and sustain a Village.

Objective #1 After reading this proposal, Puget Sound Administration or their designees will describe three ideas to sustain “The Village.”

Objective #2 After reading this proposal, Puget Sound Administration or their designees will describe two supports that are necessary to operate a Virtual Village, including volunteer screening.

Goal #4:

After reading this proposal, Puget Sound Administration or their designees will understand strategies to advocate for aging in place for seniors and their communities.

Objective #1 After reading this proposal, Puget Sound Administration or their designees will describe three ways to advocate for seniors aging in place in their homes and communities.

Objective #2 After reading this proposal, Puget Sound Administration or their designees will describe three reasons why it is important to advocate for seniors.

The proposal was in process of being printed at the time this paper was finalized so the attainment of these goals and objectives could not be assessed.

Outcomes

The ultimate desired outcome of this project was to create a proposal that outlined the design and implementation of a Virtual Village for the Faculty Emeriti at the University of Puget Sound. The overarching goal of this project will have been met if a Virtual Village is created for the University of Puget Sound's Faculty Emeriti in the future.

This proposal quantified the need of offering the Faculty Emeriti an informal support service to help them stay in their homes as they age. The Puget Sound Administration have been educated about the benefits of implementing and participating in a Virtual Village informal support network design. The implementation has been outlined and the necessary supports identified to make this a sustainable program. The goals will be assessed by asking Administrators or their designees to answer questions after reading the proposal. To date no direct results have been determined.

Implications for Occupational Therapy

Developing a proposal to assist Puget Sound Faculty Emeriti to "age in place" is a great match for occupational therapy. Occupational therapists are skilled at adapting environments and assisting people to participate in meaningful activities and function at their highest level of independence. This means that an occupational therapist can evaluate a person's home conditions and make recommend changes to ease tasks and increase safety in the home. For example, if an older person is doing tasks in low light an occupational therapist will examine the environment and make recommendations to improve the lighting, including changes to the type and quantity of light. The increased

lighting can make the task more accessible and easier to see by accommodating age-related changes the person is experiencing.

Occupational therapists often focus on home safety and home and community accessibility during occupations, including activities of daily living (ADL), instrumental activities of daily living (IADL) and a social and leisure (American Occupational Therapy Association [AOTA], 2008). This means that while in the home the occupational therapist will consider a person's abilities and the environmental and activity demands while also focusing on safety, including fall risk. Some examples of how older adults can be kept safer in their homes as they age include removing clutter, increasing lighting, increasing contrast at edges of the carpet or stairs and installing grab bars in the bathroom (Tideiksaar, 2009). Making these modifications can make a home safer for the aging adult. An occupational therapist may assist people with getting around their communities and homes by doing things such as teaching them how to arrange for rides, assisting with reading the bus schedule, or recommending changes to the home environment like adding a ramp or removing thresholds.

The occupational therapist views the person holistically, assesses and adapts the environment to match the person's performance skill and demands of his/her desired activities. Adapting the environment to meet the person's abilities could allow that person to remain in his/her home and community. Taking the entire person into account allows occupational therapists to assist older adults in remaining independent and participating in meaningful activities while staying in their homes.

Specifically, an occupational therapist is able to identify age-related changes and assess a person's environment. Upon assessment it may be determined that a mismatch

between the environment and the person exists. When there is a mismatch between the person's abilities and the environmental demands is when problems can occur (Iwarsson, Horstmann, Carlsson, Oswald & Wahl, 2009). For example, a young person can often see very well in a dimly lit room, whereas those experiencing age-related changes to vision don't see well in dim lighting and may fall because they are unable to see the edge of the rug or clutter in their pathway. Increasing the number of lights or installing brighter bulbs will create a well lit environment and reduce the risk of falling by making the environmental demands match the person's abilities in a more effective way.

Another skill of an occupational therapist is to assess a person in the areas of cognition, social and leisure activities, self care and the ability to care for others. These skills allow an occupational therapist to assess a person and determine if all of these needs are being met. If they are not being met then another mismatch may be identified. For example, an older adult has recently lost their spouse and while grieving they become depressed, as the depression grows this person becomes isolated from their social support. An occupational therapist is able to identify the lack of social contact and help the person find ways to increase their social participation. With the goal of obtaining the desired outcome of reduced depression, improved social interaction and increased quality of life.

These skills allow the occupational therapist to play a key role in assisting aging adults as they stay in their homes and age-in-place.

Theory of the Person, Environment and Occupation Model

The Person, Environment and Occupation (PEO) model is the one that best fits this project. The main point of PEO is looking at the fit between person, environment and occupation and assessing if and where there is opportunity to adjust one, two or all three components. The areas that are assessed are the person's skills, the environmental demands and/or the activity requirements. PEO identifies areas of performance and assesses the barriers that keep a person from successfully participating in those areas. According to Catana Brown (2009), the primary outcome of PEO is occupational performance which is determined by the fit among the person, environment and occupation. The person is viewed holistically by acknowledging mind, body and spirit. The environment is where occupational performance takes place and most often refers to the physical environment but can also include cultural, social and socioeconomic environments. Occupation refers to the task that a person engages in throughout their lifetime. PEO states that occupational performance can't be understood outside of the person's environment. The environment can create barriers or enhance occupational performance and is a major factor to determine if the person will perform successfully (Brown, 2009).

A key desire for most older adults is to age in place in their environment. To help people age in their own homes, the fit between the person's abilities and the environmental demands need to be considered. The PEO model helps direct this process by providing support and direction as these areas are assessed. This project will address a person's participation in ADL, IADL and other meaningful activities. It will consider how aging affects a person's abilities and how the environment supports or hinders them.

An example would be an older adult who has driving restrictions due to changes in vision and therefore has difficulty accessing and participating in community activities. If the person is supported and given a ride, she will be better able to participate. Without transportation she may become isolated and lonely. Maximizing the fit between person and environment and making environmental changes will be proposed through this project which will, in turn, help assist the older adults as they “age in place.”

Application of the OT Practice Framework

The Occupational Therapy Practice Framework (OTPF) guides occupational therapists’ scope of practice. The OTPF defines the occupational therapy domains and how they support health and participation. According to the OTPF, the domains include: activity demands, performance skills, context & environment, client factors, performance patterns and areas of occupation. The OTPF goes on to define the occupational therapy processes: evaluation, intervention and outcomes (AOTA, 2008). Through the occupational therapy process occupational therapy practitioners can provide evaluations and interventions resulting in outcomes that allow a person to participate in meaningful activities. This domain and process is the crux of what occupational therapy is and how it differs from other allied health professions. The Framework also helps to define terms so when occupational therapy practitioners use professional jargon the meaning is consistent to all occupational therapists (AOTA, 2008). The OTPF is what defines occupational therapy and determines how therapy can be provided. The areas of the OTPF that are important to this proposal include the environment, client factors and performance skills, specifically social skills. The environment is where occupation takes place. Client factors include values, beliefs, spirituality, body functions and body structures which affect a

person's occupational performance areas. Social skills are organized patterns of behavior with family and friends and in one's community (AOTA, 2008).

This project supports older adults as they stay in their homes and "age in place." As a broad topic all areas of the domain are covered. As stated above, the areas that stand out are environment, client factors and performance skills, specifically social skills. In order for people to stay in their homes, the environment may need to be adapted to address age-related changes that the person most likely will experience. An example would be improving home lighting. An age-related change people often experience is vision decline. It would be necessary to assess the environment and make necessary improvements to adjust the lighting in the home. Another important factor is socialization. Often as people age and lose loved ones they may feel isolated and may lack social interaction. This could be addressed by providing transportation for those who are unable to drive. The information in the proposal will help aging Faculty Emeriti remove the barriers that could prevent them from staying in their homes and allow them to "age in place."

Limitations of Project

The limitations to this project include the limited opportunities to meet collectively with the Faculty Emeriti once the Virtual Village design began to form. Individual conversations happened but the synergy of a group discussion did not occur after the initial meeting. This was due to availability of all interested parties.

Another limitation of this project is that at the time of this writing, the University of Puget Sound Administration did not have the opportunity to read the final proposal. Since this has not occurred it is unknown if all the goals will be met but the student is optimistic that the goals will all be met once the university administration reads this proposal.

Future Steps/Sustainability

There is currently not a Virtual Village in Tacoma, specifically near the University of Puget Sound, that provides this service. The need for a Virtual Village has been determined, but how will the Virtual Village continue to operate for years to come? There are steps that need to be taken in order for the Virtual Village to remain in operation. First, it will be necessary to educate the Faculty Emeriti that The Virtual Village at Puget Sound is available. The current Faculty Emeriti have been introduced to the idea and many are interested in the service. It would be beneficial to include the information about the village on the university's website and in university publications. Second, it will be necessary to make sure that a volunteer coordinator and volunteers are in place in order to provide the services. The volunteer coordinator will need to be a current university staff member, as determined by Dean Bartanen. This person will be responsible for training the volunteers and the volunteers will be accountable to the

coordinator. In the volunteer coordinator's absence, such as when on vacation, it will be necessary for the duties to be covered by another staff person, as assigned Dean Bartanen or her designee. The feedback between the volunteer coordinator and the volunteers will be critical to ensure follow through by the volunteers and to address member concerns as they arise. Third, it will be important to survey the membership to ensure that the village is growing and moving in the direction that best meets the members needs.

This project is sustainable due to the large number of seniors who would like to stay in their homes and "age in place." This is true for the Faculty Emeriti as well who have expressed the desire for this support to be available to them. The university administration is supportive and interested in having this program be available to assist Faculty Emeriti.

There is an opportunity for growth in the Virtual Village. This proposal sets the stage for the implementation of tier one and outlines a proposal for the later implementation of tier two and tier three.

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