PURE Insights Volume 11 - Full Issue

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Editor's Note

Ignorance is the curse of God; knowledge is the wing wherewith we fly to heaven.
– Henry VI Part II Act 4 Scene 7

In one of my classes this year, I assigned first-year college students a project to find a news story based on medical research and then read that medical research. They protested: there was no way they, mere students with no medical training, could actually read a medical study. But, by the end of the project, they had all understood enough of a scientific journal article to tell if 1) a study was flawed or not and 2) if the media outlets had reported the research in good faith.

The bit of knowledge I shared with my students on scientific studies, statistics, and the media gave them the skills and confidence to check media sources and the freedom from relying on them.

In this way, doing research can free us from ignorance. The step students have taken in these pages is the second part of Shakespeare's quote: they've created knowledge that will wing us all up.

In my last essay, I marveled at the heroic effort it took to conduct research during the pandemic when access to people and facilities was impeded. However, that implies that research at times without a global outbreak is not as heroic, which is false. Research, the pursuit of knowledge, is always a heroic thing because it requires understanding a field well enough to know where the holes in the literature are and then being courageous enough to take the prerogative to fill them.

I'm proud to be involved in the production of *PURE Insights* because I get to interact with the people (including the reviewers, editors, and support staff of this journal) who help the authors and sponsoring faculty that are bravely conducting research to lift us all up.

Maren Anderson
Western Oregon University
December, 2022

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Fall 2023 INSIGHTS cover design

Ruben Ramirez Alvarez, Western Oregon University
Faculty Sponsor: **Jen Bracy**

With the use of collage and photo manipulation as primary design techniques, this cover features the intersection of color, movement, and light. The layering of various photographic elements, the vibrancy and saturation of colors, and the abstract form and moving parts, symbolize the complexity of the human mind. This design specifically explores the concept of the lightbulb idea, the desire to access a source of creativity, or the next big thing that could change the course of humanity. However, this cover also implies great ideas and creativity truly reside nowhere else but within ourselves and the world around us. It is when we open our minds that we are able to form connections that reach the potential of our creative insights and unlock the possibilities of the human imagination.

Joking With a Heavy Heart: Bo Burnham as the Modern Underground Man

Jasper S. Beck, Western Oregon University

Faculty Sponsor: **Dr. Ryan Hickerson**

What is the meaning of life? How can we make sense of existence, if at all? These are the questions Fyodor Dostoyevsky attempted to answer in his 1864 novella *Notes From Underground*. More than a century later in 2021, comedian and filmmaker Bo Burnham attempts to answer the same questions in his COVID-era comedy special *Inside*. Though neither of these works are about existential philosophy explicitly, *Notes From Underground* is revered as such. In this comparative essay, I argue that *Inside* is also a deeply existential work, similar to *Notes From Underground* in both the themes it contains and the mechanisms used to convey them. Both are self-referential expressions of pain and bewilderment over the existential condition, and both conclude by giving in to nihilism. Comparing these similar works from vastly different time periods can shed light on how humanity grapples with the same existential questions under different circumstances, providing evidence for the continued relevance of existential philosophy in the Internet Age.

Keywords: absurdity, Bo Burnham, human condition, Dostoyevsky, existentialism, Inside, internet, Notes From Underground, performance

In a way, Fyodor Dostoevsky is the least existential author that we have read from in this class. While Sarte, Kierkegaard, and Heidegger are all philosophers with explicit ideas and beliefs about the world, Dostoevsky is more of a novelist, choosing in his book *Notes From Underground* to instead portray a character with complex emotions and motivations, leading us to empathize with the Underground Man, instead of pick apart his arguments. The Underground Man doesn't say the word existentialism, but through his ranting, we gain a better understanding of what it *feels* like, this human condition or situation that all existentialists say we're in. That's why I enjoyed reading Dostoevsky much more than Kierkegaard; while Kierkegaard hovered over my suffering and described it in schematic detail, Dostoevsky came down and suffered alongside me.

This is the exact same reaction I had to Bo Burham's *Inside*. Though marketed as a "comedy special," I think *Inside* is the most important film to be made in the last 50 years. I felt as though if someone were to ask me what it felt like to be a young person in the current moment, I could just point to *Inside* and say, "That. That describes everything." Through song, sketch, and innovative lighting and cinematography, Bo Burnham, like Dostoevsky, portrays "one of the representatives of a generation that is still with us" (Dostoevsky 193). Though not explicitly existential, *Inside* says a lot about what existing is like, and the problems that come with it. Ultimately, I think *Inside* is for the 21st century what *Notes From Underground* was for

the 19th century. They express the same problems, in the same style, and ultimately come to the same conclusion about the absurdity of life: it's better just to go mad.

That's a hefty claim to make, so to support it I want to give a full rundown of the excerpt from *Notes From Underground* that we read, and a summary of *Inside*. Then I'll begin explaining how the two are similar, first in form, then in function, and finally, I'll dive into what those similarities seem to say about existentialism.

The excerpt from Dostoevsky's *Notes From Underground* is divided into 11 sections, which is highly convenient for summary. Section 1 introduces us to the speaker: the Underground Man. He is, by his own admission, a sick and spiteful man. He was a former civil servant who now spends his middle age in a basement apartment in St. Petersburg, having nothing better to do than waste time and complain about the nature of reality, it seems. We learn in this section that he is not necessarily a reliable narrator, a trait that he and Burnham share. Section 2 is about how there is a kind of delight to be found in guilt, and he elaborates in section 3: while "the natural man" would cease pursuing his goal when he encountered an impassable stone wall, (a metaphor for all that is factitious) a more "clever" man like Mr. Underground would simply deny the stone wall, for "I shall not reconcile myself to it just because I have to deal with a stone wall and haven't the strength to knock it down" (203). Section 4 explains that

the aforementioned delight found in suffering is performative; that one can find pleasure in a toothache by performing over-the-top groans for an audience (his family, and even himself) and thus "he is only amusing himself out of spite and malice" (205). Section 5 reveals the reason for this performance, this playacting: there's nothing else to compose yourself with. The Underground Man can't find "a primary cause to lean against." Thus everything he does is a conscious effort of spite, whether it's loving, loafing, or slapping somebody in the face. He wishes he could be any of those things positively in section 6, because then he would have something definite to compose himself with, but since there isn't a primary cause, it's all spite. He then pivots and says that the desire for something positive is a golden dream, in section 7. He denies the notion that if only humanity were enlightened to their interests, we would all behave reasonably, and ultimately build a deterministic "Crystal Palace" where, through math and science, everything would be figured out and perfect. He says that we can't define our interests, and that civilization hasn't really made us any less brutal, and that "one may choose to do something even if it is against one's own advantage, and sometimes one *positively should*" (215). He continues on the same subject in section 8, saying that "man only exists for the purpose of proving to himself every minute that he is a man and not an organ-stop!" (221). He builds on this further in section 9, saying that humans love making projects for themselves, wherever they may lead, and that we're like chess players: fond of the process of achieving our aim, but not of the aim itself. He says, contrary to the "lovers of humanity," people love suffering, because "it's the sole cause of consciousness!" (224). In section 10, he continues to deny the Crystal Palace, but admits that he would gladly stop denying it if things could be so arranged that he would have no wish to do so. But it seems to the Underground Man that the Crystal Palace does not account for why he feels this way. Why is he incompatible with it, if not because that's the whole point? Finally, in section 11, he pulls back the curtains, and says that he doesn't really believe in anything he just wrote, that though he addresses an audience, he's really only writing to himself, to try and purge something from his mind, and to pass the time because he's bored. How existential.

Hopefully in the following summary of Bo Burnham's *Inside*, you will begin to see the similarities between it and *Notes From Underground* that I will note afterwards.

Before making *Inside*, Bo Burnham was a successful standup comedian who got his start making edgy musical comedy on YouTube. He quit performing live comedy in 2015 after suffering severe panic attacks onstage. In that time, he wrote and directed the awarding-winning film *Eighth Grade*, and was ready to begin performing live comedy again in January of 2020. And then, in Bo's words, "the funniest thing happened." The pandemic forced Burnham back into isolation just when he was ready to reenter, and *Inside* is what he created during that year. The film follows Burnham, alone in a single room, as he struggles to make the film itself, interspersed with comedic musical numbers and sketches. Generally, the progression of the plot goes from Burnham's optimism about his ability to affect change in the world, (in the song "Comedy") and his ability to finish making the special, through his despair and agonizing, and into his eventual acceptance of the absurdity of it all (in the song "All Eyes on Me"). The film comments most about the internet, portraying how it has absorbed every aspect of our lives (from intimacy in the song "Sexting", to our whole sense of self in "White Woman's Instagram") and Burham states this thesis ironically near the end of the film: "Real-world human-to-human tactile contact will kill you…all human interaction, whether it be social, political, spiritual, sexual, or interpersonal, should be contained in the much more safe, much more real, interior digital space" (Burham, 1:03:10). Again, this statement is delivered ironically, but it serves to illustrate that the "inside" Burnham finds himself in is the performative hell the internet perpetuates.

When comparing *Inside* with *Notes From Underground*, I am surprised by how many stylistic similarities there are between two works 157 years apart. At the superficial level, both are stories about men isolated from the rest of society, trapped within their own head as they grapple with the absurdity around them. I guess that's why I resonate with them. Both of them also share the tendency to contradict things they say, like they don't really believe themselves.

The Underground Man says this explicitly on page 226, and Bo Burnham's asides are constantly layered in irony so that you can never tell what he's satirizing and what he believes. At 46:48, after delivering a line about killing himself, he clarifies that he doesn't actually want to kill himself, but as soon as he begins addressing people who have actually struggled with suicidal thoughts, his tone becomes sardonic, and his image is projected onto another shot of himself, despondant and distracted. Both Burnham and the Underground Man are constantly undermining anything they assert, and I think it's because of their awareness that it's all performative anyway.

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Speaking of which, another similarity the two works share is the omnipresence of an audience that the men address frequently. This seems more natural in *Inside*, because it is still nominally a comedy special, and addressing the audience is inherent to that format. The film is full of imagery of the camera consuming the whole screen (3:14) and in the song "All Eyes on Me," Burnham demands that the audience get up and cheer for him (more on this later). The Underground Man constantly addresses some group of "gentlemen," usually laughing at him or trying to counter his claims. On page 196, the Underground Man writes, "I expect you must be thinking, gentlemen, that I want to amuse you. Well, you're mistaken there too." This seems highly unusual, especially since later he admits he's writing only to himself, but like the piped-in laugh tracks of *Inside*, the Underground Man invented his audience. He needs something to perform for, to justify the whole endeavor.

These similarities in form are telling of deeper similarities in what they mean. Primarily, both works are an expression of pain over an expression of belief. This is what I mean when I say that Dostoevsky is the least existential author we've read. Neither he nor Burnham make many claims about how the world ought to be, or how to leave the miserable state they are in, at least not without doubting themselves. Even when Burnham wonders if "maybe allowing giant digital media corporations to exploit the neurochemical drama of our children for profit, you know, maybe that was a bad call" (30:14) he delivers that line lying on the floor surrounded by a tangle of equipment, hardly the voice of authority, and the line comes sandwiched between two songs, so it's hardly a focal point. Rather, each work is descriptive of what it feels like to live in an absurd world. Both works acknowledge the people trying to make the world a better place (the systematicness with which Burnham plans to "heal the world with comedy" at 06:42 is akin to the systematic approach of the "lovers of humanity"), but both deny that idealism. They assert that the world is messed up. The Underground Man says, "Well, just take a good look around you: rivers of blood are being spilt, and in the jolliest imaginable way, like champagne" (Dostoevsky, 213). The song "How the World Works" is *Inside*'s version of this, as Socko the puppet refutes a functionalist model of society with a critical one, detailing various ways in which people are crushed and oppressed: "Don't you know the world is built with blood! And genocide! And exploitation!" (Burnham, 15:59). But Socko doesn't have a solution. When Burnham asks what he could do to help, Socko replies, "Read a book or something, I don't know! Just don't burden me with the

responsibility of educating you. It's incredibly exhausting!" (16:53).

The point of these works is not to provide a solution to the situation, but to say that you cannot leave the situation. This is the heart of both stories, I think, and of existentialism in general. You cannot leave this human condition of having to choose, of having to perform yourself. You cannot go outside, because there is no outside. This point is hammered home at the end of both pieces. In section 11 of *Notes From Underground*, after the "audience" delivers a tirade against the Underground Man's ramblings, he says, "Now, of course, I've made up all this speech of yours myself. It, too, comes from the dark cellar. I've been listening to your words for forty years through a crack in the ceiling. I have invented them myself. It is the only thing I did invent" (Dostoevsky 227). Indeed, the Underground Man has only ever been talking to himself, because he doesn't plan to publish what he's writing: "It is only a form, an empty show, for I know that I shall never have any readers" (228). He's only writing to pass the time, as an existential project for himself. So while we might be tempted into thinking that his words speak to a truth transcendent of his situation, they're not. They're just something to do, which is exactly his point. The Underground Man accepts that he cannot do anything about the absurdity of the world, about his incongruity with the stone walls and the Crystal Palace, and writes it all down in spite.

This is the exact same conclusion that *Inside* comes to. Later in the film, Burnham admits that "If I finish this special, that means I have to not work on it anymore. That means I have to just live my life. So I'm not going to do that. I'm not going to finish the special. I'm going to work on it forever, I think. I'm never going to release it, so I'm not talking to anybody right now, I'm just talking to myself. So who fucking cares, fuck you, goodbye, and let's keep going" (Burnham 1:01:06). For Bo Burnham as well, his art is his existential project. After all, "When you're a kid and you're stuck in your room, you'll say any old shit to get out of it" (36:27). But you can't ever get out of it. Over the course of the film, as Burnham begins to accept the absurdity of reality, sounds and images of nature begin to crop up inside his room. This is most evident in the song "That Funny Feeling," where the mood of sitting around a campfire at night is evoked using completely artificial means. This blurring of the line between the natural and unnatural represents how any idea of something outside the existential condition is actually part of the existential condition. This comes to a head at the end of the film, when

the door to Burnham's room is suddenly ajar. When he steps outside, however, he stands in a spotlight, and the audience applauds. As Burnham frantically tries to reenter his house, he finds that the door is locked, and the audience laughs at his panic. It's then revealed that the entire scene was simply a projection on Burnham's wall, and he's watching himself, still inside, and the film ends when he cracks a smile. This is congruent to the Underground Man's admission that the audience is invented. Both of them are trapped within their own heads, and there's no escape.

This is what *Inside* says about existentialism. You cannot leave this often quite miserable condition you find yourself in, and wanting to leave the condition is an integral part *of* the condition! Whether you ignore it or accept it, the world presents itself to you as absurd and uncertain, "But in spite of these uncertainties and this hocus-pocus, you have still got a headache, and the less you know the more splitting the headache!" (Dostoevsky 204). Both the Underground Man and Bo Burnham accept that that headache is never going to go away and embrace the deliberate and spiteful performance that is existing.

These don't feel like happy endings. In the penultimate song, "All Eyes On Me," Burnham gives in to performing for his completely imaginary audience, demanding "get your fucking hands up, get on out of your seats, all eyes on me" (Burnham 1:12:49). He revels in the narcissism that the internet enables. The internet has become that faceless audience that we perform ourselves for. This is existentialism, uploaded. But it's less of a project, and more of a coping mechanism. As Burnham declares in the bridge of "All Eyes On Me", "You say the ocean's rising like I give a shit. You say the whole world's ending, honey, it already did. You're not gonna slow it, heaven knows you tried. Got it? Good, now get inside" (1:15:50). Such performance allows us to hide from the main predator of existentialism: nihilism. Surprise! The internet provides us with "a little bit of everything, all of the time" (58:10) so that we can go on performing in spite of stone walls like climate change. Deep down we all feel that hopelessness, that the world has already ended, that none of this matters. I think *Inside* is about a man who is trying desperately to say that isn't true, to find a primary cause to lean against, and in the end he just gives up, accepting that he can never leave this desperate situation he's in, and gives himself fully to the internet that numbs his pain. It's better to just go mad. To lock yourself in your metaphorical room or basement, and talk to people who aren't there. Got it? Good, now get inside.

REFERENCES

Burnham, Bo, director. Bo Burnham: *Inside*. Netflix, 2021.

Dostoevsky, Fyodor. "Notes for the Underground. Part 1: Underground." *Basic Writings of Existentialism*, edited by Gordon Daniel Marinol, et al. The Modern Library, 2004, 193-230.

How Trigonometry Can Solve a Murder

Delaney N. Bishop, Western Oregon University

Faculty Sponsor: **Dr. Leanne Merrill**

Who killed Mr. Williamson? Is Mrs. Williamson telling the truth? Or is she lying to save herself? The answer to all of those questions can be determined through the use of blood spatter that was created during the course of events that led to Mr. Williamson's death. Specially trained analysts, known as blood spatter analysts, use mathematics equations to determine the location of individuals and objects at a crime scene during the time that the violent crime takes place. The equations that blood spatter analysts use in their calculations comes from a division on math known as trigonometry. Investigators then use those calculated locations to determine if their witnesses or suspects are telling the truth through comparison.

Keywords: Trigonometry, Blood spatter, Forensic Chemistry, Forensics, Math

Picture this: Mrs. Williamson is standing trial for the murder of her husband, Mr. Williamson, who was ruled to have died from blunt force trauma. Mrs. Williamson told investigators that her husband was putting lawn decorations up in their attic when he accidentally fell and hit his head on the stair's railing, killing him instantly. When investigators arrived, the scene before them did not fit the wife's story of an "accident." How could investigators corroborate Mrs. Williamson's claims?

To confirm the wife's claims, investigators must determine the victim's position during the time of bloodshed by analyzing the blood spatter left at the scene using a method that you learned in high school but may have forgotten about: trigonometry. Blood spatter analysis is the study of patterns of blood spatters that are left behind at a crime scene (Guerra 1). Despite what we have come to believe, blood spatter analysis is not accurately depicted in popular television shows such as *Dexter* or *Numb3rs.* Blood spatter analysts cannot determine the exact sequence of events that take place nor can they determine the exact position of the origin of the blood spatter (Freeman and McManus). An analyst can only determine the approximate positions of the victim and assailant, and it is up to the investigators of the case to determine what happened based on the positional information and evidence gathered (Freeman and McManus).

The first methodical study of blood spatters was published in 1895 by Dr. Eduard Piotrowski of the University of Krakow in Poland and was titled "Concerning the Origin, Shape, Direction and Distribution of the Bloodstains Following Head Wounds Caused by Blows" (Freeman and McManus). The research done by Dr. Piotrowski

influenced many investigators in the early 20th century in France and Germany (Freeman and McManus). However, the first evidence of blood spatters used in a legal case in the United States did not show up until 1955 in the highly publicized case of the State of Ohio v. Samuel Sheppard (Freeman and McManus). In the State of Ohio v. Samuel Sheppard case, Mr. Sheppard was arrested for the suspected murder of his wife whom he claimed was killed by an intruder (Holmes). During Mr. Sheppard's first trial, the prosecution presented evidence that included an analysis of bloodstains found in the house and used Mr. Sheppard's affair with Susan Hayes, a former lab technician at Bayview Hospital, to establish a motive for the murder. The defense failed to convince the jury of Sheppard's innocence, and he was convicted (Holmes). Ten years later, in an appeal trial, Dr. Paul Kirk presented more information on the previously used bloodstain evidence used from when Mr. Sheppard was convicted (Holmes). This new information showed the position of the assailant and the victim, and his research revealed that the attacker struck the victim with their left hand (Holmes). Mr. Shepperd was right-handed; therefore, he could not have been the attacker (Holmes). After that, the field saw vast expansion and modernization by Herbert MacDonell who also developed training courses to continue to train blood spatter analysts (Freeman and McManus). Since then, blood spatter analysis has become an accepted source of evidence by the judicial system for use during court cases (Freeman and McManus).

From blood spatter, trained specialists can determine the type of weapon, the velocity of blood, the number of blows, position, and movements of the victim (Freeman and McManus). Specialists can also determine the movements

of the assailant during and after the attack and whether the death was instantaneous or delayed (Freeman and McManus). The different types of blood spatter are categorized into low, medium, and high-velocity depending on the spatter's varying terminal velocity (Martin). Each category of blood spatter can also be identified by analysts based on their varied appearances (Martin). In the case of Mr. Williamson's fall, the blood spatter analyst determined that blood spatter caused by a fall from a ladder would create low-velocity blood spatter. Let's look at how that can be used to determine the position of the victim at the time of the crime.

The most common method of determining the victim's position at the time of bloodshed is through the measurement of three quantities: the angle of impact, the area of convergence, and the height from which the blood fell (Rajchgot). This is done through *trigonometry,* which is the study of triangles (Lynch; Rajchgot). In trigonometry, one can use the side lengths of a right triangle to calculate the angles contained inside the triangle (Lynch). The reverse method in trigonometry can also be done when using provided angle measurements to calculate the side lengths (Lynch). The study of triangles includes the measurement of the angles of triangles (Abramson et al 577). In blood spatter analysis the analyst uses a branch of trigonometry called Right Triangle Trigonometry (Abramson et al 593). In Right Triangle Trigonometry, one angle in the theoretical triangle must equal exactly 90° (Abramson et al 593). The three trigonometric equations, which are sine, cosine, and tangent, are used to calculate the measurements of the two acute angles in a right triangle and use the legs of the triangle for the calculation (Abramson et al 593). In the trigonometric functions, the opposite leg is the leg of the triangle that is across from the angle that the individual is wanting to measure, the adjacent leg is the one that is right next to the angle that is wanting to calculate, and the hypotenuse is always the longest side of the triangle (Abramson et al 594). If there is one thing you remember from high school, it is probably SOHCAHTOA, the common mnemonic for remembering these relationships because of the letters formed from each function (Abramson et al 593).

In the case of blood spatter analysis, the tangent function is used to calculate the height from which the blood fell before it hit a surface. To help visualize this I have attached a diagram of an example of the setup of a right triangle for a calculation and the trig functions are listed below. In the example below, the angle being measured is represented by the Greek letter theta, θ. A blood-spatter analyst will use the tangent function to calculate the height that the blood fell from the area of convergence. However, before an

analyst calculated that, they need to calculate the angle of impact and area of convergence.

$$\text{Sine } \theta = \text{Opposite/hypotenuse}$$
$$\text{Cosine } \theta = \text{adjacent/hypotenuse}$$
$$\text{Tangent } \theta = \text{opposite/adjacent}$$
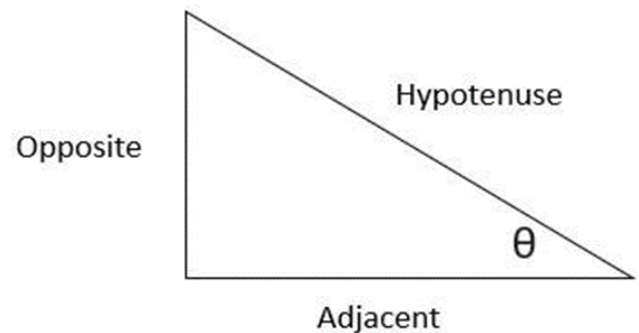
When blood is flying through the air, it has similar physical properties to that of water (Rajchgot). Because of these properties, if a drop falls to a surface at a 90° angle, then it will leave a circular spatter pattern (Rajchgot). However, if a drop falls at any angle other than 90°, then it will leave a differently shaped spatter pattern that looks more like an oval with a tail than a circle (Rajchgot). The shape of a blood droplet changes depending on the angle at which it hits a surface because when the droplet hits a surface at an angle, different parts of the droplet hit the surface at different times causing the shape to elongate (Rajchgot). The angle at which the blood droplet hits the surface is called the angle of impact (Guerr 2). The angle of impact is determined by measuring the length and width of the blood spatter—making sure not to include the long skinny part called the tail—and plugging it into an inverse sine function which provides the angle (Gomez). It is also important to remember that the greater the difference between the width and length, the sharper the angle of impact which will create a thinner, more elongated shape (Freeman and McManus).

To measure the angle of impact of the blood spatter, another trigonometric function called Arcsine is used. Arcsine is the inverse function of sin θ that substitutes the ratio of sin with the ratio of Arcsine and returns with the angle that is between those two legs of a right triangle (Abramson et al. 594; Stewart A19). To calculate the angle, the analyst divides the width (shorter side) by the length (longer side) of the blood droplet measured in millimeters and multiplies the quotient by Arcsine (sin⁻¹) (Gomez). In the case of Mr. Williamson's death, an analyst inspecting a blood droplet at the scene and determined that the width

was 1.5 centimeters (15 millimeters) and the length was 3.0 centimeters (30 millimeters); this would mean that the angle of impact is 30°.

$$\sin^{-1}(9mm/18mm) = 30°$$
The angle of impact was 30°
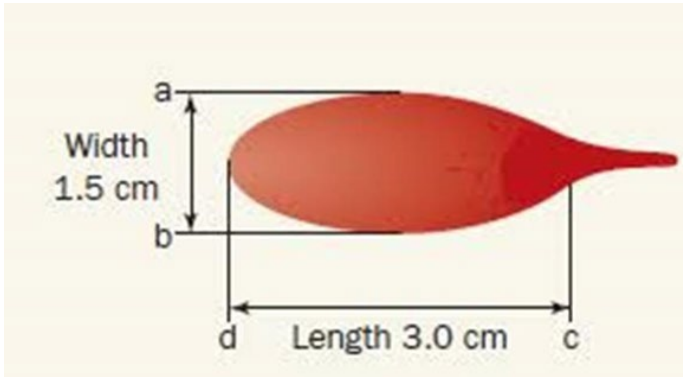
After the analyst determines the angle of impact of multiple blood spatters, they can determine the area of convergence. The area of convergence is the area of intersection of multiple bloodstain paths in a given spatter pattern (Rajchgot). Typically, to find the area of convergence at a crime scene, analysts use the old fashioned method where strings are attached to each bloodstain down its axis to signify where they converge (Guerra). A modern-day version of this is the use of lasers (Freeman and McManus). The point at which the strings or lasers intersect is the area of convergence and a possible spot in the room from which the blood originated (Freeman and McManus). In the case of the investigation of Mr. Williamson's death, the analyst would have expected the position to be around the area of the railing of the stairs. The area of convergence is just one part of determining the position that the blood originated from during an investigation. Analysts also have to determine the height at which the blood fell in order to determine more information about the position of the victim's body during the time of bloodshed. This is especially important in the case of Mr. Williamson's death because his wife is claiming that he fell from a ladder and hit his head on the stair railing. In order to make Mrs. Williamson's claims possible the height from which the blood would need to be calculated to only a couple of feet from the surface the blood spatter hit.

The estimated height at which the blood spatter fell from during the time of bloodshed is calculated by multiplying the distance that the spatter is from the area of convergence by the tangent of the impact angle (Gomez). A general diagram and equation can be viewed below this

paragraph. The distance from the area of convergence can be determined simply by measuring the horizontal distance between the blood spatter and the area of convergence. This formula works because the distance from the area of convergence is adjacent to the impact angle and the height is opposite to the impact angle. This is based on trigonometric functions from above we know is the exact ratio that is wanted for the tangent function.

$$\text{Horizontal Distance} * \tan θ$$
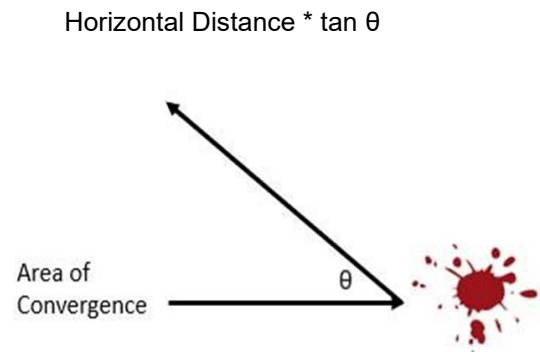
In the case of the investigation of Mr. Williamson's death, the angle of impact was calculated to be 30° and the distance between the blood spatter and area of convergence is 10 feet. Based on the formula, the analyst determined that the height at which the blood fell was roughly 5.77 feet or 5' 9.28" 10(tan 10˚) = 5.77ft.

The height at which the blood fell was 5.77 ft or 5' 9.28".
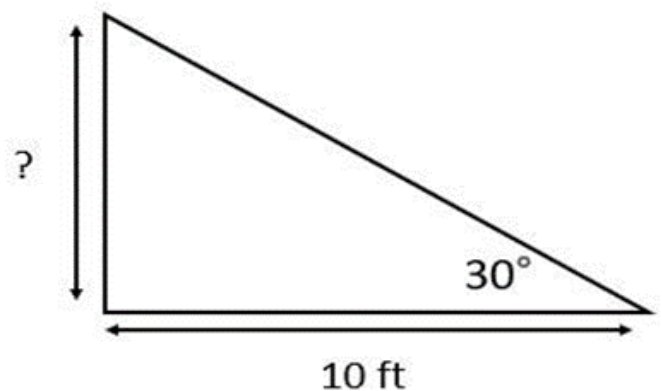
After their analysis, the blood spatter analyst determined that the height at which the blood spatter fell did not corroborate Mrs. Williamson's original claims that her husband fell off a ladder to the attic and hit his head on a railing. Mr. Williamson was roughly 5'10" which means that he was standing at the total height at the time of bloodshed

and that he could not have hit his head on a railing, thus killing him. Due to the blood spatter evidence against Mrs. Williamson and her false claims, she was charged with homicide and interfering with an investigation which sent her to prison for many years without the possibility of parole.

REFERENCES

Abramson, Jay P., et al. *Algebra and Trigonometry*. OpenStax, 2017.

Freeman, Shanna and Melanie Radzicki McManus. "How Bloodstain Pattern Analysis Works." *HowStuffWorks Science*, 20 Jan. 2022, https://science.howstuffworks.com/bloodstain-pattern-analysis.htm

Gomez, Marcia. "Solving Crimes with Maths: Bloodstain Pattern Analysis." *Plus.maths.org*, 21 Dec. 2021, https://plus.maths.org/content/solving-crimes-maths

Guerra, Isela. "The Use of Trigonometry in Blood Spatter." *A With Honors Project*, SPARK, 2014, https://spark.parkland.edu/ah/106/

Lynch, Peter. "A Forensic Formula for Solving Crimes." *The Irish Times*, 19 Nov. 2015, https://www.irishtimes.com/news/science/a-forensic-formula-for-solving-crimes-1.2425640

Makovický, Peter, et al. "The Use of Trigonometry in Bloodstain Analysis." *PubMed.gov*, U.S. National Library of Medicine, 2013, https://pubmed.ncbi.nlm.nih.gov/23641723/

Martin, Tom. "Interpreting Bloodstain Patterns." *Crime Scene Forensics*, n.d., http://www.crimescene-forensics.com/Spatter_VS_Transfer.html

Rajchgot, Jenna. "Numb3rs 506: Magic Show." Department of Mathematics, Cornell, n.d., http://pi.math.cornell.edu/~numb3rs/jrajchgot/506f.html

Stewart, James. "Trigonometry." *Calculus Concepts and Contexts*, 4th ed., Richard Stratton, 2010, pp. A17–A24.

An Exploratory Qualitative Study of Elder Abuse and Neglect in Long-Term Settings

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Older adults living in long-term care settings seek support as they age. Due to health concerns, they may be vulnerable to elder abuse and neglect. As people reach older adulthood at later ages, elder abuse will continue to increase and adversely affect older adults living in both long-term care and home settings. Those who experience elder abuse have many negative health-related outcomes.

Understanding elder abuse and neglect is critical in both addressing it and creating innovative prevention strategies. This exploratory qualitative research study included interviews with five professionals working in settings that have equipped them with an understanding and expertise of elder abuse and neglect in these settings. Results suggest that agency efforts, workplace culture, and resident risk factors greatly affect the occurrence of elder abuse in long-term care settings. These findings revealed areas of improvement and potential pathways towards addressing elder abuse and neglect.

Keywords: Older Adults, Abuse, Neglect, Risk Factors, Agency Efforts, Workplace Culture, Long-Term Settings

This exploratory study focused on elder abuse and neglect in long term settings. The intent was to understand patient-centered care that ensures the dignity and safety of older residents in long term settings. Through interviews with practitioners who have an understanding of elder abuse and neglect in long term care, this study has the potential to contribute to current conversations regarding elder abuse and neglect. The following research questions guided this study: a) What are the common types of elder abuse occurring in long term care settings?; b) What are some of the risks for abuse and neglect in these settings?; and c) How are strategies in place to protect the dignity and safety of older adults in these settings?

DEFINING ELDER ABUSE AND NEGLECT

The Centers for Disease Control defines elder abuse as "an intentional act or failure to act that causes or creates a risk of harm to an older adult" (Preventing Elder Abuse, 2021, p.1). Since this study focuses on elder abuse and neglect in Oregon long-term care settings, elder abuse and neglect in Oregon is defined as one or more of the following: "(a) Any physical injury to an elderly person caused by other than accidental means, or which appears to be at variance with the explanation given of the injury. (b) Neglect. (c) Abandonment, including desertion or willful forsaking of an elderly person or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person. (d) Willful infliction of physical pain or injury upon an elderly person. (e) Verbal abuse. (f) Financial exploitation. (g) Sexual abuse. (h) Involuntary seclusion of an elderly person for the convenience of a caregiver or to discipline the person. (i) A wrongful use of a physical or chemical restraint of an elderly person" (Oregon.gov, 2022).

Just as there are various types of elder abuse, there are numerous ways that older adults can experience abuse and/or neglect. Weissberger et al. (2020) examined the types of elder abuse reported to the National Center on Elder Abuse (NCEA) resource line. Of the 1,939 calls, 818 (42.2%) alleged abuse, with financial abuse being the most commonly reported (449 calls, 54.9%). Payne and Gainey (2005) focused on self-neglect as a type of elder mistreatment. The authors suggested that "self-neglect clients are more likely to live alone, refuse services, be able to meet most of their own needs, have psychiatric problems, and have problems with alcohol" (p. 28). Self-neglect is not commonly seen in institutional settings, but rather among older adults who live in the community, especially those who live alone. Payne and Gainey (2005) also explained that self-neglect patients' needs are similar to those of other elder abuse victims, yet they report fewer needs. This can result in self-neglect not receiving as much attention as other forms of elder abuse, thus allowing those who have self-neglecting tendencies to fall through the cracks. Schiamberg et al. (2011) highlighted resident-to-resident abuse as a central type of abuse found in long-

term settings. In long term settings, 20% reported being targets of one or more instances of resident-initiated abusive behavior (Joyce, 2020). In most of these scenarios, one or more residents had a cognitive impairment, and no serious harm came from the altercations (Joyce, 2020).

HISTORICAL CONTEXT FOR RECOGNITION OF ELDER ABUSE IN THE UNITED STATES

In 1935, the first shift toward protecting vulnerable older populations occurred with the development of protective services which was facilitated by the Social Security Act of 1935. This act dramatically reduced the number of older Americans who were financially and/or residentially dependent upon their family. More older adults were living alone and living longer as life expectancy increased. Older adults were also living with some type of functional impairment when living alone (Jackson, 2015). As awareness of these issues increased, the government began to address the issue. In the 1950s, new government programs, referred to as protective services units, emerged to address elder abuse. Progress continued into the 1960s when the first protective services legislation was contained in the Older Americans Act of 1965, which provided federal funding to states to support community planning, social services, as well as research and development projects for Americans 60 years and older. In 1966, Congress evaluated the effectiveness of protective services units and found them to have interventions that tended to lead to institutionalization. From these evaluations, it was clear that protective services units were not protecting older populations, which subsequently led to the downfall of protective services (Jackson, 2015).

In the 1970s, the "discovery" of elder abuse occurred within the context of the "discovery" of child abuse. With increasing public awareness, protective services units were revived as adult protective services. In 1975, Congress amended the Social Security Act to include Title XX, which required states to enact Adult Protective Services for abused or neglected elders, and in 1987 it amended the Older Americans Act (Title I) to address the protection of older adults from abuse, neglect, and exploitation. States began to follow suit and implemented laws of their own.

The passage of the Violence against Women Act of 1993 validated domestic violence as a social problem and influenced the understanding of elder abuse (Violence against Women Act, 1993). During this same time, research began to shift from focusing on the victim's role in their abuse to the psychology of the abusers. In 2002, the

U.S. Department of Justice became involved in elder abuse through the Department's Nursing Home Initiative (see https://www.justice.gov/opa/pr/department-justice-launches-national-nursing-home-initiative). This initiative began funneling funds to the National Institute of Justice for elder abuse research. Since then, the conversation focusing on elder abuse has been met with numerous new conceptualizations of elder abuse, each with different ideas as to how to address it. Researchers have diverse opinions as to whether elder abuse is a human rights issue, a gender issue, a public health issue, or something completely different (Jackson, 2015).

As researchers debated on how to best understand elder abuse, the issue continues to predominate American culture. Schiamberg et al. (2011) claimed that older populations are growing expeditiously and will soon make up 20% of the U.S. population. As many as 1 in 10 older adults experience one or more forms of elder mistreatment, and it is estimated that only 1 in 24 cases of abuse are reported to authorities (Pillemer et al., 2021). According to Rodriguez (2021), if the rates of elder abuse in this country remain constant, there will be roughly 320 million victims by 2050. Also according to Rodriguez (2021), approximately 2 out of 3 staff members in long-term care facilities report that within the past year, they have committed elder abuse. Elder abuse is not only confined to institutional settings, as approximately 60% of perpetrators are family members (Rodriguez, 2021).

INCIDENCE OF ELDER ABUSE AND NEGLECT

Elder abuse does not affect every older adult equally. It is reported that one high risk group includes adults with cognitive and physical disabilities (Schiamberg et al., 2011). The fact that our most vulnerable older adults are the ones who experience elder abuse most often might explain why it is often underreported. Older adults may feel powerless, unsure how to advocate for themselves, or simply are not aware that the abuse is taking place (Schiamberg et al., 2011). This poses an immediate threat to the wellbeing and safety of these older populations.

Perpetrators and offenders can be divided into two main groups: family members and caregivers. These groups may overlap as many family members are informal caregivers, and there are other smaller groups of perpetrators (Rodriguez, 2021). In long-term care settings, most abuse is committed by staff members (Rodriguez, 2021). In these cases, abuse is broadly defined. For example, neglect is a very common type of abuse and can

often occur due to inadequate staffing and lack of trained applicants (Rodriguez, 2021).

ELDER ABUSE IN LONG TERM SETTINGS

Schiamberg et al. (2011) highlighted cognitive impairments as a risk factor for older adults, concluding that abuse prevalence among those with a dementia diagnosis is significantly higher than incidents of abuse and neglect in the general population of older adults ages 65 and older. In addition to cognitive impairments, Schiamberg et al. (2011) also concluded that social connections and interactions with family and peers are related to the overall well-being of older adults as well as the likelihood of elder abuse. Bern-Klug and Sabri (2012) found that "resident risk factors (behaviors considered disruptive and cognitive symptoms), and relationship risk factors (such as lack of visitors)" adversely affect older adults in long-term care settings and can be risk factors for elder abuse (para. 10).

Within long-term care settings, the residents and their caregivers often function as a dyad. Factors which might contribute to lower levels of tolerance among caregivers include fatigue, financial stresses, and substance abuse. Schiamberg et al. (2011) found that higher burden and depression scores were noted among caregivers who admitted to physically abusive behavior toward cognitively impaired patients in their care. Negative stereotypes of aging also adversely influence the delivery of care to older adults and increase patient vulnerability (Schiamberg et al., 2011). Chang et al. (2022) found that dehumanization, commonly defined as the process of depriving a person or a group of positive human qualities, contributed to high levels of elder abuse from caregivers.

A caregiver's work environment influences their attitudes, perceptions, and behaviors. Shinan-Altman and Cohen (2009) found that nursing aides showcased high levels of burnout and that the more dissatisfaction expressed about work conditions and characteristics, the more nursing aides exhibited negative attitudes towards patients. Pickering et al. (2017) focused on workplace bullying that was defined as repetitive negative and consistent acts against older adults over time (Pickering et al., 2017). Their findings demonstrated that workplace culture, where bullying behaviors are normalized and rationalized, directly influenced how workers deliver care, which affects patient safety and care quality (Pickering et al., 2017).

Shinan-Altman and Cohen (2009) used the Theory of Planned Behavior as the general scope for their assessment of workplace culture influencing caregivers' attitudes towards their residents. The Theory of Planned Behavior hypothesizes that people perform certain behaviors when they perceive it appropriate or when they perceive an organizational reality that forgives such behaviors. For instance, if a nursing aide is working in an environment where they perceive no backlash or punishment for abusive behaviors, they may be inclined to act in accordance with that environment's culture and partake in abusive behaviors.

ADVERSE EFFECTS OF ELDER ABUSE

Victims of elder abuse experience a wide range of effects and consequences dependent on their unique characteristics and risk factors. Yunus et al. (2019) found that risk of hospitalization, rate of annual visit to emergency departments, and consumption of behavioral health services were found to be higher among older adults who had reported being abused or neglected. Physical and emotional negative outcomes were also different for men and women, with both groups having higher rates of mortality than those older adults who have not been abused. Reyes-Ortiz et al. (2018) also found that any experience of abuse among older adults increased risk of one or more falls over time.

RISKS FACTORS FOR ABUSE IN LONG TERM CARE SETTINGS

Schiamberg et al. (2011) used an ecological perspective in their research and found that open and honest communication between caregivers and family members may decrease social isolation and elder abuse. Positive contact between members of different age groups also is conducive towards more favorable attitudes and relations between these age cohorts (Chang, 2022). When looking at contributing factors within long-term care facilities, Touza and Prado (2019) found that elder abuse was less common in settings where staff encouraged mutual learning, provided feedback when the workplace climate was not adequate, and effectively managed problems.

Effective training of employees also has implications for decreasing the experience of abuse and neglect in long term settings. Bern-Klug and Sabri (2012) examined the role of social services in training staff members about resident abuse and resident rights and found that increasing staff numbers and providing training programs for employees decreased the likelihood of abuse and neglect in these settings. Their findings highlight the general lack of regulated training present in nursing homes across the country. Dianati et al. (2019) conducted a similar

study and found that educational programs significantly improved nurses' knowledge about diagnosing, documenting, and reporting elder abuse. With reporting rates generally being low, it is important to recognize elder abuse and to report it to the correct authorities.

POTENTIAL PATHWAYS TO DECREASE ABUSE IN LONG-TERM CARE

One pathway to reduce the occurrence of elder abuse and neglect is to lower the dehumanization of older adults by focusing on intergenerational contact between older and younger persons. Targeting ageist ideals is a proactive measure which will help to decrease both implicit and explicit dehumanization of older adults (Chang et al., 2022). Payne and Gainey (2005) echoed this call to action for increased social connections and underscored the importance of shifting efforts for preventing and responding to self-neglect cases from an agency-based approach to a community-based approach (Payne & Gainey, 2005).

Other researchers have focused on agencies and policies to address elder abuse and neglect. Moore and Browne (2017) highlighted The Center of Excellence on Elder Abuse and Neglect at UC Irvine and their establishment of the Elder Abuse Training Institute as an important innovation. The Institute offers multidisciplinary training that addresses how to work effectively with other professions and agencies, how to conduct abuse assessments, and how to investigate complex cases of abuse. The National Adult Protective Services Association provides webinars and webcasts specific to professionals in APS settings. Moore and Browne (2017) also focused on proactive interventions and the important use of risk assessment and mitigation tools that help to understand the risk, context, and needed action for each older adult experiencing abuse.

Focusing specifically on policies within long-term care settings, Pickering et al. (2017) underscored the importance of better training and more rigorous licensing requirements for administrators as well as combining interventions to improve communication and reduce role ambiguity and bullying. Touza and Prado (2019) noted this same need, stressing the importance of preventing elder abuse by improving the organizational climate and overall working conditions, stimulating cooperative teamwork, acknowledging the work of professionals, and developing person-centered care practices. They proposed interventions that focus on reducing burnout and dehumanization while encouraging staff to evaluate the personal history of their residents to help establish good social connections.

METHOD

To supplement my learning of elder abuse and the current policies in place to combat this issue, I created an exploratory qualitative research study to better understand elder abuse and neglect in long term settings. Upon receiving Institutional Review Board approval, I contacted key informants who work in agencies and who have experience and an understanding of this topic. These informants were contacted via email and were provided with the interview protocol in advance. Five individuals elected to participate and signed consent forms for the interviews to be conducted and audio recorded. Participants worked for agencies such as Adult Protect Services and the Aging and Peoples with Disabilities Program of the Oregon Department of Human Services as well as for-profit and nonprofit retirement facilities.

Interviews were conducted via Zoom or Microsoft Teams and lasted approximately 30 minutes. Participants were asked 12-15 questions regarding their personal experience and understanding of abuse, programs within their organizations aimed at combating the prevalence of abuse and neglect, and possible future training or interventions. All completed interviews were transcribed verbatim.

Data were analyzed by reading the transcripts multiple times. Seven overarching codes across the interviews were initially identified. Later, both overarching codes and nine subcodes were used in the analysis across all interviews. Themes which were identified focused on the current status of elder abuse in long term settings, who is most likely to experience abuse and neglect in these settings and how these occurrences can be reduced and stopped.

RESULTS

The participants provided detailed accounts regarding the occurrence of elder abuse and neglect as well as meaningful commentary on how to best ensure the safety and dignity of older adults in these situations. Interviews with participants revealed four overarching themes: a) the current understanding of elder abuse and neglect in long-term care settings; b) the risks for older adults in these settings; c) facilitators and barriers to addressing abuse and neglect in long-term care settings; and d) best practices and future approaches.

THE CURRENT UNDERSTANDING OF ELDER ABUSE AND NEGLECT IN LONG-TERM CARE

Participants described their understanding of both the nature of elder abuse and neglect and its occurrence within long-term care settings. This understanding was communicated as being essential when implementing and enforcing protective services to support vulnerable older adults.

Participants provided insight into the current understanding of elder abuse and neglect as it occurs in long-term care settings. As one participant highlighted,

> About two-thirds of cases are reported in community settings and about a third in the long-term care settings, so there are about twice as many investigations that occur in non-long-term care settings, but…when you consider that only 5% of the population at any given time is living in a long-term care setting, it's pretty high.

The most common types of abuse in long-term settings were identified by participants within these settings. One participant revealed that "What we find most of the time or most frequently in cases that are in long-term care is neglect." They went on to explain:

> The finding is neglect because in long-term care settings, those agencies, organizations, caregivers are tasked with providing all of the basic care that a person needs. So anytime that care is not provided, the type of abuse that's found is generally neglect because they are neglecting a duty they have to provide all those sorts of care.

Another participant echoed this sentiment when explaining that "There are a couple of types of abuse that almost never show up in facilities and that's self-neglect. You know, because really when somebody is in a facility that responsibility for their care is shifted to that facility." She elaborated:

> I come with the understanding that there are things that will happen and there are genuine mistakes that we will call abuse or neglect, but they are honest mistakes… I think it's the things that are provider convenience or without consideration of

the resident as a decision-making adult that really alarm me the most.

Although participants from agencies agreed that neglect was the most common type found in long-term care settings, one participant employed in a long-term memory care facility shared a difference when they said, "The staff things don't happen very often. It's mainly the resident altercations." Another participant offered their own understanding of resident- to resident abuse, when they described that "The facility is there in place to keep everybody safe. If one resident is assaulting another resident, the residents aren't essentially the perps. It's the facility that's failing to prevent that from happening."

Responses When Abuse/Neglect Occurs

When elder abuse and neglect are suspected, there are several different responses as one participant explained: "In facility cases, not running numbers, but just from my experience, it tends to be the facilities themselves and they do what they call a self-report." Long-term care facilities are considered mandatory reporters, meaning that they are mandated by law to report any instance of elder abuse and neglect, including instances that happen in their own facilities. An employee working in a long-term care facility shed light on responses within facilities once a self-report is made, saying, "it's a lot of documentation, a lot of work to kind of come up with different interventions that help prevent that in the future." Another participant offered an important insight when they said, "I can tell you who's probably least likely to report, and that's a person with dementia, and that's why people with dementia are at such risk for being abused."

The agency response to elder abuse and neglect plays a huge role in the prevention and intervention of such cases. One participant working for APS said, "We do a whole investigation, but it's really trying to figure out essentially if what's alleged is occurring or not, and then as part of that investigation, figure out what interventions to put in place to either stop the abuse or mitigate risk." Another participant also working in APS clarified:

> When people call, they get routed to a local APS screener, and that screener is trained to figure out what things rise to the level of needing an investigation versus what things might be better passed on to say our Licensing Complaint Unit that goes in and investigates violations of Oregon Administrative Rules that don't quite rise to the level of abuse.

Unfortunately, when we're acknowledging that abuse has taken place, it's already past tense.

Employee Training

Training was mentioned across all interviews as an important aspect of understanding elder abuse and neglect in long-term care settings. As one participant explained:

> We do training when everybody's first hired. Currently in our training process, we have these DVDs. Not the most impactful thing. . . they're sitting watching TV. I mean obviously they get the training, but you're sitting there watching hours of training like "is it really sinking in?"

Another participant commented on their training practices for employees: "I think we have a good base and theory as far as on paper, but how often do they actually read that or practice it… I think there's a disconnect there." A participant from APS suggested that "facilities and staff there would benefit from additional training, a lot of facilities have training programs. But again, I think it's just the amount of time." The participants' responses indicate a need for more comprehensive and ongoing training in long-term care settings.

THE RISKS FOR OLDER ADULTS IN THESE SETTINGS

Identifying potential risks for older adults in long-term care settings was underscored by many participants. Knowing these risk factors is crucial for directing preventative efforts towards those who need them the most. The risk factors highlighted across the interviews included social isolation as well as cognitive and physical impairments.

Social Isolation

Participants working in long-term care settings identified social isolation as a risk factor for residents. When asked if social isolation was a concern within their facility, one participant responded, "It's definitely a concern, I mean it always is a concern, but we do our best." They further explained, "I have a resident who doesn't have any family here, and they don't really get any visitors. And then on the other side, like I said, I have someone who comes in every day, and then you know that's anywhere in the

middle." Another participant revealed that "we have very, very few family [member] involvement at all, which is sad."

Participants saw social isolation as a risk factor for abuse and neglect and highlighted the importance of providing opportunities for personal relationships and connections. Social interaction outside of the long-term care setting was noted as being crucial for recognition of elder abuse and neglect signs and symptoms. Those who did not receive visitors missed the opportunity for additional advocacy and support against possible abuse and neglect.

Cognitive and Physical Impairments

Cognitive and physical impairments were discussed as identifiable risk factors among older adults living in long-term care settings. One participant shared that "people with dementia are a lot more frequently the victims of abuse than we would know about." A participant working in a memory care setting recalled their experiences: "Regarding abuse and neglect, I do work a lot with APS and different things in memory care. There's a lot of records of altercations. Just because of memory issues."

Physical impairments emerged as another risk factor for older adults. A participant claimed that "if there's a pattern of falls with injury, and the facility's failing to put anything in place to prevent that, we consider that a form of neglect and so we see that quite a bit." One participant backed this claim and suggested that iIf they're not physically able to take care of themselves, it creates a window of opportunity for someone else to take advantage of that."

FACILITATORS AND BARRIERS INFLUENCING ABUSE AND NEGLECT

When asked to speak on facilitators and barriers to address abuse and neglect, participants identified agency efforts, staffing concerns, and workplace culture.

Agency Efforts

Participants discussed their agency's abilities to either be a facilitator or a barrier to addressing abuse and neglect in long-term care settings. One participant highlighted:

> I think our programs for Adult Protective Services are very effective at responding to allegations of abuse. I think where it's not as effective is preventing it in the first place, right? So, you know, our whole program, all of these statutes, all these laws are just based on 'how do we

respond to it?' And there hasn't been a ton of research, even federally, in terms of what do you do in the first place, to make sure it doesn't happen.

Another participant made the same observation when they explained that "There's not a huge prevention component within Adult Protective Services." This lack of preventative interventions was seen as a barrier when addressing elder abuse and neglect. Despite not having many preventative aspects, Adult Protective Services was still generally considered by participants to be an effective advocacy program. One participant added, "I think we need more advocates. I don't know how to make that happen though, because, you know, people in long term care settings are in long-term care settings because they need assistance." Another participant, when describing the aim of their agency's work, noted, "I think that if anything, you know, we want to make sure that either residents or those that love and support them are aware of where their advocacy lies and where they're able to get help should they have concerns." Overall, participants generally agreed that agencies such as Adult Protective Services are effective advocates for elder abuse victims but lack preventative interventions.

Staffing Concerns

Staffing was recognized as crucial in addressing elder abuse and neglect within long term settings. One participant suggested, "The reason that there's neglect is because these businesses make more money by not having as much staff, by not investing as much money in staff training, by not having enough oversight to make sure that there are enough people." This lack of retention and adequate staffing levels might be explained by one participant's observation that "in these kinds of facilities, people either get burned out, or it's not what they think it's gonna be." These staffing issues were seen as barriers in addressing elder abuse and neglect. Without the proper amount and quality of staff, other issues were seen to arise as a result. One participant claimed, "I think a lot of residents in facilities are also fearful of retaliation." This fear was seen as a consequence of the facility's inability to hire employees who could convey a safe, nurturing environment.

Despite these issues, participants from long-term care facilities highlighted a number of resources and interventions they have in place to foster long-lasting positive changes for their staff. One participant shared:

We have a wonderful Wellness Center, that they're more than welcome to go… and we offer the ability to sign up to work with a trainer as well. We have a personal trainer that our staff can kind of connect with, and they can work on making them physically and mentally well, in that regard. And we also have an onsite chaplain who's always available to have a conversation and counsel our staff to help with those scenarios.

These resources for staff were seen as needed to help increase retention of high-quality employees, reduce burn out, and eradicate negative attitudes towards residents.

Workplace Culture

Participants identified workplace culture when addressing elder abuse and neglect. One participant recalled their own personal experiences, and shared, "every facility is gonna have reports that come whether they're substantiated or not… the facilities that I didn't go to as often were actually nonprofit facilities." The participant went on to clarify that in her opinion, non-profits were, "about, you know, caring for the residents…If your mission and values are all about care, you know, that's what you're gonna focus on." Another participant shared a similar viewpoint, having expressed that "the unique culture of a facility really has an impact on how issues surrounding abuse and neglect are dealt with and understood."

BEST PRACTICES AND FUTURE APPROACHES

Across all five interviews, best practices and future approaches were highlighted by participants. They saw opportunities for growth and were eager to share their ideas for how to best approach this growth. One participant highlighted a need for staffing support and explained:

I think having adequate staff to be able to meet all of the scheduled and unscheduled needs of residents is needed…I think it means making an investment in training staff. I think it means right now, especially making an investment in paying staff enough that they're making a living wage. I think COVID has taken a broken system and highlighted and made it very clear what the challenges are and made all of the challenges worse.

She added, "I think, you know, best practices would be adequate training, adequate staffing, adequate wage, and adequate oversight." This suggestion for more training was echoed by another participant who commented, "I think we need to just educate more and more often." Staffing and training needs were seen as high priority amongst participants and as areas that needed improving in the future.

When asked about best practices, another participant focused on the qualities and distinct contexts for each resident:

> I would just caution providers to recognize that whether they have 5 residents in their home or 100 in their facility, those are all unique individuals with life experiences and different ideas of what quality of life means. So, I think that yes, you wanna know them clinically. What does their doctor say? What are their prescribed orders? What specific treatments do they need? But also know them as well as you can, kind of more holistically and know how to communicate to them and how to make what is probably a scary time, as comfortable and engaging for them as you can. And definitely don't intercede your own opinions.

Person-centered care was seen as a universal best practice throughout the interviews. One participant provided insight into how this person-centered care approach is seen in practice. They explained, "We don't just look at the person that experienced the abuse. We look at everyone else in the setting and every aspect to see how we can help to prevent future occurrences." Using an intersectionality lens was expressed to be a best practice by multiple participants. This framework integrates unique experiences, influences, and identities to help explain the context in which behaviors occur. This leads to a deeper, more robust understanding of an individual and helps in identifying more targeted and effective interventions that better reflect the realities of those affected by elder abuse and neglect.

DISCUSSION

The purpose of this study was to explore the occurrence of elder abuse in long-term care settings, identify contributing factors to abuse, and propose future pathways to preventing elder abuse and neglect. Numerous themes emerged from the study. Workplace culture and general practices were underscored as indicators of the prevalence of elder abuse and neglect. Agency efforts were seen to aid in the aftermath of incidences of elder abuse and neglect, yet lacked a necessary proactive approach. Specified risk factors influenced outcomes of resident health as well as the current and proposed responses to the issue.

The themes that were identified by the participants echoed the literature reviewed in this work. As seen in Schiamberg et al. (2011), cognitive impairments, especially dementia diagnoses, are recognized as risk factors for older adults living in long-term care settings. Physical impairments also were identified as risk factors for elder abuse and neglect, and residents with a history of falls should be closely screened for signs of abuse (Reyes-Ortiz et al., 2018).

A clear connection between social interactions and the likelihood of elder abuse and neglect has been reported (Schiamberg et al. 2011), supporting the participant narratives that social interaction directly influences the overall well-being of older adults in their settings. Resident and relationship risk factors are closely tied to the occurrence and prevalence of elder abuse and neglect in long-term care settings (Bern-Klug & Sabri, 2012). Older adults who have cognitive or physical ailments or are socially isolated are at risk for experiencing elder abuse and would benefit from personalized strategies to protect them from elder mistreatment.

Neglect is a common type of elder abuse in long-term settings (Payne & Gainey, 2005; Rodriguez, 2021). Interviews with participants revealed that neglect is considered the most common type of elder abuse across the board. This failure to fulfill a caretaking obligation, whether intentional or unintentional, can occur due to a variety of factors. The prevalence of neglect in long-term care settings can be understood as inadequate preventative actions by the facility itself.

Training, or lack thereof, of employees in long-term care settings emerged throughout the review of literature and interviews. There is a general lack of comprehensive, engaging, and continuous training in long-term care settings (Bern-Klug & Sabri, 2012). Higher quality and quantity of training requirements in these settings is likely to elicit positive health-related outcomes for older adults and improve rates of reporting amongst caregivers (Dianati et al., 2019). It is important to have resources in place to support caregivers as they face high rates of burnout and dissatisfaction with their roles and responsibilities (Shinan-Altman & Cohen, 2009). These negative outcomes can affect the quality of the care they provide to their residents

and can even result in abusive behaviors (Schiamberg et al., 2011).

The setting in which both the older adult and their caregivers function plays a significant role in the occurrence of elder abuse and neglect. Workplace culture largely influences how caregivers view their jobs and their overall satisfaction levels (Pickering et al., 2017). If an organization is not actively fighting to recognize and eradicate elder abuse and neglect within their community, it opens the door for abusive behaviors to be overlooked or accepted. People will generally act in accordance with the accepted behaviors and standards within their organization (Shinan-Altman & Cohen, 2009). Change within an organization starts at the top and trickles down, so it is immensely important that the culture of the organization be built on a foundation that actively advocates against elder mistreatment.

Implications: Creating Better Outcomes for Older Adults

Proactive interventions are crucial towards ending elder abuse and neglect (Moore & Browne 2017). While many current interventions either tackle the issue downstream when the abuse has already occurred, or midstream with approaches that handle issues such as identifying risk factors or support for caregivers, an upstream approach would target these issues before they begin. Chang et al. (2022), as well as the participants in this study, suggested that one critical issue is ageism. Although considerable research has focused on elder mistreatment risk factors at the individual level, there is a rising demand for the field to go beyond immediate causes and consider structural variables as well that influence elder abuse and neglect.

After reviewing relevant literature and conducting this exploratory qualitative research study, I have compiled the following list of best practices for those working in long-term care settings that can be incorporated into training and information dissemination.

- Addressing Ageism: Assess personal biases and any ageist attitudes. Seek out support or counseling if needed.
- Training and Continuing Education: Seek out training and education opportunities whenever possible. Stay informed on potential risk factors and warning signs.
- Person-Centered Approaches: Get to know residents on a deeper level. Consider using an intersectionality lens to understand how the multiple facets of their identity interact. This will also help to identify risk factors unique to each resident.

- Advocacy: Actively advocate against elder abuse and neglect. Recognize the signs and even if unsure of what constitutes elder abuse and neglect, report it to Adult Protective Services or Oregon Department of Human Services.
- Self-Care: Take care of self-needs and well-being. Caregivers can only provide the best care for others if they also care for themselves.
- Social Engagement Promotion: Promote social interaction and connections. A socially isolated older adult is at great risk for elder abuse and neglect. Intergenerational connections are especially suggested.

LIMITATIONS AND CONCLUSION

This study was limited by the number of participants. Because only five participants were interviewed, the data did not reach saturation. The study would have benefitted from additional participants. Participants from different agencies and types of long-term care settings would have offered more insight into the occurrence of elder abuse and neglect as understood in these various settings. Additionally, research could have been expanded through the interviewing process of those directly affected by elder abuse: elder abuse victims.

This research is necessary for the purpose of understanding elder abuse and neglect as well as how to potentially combat it. Through the review of literature and interviews, common themes and understandings reveal unmet needs of older adults and pathways to overcome barriers. This study highlights a need for new interventions, and especially calls for addressing neglect in long-term care settings related to staffing, employee training, and attitudes regarding aging and older adulthood. The absence of new and substantial research on this issue reflects the general lack of attention elder abuse and neglect is given by society.

REFERENCES

Bern-Klug, M. & Sabri, B. (2012). Nursing home social services directors and elder abuse staff training. Journal of Gerontological Social Work, 55(1), 5-20

Chang, E-S., Monin, J. K., Isenberg, N., Zelterman, D., & Levy, B. R. (2022). Implicit and explicit dehumanization of older family members: novel determinants of elder abuse proclivity. *Stigma and Health*. Advance online publication.

Dianati, M., Azizi-Fini, I., Oghalaee, Z., Gilasi, H., & Savari, F. (2019). The impacts of nursing staff education on perceived abuse among hospitalized elderly people: A field trial. *Nursing and Midwifery Studies,* 8(3), 149-154

Joyce, C. (2020). Prevalence and nature of resident-to-resident abuse incidents in Australian residential aged care. *Australasian Journal of Ageing*, 39, 269–276.

Moore, C., & Browne, C. (2017). Emerging innovations, best practices, and evidence-based practices in elder abuse and neglect: A review of recent developments in the field. *Journal of Family Violence*, 32(4), 383–397

Payne, B. K., & Gainey, R. R. (2005). Differentiating self-neglect as a type of elder mistreatment: How do these cases compare to traditional types of elder mistreatment? *Journal of Elder Abuse & Neglect*, 17(1), 21–36

Pickering, C. E., Nurenberg, K., & Schiamberg, L. (2017). Recognizing and responding to the "toxic" work environment: Worker Safety, Patient Safety, and abuse/neglect in nursing homes. *Qualitative Health Research*, 27(12), 1870–1881

Pillemer, K., Burnes, D., & MacNeil, A. (2021). Investigating the connection between ageism and elder mistreatment. *Nature Aging*, 1(2), 159-164.

Preventing Elder Abuse. (2021). [PDF]. Centers for Disease Control. Retrieved 05/26/2022 from https://www.cdc.gov/violenceprevention/pdf/elder/preventingElderAbuseFactsheet.pdf

Reyes-Ortiz, C. A., Ocampo-Chaparro, J. M., Campo-Arias, A., Holmes, H., & Halphen, J. (2018). Association between history of abuse and falling in older adults. *Journal of the American Geriatrics Society,* 66(8), 1603-1607

Rodriguez, J. (2021, January 19). Elder Abuse Statistics and Facts. *Griswold Home Care*. Retrieved 05/25/2022, from https://www.griswoldhomecare.com/blog/2021/january/elder-abuse statistics-and-facts/

Schiamberg, L. B., Barboza, G. G., Oehmke, J., Zhang, Z., Griffore, R. J., Weatherill, R. P., von Haydrich, L., & Post, L. A. (2011). Elder abuse in nursing homes: an ecological perspective. *Journal of Elder Abuse & Neglect*, 23(2), 190-211

Shinan-Altman, S., & Cohen, M. (2009). Nursing Aides' Attitudes to Elder Abuse in Nursing Homes: The Effect of Work Stressors and Burnout. *Gerontologist.* Retrieved 05/24/2022 from https://academic.oup.com/gerontologist/article/49/5/674/643216

Touza, C & Prado, C (2019) Prevention of elder abuse in long-term care facilities. *Educational Gerontology*, 45:8, 530-546

Violence Against Women Act of 1993. (1993). Congress.Gov | Library of Congress. https://www.congress.gov/bill/103rd-congress/senate-bill/11

Weissberger, G. H., Goodman, M. C., Mosqueda, L., Schoen, J., Nguyen, A. L., Wilber, K. H., Gassoumis, Z. D., Nguyen, C. P., & Han, S. D. (2020). Elder abuse characteristics based on calls to the National Center on elder abuse resource line. *Journal of Applied Gerontology*, 39(10), 1078-1087

Yunus, R. M., Hairi, N. N., & Choo, W. Y. (2019). Consequences of elder abuse and neglect: A systematic review of observational studies. Trauma, Violence, & Abuse, 20(2), 197-213

An exploratory study: Focusing on advocacy services for low income older adults in Oregon

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Financially vulnerable older adults, especially those at or below the federal poverty line, face issues of food insecurity, problems finding adequate but affordable housing, the costs and accessibility of caregivers and medical care, and more. These realities have repercussions on health and quality of life for lower income older adults. Existing programs are in place to provide services but are these services addressing critical needs for this population? This qualitative study investigated the current challenges to addressing basic needs and areas where advocacy work could be applied for older adults with limited economic resources. Interviews were completed with 5 professionals. Results suggest the seriousness of basic needs in the lives of older adults and significant barriers to services that are being addressed by service providers.

Keywords: low-income older adults, older adults, elders, poverty, safety net programs

The intersection of advanced age and low socio-economic status creates vulnerabilities and inequalities for older adults. This group often relies on government services to meet their basic needs. Without work and with some of the additional expenses that come with age, financially vulnerable older adults can find themselves unable to meet the costs of basic necessities. Older adults whose needs are not met showed differences in health, disability status, and mortality. There are programs that can meet these needs, but problems exist in these services.

By talking with program service providers in Oregon, this qualitative study sought to understand the network of these services and how they are able or unable to effectively serve low-income older adults. The study specifically focused on the identification of critical needs and how programs were currently addressing these needs or not.

AGING WITH LIMITED FINANCIAL RESOURCES

In the United States, older adults are expected to financially support themselves with assistance from government programs like Social Security and Medicare and with the savings they accrue across adulthood. For some older adults, this model works, and they have the financial resources to live comfortably. For others, this model is no longer viable, and realistically may never have been an option for some people.

Marginalized sectors of the population are especially at risk for having less money than they need to retire. For instance, older adults of color rely heavily on Social Security due to unequal employment and to lower paying jobs due to unequal access to education and discrimination in the workforce (Stanford & Usita, 2002). In the report to the United States Secretary of Labor on Gaps in Retirement Savings Based on Race, Ethnicity and Gender, it was stated that "Among prime working-age households ages 32-61, only 32 percent of Hispanic and 44 percent of Black households had retirement account savings in 2019, as compared with 65 percent of White households," and that "Even among households with retirement account savings, the median account balance was modest: $38,000 for Hispanic households, $40,000 for Black households, and $83,000 for White households, respectively" (Butash et al., 2021, p. 24). Similarly, older adults born in other countries face the same job inequality, which may be exacerbated by language barriers, citizenship status, lack of networks, and limited skills navigating the political workforce (Stanford & Usita, 2002). Lopez and Slavov (2019) found that immigrants who were eligible for Social Security were less likely to retire and claim benefits earlier as opposed to native born citizens

possibly due to limited preparation for retirement and less years working in terms of benefits allotted.

Women are at higher risk of retiring without enough resources when compared with men, especially women of older generations. Women who did not work, entered the workforce later, or worked more sporadically often due to caregiving and parenting will be less economically prepared for retirement and tend to be less financially literate (Stanford & Usita, 2002). Women face longevity risks, living longer than their male counterparts, and they may encounter financial hardship due to inflation, loss of a spouse, and healthcare costs (Butash et al., 2021). Typically acting as family caregivers, older women often do not engage in the workforce in the same ways as men. For instance, women typically spend nine years on average outside the workforce, losing income, reducing the years they have worked, and limiting opportunities for career advancement (Butash et al., 2021).

COST-RELATED BARRIERS IN MEETING BASIC NEEDS FOR OLDER ADULTS

Meeting basic needs costs money, and many older adults struggle in meeting nutritional, housing, and medical needs, as well as accessing support to stay in their own homes. Food insecurity, a lack of availability of sufficient nutritious food, has an obvious link to health. In older adults, food insecurity has been correlated with physical functioning limitations-- the ability to carry out Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) which are daily tasks performed for personal well-being (Jackson et al., 2019). In addition, it has been found that low-income older adults with multiple chronic conditions are more at risk to be food insecure and that food insecurity in this group is associated with cost-related medication non-adherence which in turn increases risk for poorer health outcomes (Caouette, 2020; Jih et al., 2018).

Medicare and Medicaid are health insurance programs that help older adults, but they do not cover everything. Although some prescription drugs are covered by Medicare part D, 6.8% of older adults were still skipping doses, taking less than prescribed, or not filling prescriptions because they could not afford it (Chung et al., 2019). Medicaid waiver services can assist finding and paying for services to cover care when help from family or

community falls short; however, Medicaid is not required to offer the waiver, which creates barriers for many community-dwelling older adults especially in rural areas. Weaver and Roberto (2019) found increased mortality among participants who were not able to receive services.

Behavioral health is largely overlooked when considering the health needs of older adults. Behavioral health, including mental health, substance abuse, and other complexities are an underrepresented concern often overshadowed by physical health and the stigma of addressing these issues with older adults. DeGarmo (2022) highlighted concerns for this population including increased isolation and loneliness, high rates of depression in long term care facilities, and chronic pain or physical disability as risks for substance abuse. Medicare covers annual screenings for depression and substance use, as well as outpatient therapy and counseling. As compared with eleven high-income countries, older adults with mental health needs in the United States were most likely to report facing economic hardship (27%) and report cost related difficulties accessing care (26%) (Gunja et al., 2022).

Transportation includes the ability to meet multiple needs among older adults with limited resources. An older adult's choice in transportation and use of it depends on physical health, perceptions of safety, availability of transportation, and proximity to destinations (Loukaitou-Sideris & Wachs, 2018). Transportation options vary based on geographic location. In urban locations, public transportation is more widely available but less used by older adults, even as driving decreases with age. Challenges of using public transit were identified as "inconvenient schedules, requiring a place to sit while waiting for the bus, lack of adequate bus shelters, mobility challenges getting to the stop or to one's destination, and overall time of travel" (*Older adults and people with Disabilities – RHIHUB Transportation Toolkit* 2019, p. 12). In rural areas, older adults who do not drive or have access to a vehicle have fewer options and may live farther from destinations or others who could transport them (*Older adults and people with Disabilities – RHIHUB Transportation Toolkit*, 2019).

Aging in place is desirable for many older adults. This option, however, presents challenges, many of which are

essential for daily living. Older adults identify multiple barriers to aging in place including mobility in the home, access in bathrooms, home maintenance and improvements, personal health, safety, and access to community services (Brim et al., 2021). Cost is a barrier to several of these concerns such as accessibility modifications, home health aides, and rent or mortgage payments. Especially in rural areas, isolation is another concern for older adults aging in place (Molinsky, 2017).

Houseless older adults have the highest needs. They illuminate how one unmet need influences another. For the homeless older adult population, mental health, behavioral health, and physical health conditions such as illness and disability are addressed as both causes and consequences of homelessness (Chau & Gass, 2018). Homeless older adults may face barriers to accessing housing services such as shelters, transitional housing, Section 8 housing or skilled nursing facilities (the only long-term care covered by Medicaid). These barriers include mental health issues, substance abuse problems, sex offender status, and ability to complete ADL and IADLs. Access to safe and adequate housing also intersects with other basic needs. For example, homeless older adults need to purchase food that does not require preparation or storage which may be less available or more expensive. Additionally, this population experiences barriers to healthcare similar to those faced by other low-income adults. Of note is the struggle to obtain, keep, and take prescription drugs (Chau & Gass, 2018).

There are existing programs that address these issues both on the state and federal levels (e.g., Social Security, Supplemental Security Income (SSI), the Supplemental Nutrition Assistance Program (SNAP)). The department of Housing and Urban Development (HUD) has a variety of programs dedicated to affordable housing, and Medicare and Medicaid are some of the most well-known government programs for older adults (*Medicare.gov*, (n.d.); *Hud.gov*, (n.d)). With some services accessible to older adults to meet basic needs, there also are barriers that prevent them from doing so. Several studies have addressed the reasons some older adults do not participate in government assistance programs for which they are eligible (Maltz, 2022; Zielinskie, 2017). In one study on the use of SNAP among older adults some

participants were unaware that they qualified, others faced physical barriers such as limited access to technology, transportation to complete applications, and the complexity of the application process. Stigma also was a major barrier to accessing SNAP (Maltz, 2022) and has been found in other studies (Zielinskie, 2017). Stigma comes in two forms, internal and external. Internal stigma is displayed as shame or embarrassment while external stigma manifests both as the negative perceptions of others and challenges inherent in the system (*Ending Stigma Around Receiving Benefits*, 2016).

For older adults of color, additional barriers complicate accessing services even further. Immigrants, for example, face both restrictions and barriers that prevent them from applying. In 1996, federal welfare law created two categories of immigrants, qualified and non-qualified (Broder et al., 2022). Qualified immigrants include lawful permanent residents, refugees, and a select few others face restrictions receiving benefits such as a five year wait period before receiving TANF, Medicaid, and CHIP. Non-qualified immigrants, including undocumented individuals and many people lawfully present in the US, cannot enroll in federal public benefit programs. Qualified immigrants still face many barriers that discourage the use of safety net programs. Complexity and confusion around eligibility are exacerbated by additional eligibility criteria. Fears about immigration and status for themselves and any family looking to join them in the US present real concerns for this population (Broder et al., 2022).

METHOD

This study addressed the following research questions: a) What are the critical needs of vulnerable older adults with low socioeconomic status aging in their communities? b) How are the needs of older Oregonians who are financially vulnerable being addressed (or not) through community and state programs? Once Western Oregon University Institutional Review Board approval was obtained (4/13/2022, 23253716), participants were identified from the professional networks of the primary researcher and her advisor. Potential study participants were contacted by email with an explanation of the study and recommendations for others who may provide important information and be willing to be interviewed. Additional participants were identified by

recommendations made by the first selection of participants using a snowball sampling strategy. Five individuals agreed to participate in the study, three from the initial email process and two from recommendations. Once their informed consent had been obtained, video conferences were scheduled individually with the participants. A protocol reviewed by the Western Oregon University Institutional Review Board with questions generated by the primary researcher guided the conversation. Participants met with the primary researcher over Zoom or Microsoft Teams. Generally, interviews lasted approximately an hour. All interviews were audio recorded and transcribed verbatim.

Participants in the study were professionals working with or on the behalf of older adults. Participants were employed by Oregon Department of Human Services Aging and Older Adults, an Area Agency on Aging, and a senior center. They were asked a series of questions about their organizations, the programs that are in place to serve older adults, the accessibility of services to clients, and the advocacy work they believed was needed.

Interview transcripts were generated from interview recordings. Once the transcripts were made, recordings were destroyed. Data analysis began with open coding strategies (Berg & Lune, 2012). Broad codes were identified which included population needs, social context of low-income older adults, barriers to accessing services, accessibility strategies, limitations to programs and services available, and opportunities for advocacy work. Next, axial coding was completed resulting in 25 subcodes. Interviews were coded using qualitative software (MAXqda) that aided in the organization of the data. From there, emergent themes were identified.

RESULTS

Interviews with service providers revealed 5 overarching themes: a) the needs and social context of low-income older adults; b) barriers to accessing services; c) accessibility strategies; d) limitations to programs and services available; and e) opportunities for advocacy work. These themes helped to illuminate the landscape of services available to low-income older adults and provided a window into how they are working to meet the basic needs of this population.

Older adult needs and the social context

Service providers clearly articulated the basic needs that are critical for older adults with limited financial resources. As one service provider highlighted, "I am a firm believer in Maslow's hierarchy of needs…I believe that unfortunately people, when they are unhoused or unfed and their basic needs aren't met, none of the other stuff happens." Service providers focused on housing, food, behavioral health, transportation, and supports for aging in place.

The exorbitant price of housing creates a significant problem for low-income adults. This is reflected in concern for homeless and housing insecure populations. One service provider working in a state agency shared, "I think that not only our clients, but you know something that the whole state and probably nation is experienced with is homelessness…And trying to find affordable housing for our consumers sometimes is difficult." The issues of homelessness and affordable housing intersect with long term care. She explained further "An individual trying to live on $880 a month… is going to always be on the verge of losing housing. And what that does is…pushes them to seek living in a facility… a Medicaid situation where their housing is provided." Service providers consistently expressed the interconnectedness of different areas of need. For instance, one service provider explained that housing "is a real concern. I'm not going to be able to keep people safe, fed, and independent, and healthy in their communities if they don't have a place to live."

Having enough nutritious food is crucial for health and well-being, and this was addressed by participants. Food insecurity is understood to be a constant for vulnerable populations. Among the service providers, the importance of continuous access to food also was identified as a critical need, often identified as a top priority following housing. One service provider shared the top three needs of older adults with limited resources when she explained, "I feel like…if people don't have safe housing and food and behavioral health supports and all those basic needs, the rest of it's never going to fall in place."

Another need, behavioral healthcare for mental illnesses and substance abuse disorders, was highlighted as an

area of importance for this population. As one service provider underscored, "If you're a person with a mental illness and then you age into the aging system, getting you access to benefits is almost impossible because of the fact that you're served by a mental health department not the APD office." Because behavioral health was understood as both a healthcare and housing issue, one service provider described the challenges of finding appropriate housing for mentally ill older adults when she stated, "I know that we are seeing a lot of older adults that are coming in younger with behaviors. And those individuals don't always fit into a community." She added, "I really would love to see us look more into different types of housing for individuals that may be a little bit younger with behaviors."

Transportation was mentioned across almost every interview as an area of need, which included public transportation and personal vehicles. One service provider underscored the cost of maintaining a vehicle at the same time an older adult experienced mobility issues emerging with aging. She stated that "most older adults with a variety of needs can't afford a car payment or maintenance on a car or the fuel that goes with it." She added that transportation also became more critical with the aging process as "at the exact same time [that] they're losing their physical mobility, …public transportation is not always ideal for them." This was also seen as a medical issue by participants. For instance, one service provider shared, "I think transportation is always something that comes up as being challenging for people to get both to medical transportation and what they call an NEMT or Non-Emergency Medical Transportation." This was especially problematic in rural areas, as one service provider highlighted, , "I think in our rural community transportation is huge."

One final need identified by participants focused on support for aging in place, especially the expansion of services beyond caregiving. From their perspectives, in-home support programs were not enough to meet the needs of low-income older adults. As one service provider explained, "Most in-home health care programs include a little family, a little case management, and then maybe a home health agency. They [low-income participants] rely on one component which would be government-aided in-home health care and that's really hard to navigate." Aging

in place presents an opportunity for loneliness and isolation which there is no support to counteract. One service provider commented, "I think people want more companionship and stuff than they have. We base for Medicaid the number of hours on what somebody's activities of daily living, you know physical needs are, but I wish we could attend more to their emotional needs." In-home services were often mentioned in the context of maintaining independence.

Acknowledging needs within social contexts

Understanding these needs within social context was underscored by service providers. As one service provider explained, "We ask them are you able to meet your needs? …because a low-income person said to me 'I do a lot with twelve hundred dollars a month, and I love my life and I don't feel like I am suffering'." Service providers generally stressed that the context of an older adult's life and situation was important to understanding their basic needs and use of services. Offering individualized care based on the needs of the individual was seen as important but often hard to achieve. One service provider described "It would be cool if case managers didn't have to have such huge caseloads, and they could look…different aspects of a person's life and help them come up with services that would wrap around and provide what they needed." It was expressed by multiple service providers that individuals were most knowledgeable about their own needs and that the context of their support network affects what those needs are.

Recognizing both the needs of the older adult in the context of a support network and the needs of the people who make up that network also emerged in interviews. As one service provider shared "The conversation is what does your mom want? What do you want for your mother? What are her strengths… [and] weaknesses?... what's going on with this person or their family and what kind of…needs do they have." This can lead to an awareness of generational poverty, where the support network members may also struggle with basic needs. One service provider shared, "I'm seeing the mom and the child both are seniors and they're both in poverty. And they're raising their grandchildren, and now all three of them are in poverty."

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It may also be that the older adult has no, or little support as explained by another provider: "Those individuals that are low-income tend in our group, tend to have fewer family connections or … a variety of people to draw on… Now they have no financial resources, and they have no family support."

Barriers to accessing services

For older adults with limited financial resources, knowing how to access critical resources for well-being is important. Several barriers that prevented people from accessing appropriate services emerged in interviews. These came from both internalized preconceptions by older adults and problems inherent in the systems provided to them.

One of the major barriers to access was the stigma older adults ascribed to receiving government assistance. Service providers shared that the first step for older adults was to acknowledge a need for help as one participant explained: "People also want to maintain independence… It's really hard for a person to get to a point where they …feel like they need help and they're willing to ask for it." The stigma of government assistance was prominent across all interviews. Another service provider shared, "I think there's a lot of stigma related to us being a state agency . . .a lot of fear." Another service provider explained, "We follow the thought process that most people are intimidated or scared to ask for help and that … it is pretty damaging to people's self-esteem." She added that, "We try to remove any barrier of bureaucracy… it's not coming to a resource office completing paperwork." She positioned the service model of her agency in contrast to those with more rigid application processes. Receiving assistance, especially from a government agency, was stigmatized, a fact which discouraged people from using these resources.

Ageism is a similar barrier to access. According to service providers, older adults did not seek help because they do not want to be labeled as "old." One service provider described how ageism is internalized when she highlighted, "There's this general perception of 'oh, if you need help' what does society think of you, you know? We are quite an ageist society…and people [who] are in Western culture are devalued when they…need assistance versus when they're 'contributing.'" Another

service provider commented on internalized discrimination when she stated, "Seniors themselves perpetuate that bad behavior they put limitations on one another …the stigma would be if I go there or if you go there, you must be old."

Using a contextual and intersectional approach, service providers highlighted how older adults of color particularly faced significant barriers to access. As one service provider noted, "I don't think we have a lot of barriers to your standard White female, standard retired White male, but I think we have a long list of barriers for any culture, any diversity." This was an area most agencies were actively working to improve. As one service provider shared, "I feel like in the past one to two years, we have, like a lot of agencies, really started focusing in this area." Language accessibility was seen as a facilitator for access to services among most agencies. For many agencies, language access has occurred. One service provider noted, "We do have case managers that you know speak different languages...so Oregonians will feel more comfortable when they are, let's say, completing an interview or an application. And that materials are sent to them in their native language." Despite improved language accessibility, all service providers saw areas of improvement to achieve service equity.

Another barrier to access was the complexity of the systems including applications, eligibility, and self-advocacy. As one service provider stated, "I think there is a perception, and it's true, that the system is complex and difficult to maneuver. And I think there are people who are hesitant to engage with the system for that reason." Navigating the system was put on the person applying for benefits, making the process more difficult. As explained by a service provider, "The system is complicated, and so I think consumers have a hard time maneuvering and have to sometimes do extra work to get services that they're eligible for."

Technology also emerged as a barrier to receiving needed resources as described by a participant: "Well, I think when it comes to older adults, the online application can be really difficult, right? We have a lot of older adults that might not have access to a computer, and if they do have access to a computer, kind of navigating that system and being able to apply can be difficult." This was often posed as a barrier

that they were able to offer solutions. For instance, one service provider noted: "We try to do everything face-to-face and one-on-one whenever possible because we still serve a population that is still struggling with the technology of today."

Accessibility strategies

Service providers described the facilitators that helped older adults with limited economic resources access services with ease. Greater access was an area of active work for different programs. There was often a path from an identified barrier to an implemented strategy to promote ease of access. These issues were dynamic and as needs were met or changed, service accessibility was influenced.

One answer to the problems of stigma, ageism, and service inequity was community outreach and relationship building. As one service provider shared, "I think having discussions with the community as much as possible and really having that open door. Anybody is welcome to come in and ask questions. I hope helps with that stigma." Being known as a supportive agency was important as well. One service provider stated: "I think especially pre-COVID, we were really working at like when there's a Latino festival, getting out making sure that we have a table at those events, LGBTQ festivals for example, Pride Days, those kinds of things." Outreach also took the form of making connections with community organizations, especially those that served minority groups.

The recently implemented ONE application system attempts to simplify application for benefits and condenses applications for a variety of government assistance programs into a single application. Before the implementation of this system, older adults would have to navigate different offices and applications to receive different benefits. Finding the correct point of access was an additional challenge. A service provider shared some of the challenges and outlined that her agency had "tried to close that gap by having that ONE system where it's a one point application for all of the benefits that Oregon has." Through the ONE system, individuals apply and receive assistance through multiple channels and at offices they were not previously able to access. They can call AAA, APD offices or the ONE Call Center to receive assistance.

The implementation of the system overall has been well received, although there has been an adjustment period.

An older program, Aging and Disability Resource Connection (ADRC), also aims to reduce complexity and offer alternatives for those facing technology barriers. The ADRC has both a call center and a website that connects older adults to the appropriate local resources dependent on their specific needs. One service provider shared "If someone calls us and we're not the agency that can provide service…we figure out the easiest way possible to get people connected with the services that they need." The ADRC has not been as widely used as some believe it should be. One service provider noted, "I don't think that they do [learn about services] …In our four-year strategic plan… the ADRC is one of the concepts that we need to work on doing some goals and objectives for and more outreach."

Communication, collaboration, and referrals both between state systems and community partners were commonly identified together as an important tool and an area for improvement. The ONE system and the ADRC are both systems that promote this goal. However, it was still apparent that there was room for growth as one service provider stated: "The coordination agency to agency is very clunky...people get dropped through the cracks all the time. And then people become overwhelmed…every agency has slightly different… criteria, and slightly different processes and that's too much for a lot of people." It was also seen that collaboration between different state departments could improve services. One service provider highlighted the need for collaboration when she stated, "For me [a goal is] breaking down the silos between behavioral health, developmental disabilities, and aging and people with disabilities programs because our systems don't talk to each other." Another provider also referenced silos between departments saying: "I think also getting out of silos and looking at where we could work with say Self-Sufficiency or Child Welfare, what are some things that we could do in partnership?"

An additional access concern voiced by service providers focused on how the different services have different eligibility criteria. Some are available to all older adults, and others require older adults to meet financial and/or physical

need to qualify. Participants outlined the benefits of services that support older adults that do not have financial eligibility criteria. One service provider remarked, "Part of the reason that the Older Americans Act… has stayed so popular . . . because it's not a specifically low-income program. Although I would venture to guess that more people who have fixed or low incomes participate." Another shared that "We do not require that they identify as being low-income. It's age driven. So that's a service [Meals on Wheels] that's available. But we know because it is free, it is a great support to individuals that may have income limitations."

The idea was also raised by one service provider that the system of eligibility based on resources was not the most productive way to offer assistance. She explained "We try to neutralize the income piece … we find with that people are more generous with one another and also people feel like they're more part of things." The service provider also stated that "The majority of the senior population does not qualify for additional supports. So if we can help people stay healthy and engaged, that big group then that 10% that really qualify for the additional supports can get our attention"

There is an evolving relationship between the identified barriers to access and the steps that are being taken to promote accessibility. For some barriers like technology, service providers identified simple solutions like providing multiple points of access on the phone or face-to-face meetings. For other barriers, the path forward was more complicated.

Limitations of programs and available services

Several ideas emerged that explained the limitations for programs currently available and therefore serve as areas that could improve the system as a whole. Funding influenced different settings differently but the primary issue on funding was being able to allocate money as the agency saw fit as opposed to an external governing body. One service provider remarked "Oregon's system where the legislature makes a decision about how many positions a program gets, is crazy! ... We should be able to take the budget and…be agile and put staffing and funding where it's needed." Otherwise, almost all service providers had things they would do if allocated more money. One service

provider underscored that "Senior services are underfunded. I think that the barrier to me providing services is that there's just never enough money." Finding enough funding and controlling how funds were spent limited what programs could achieve.

Workforce emerged as a concern at a similar level to funding. At the state level, it was an issue tied to funding. One service provider noted, "There's funding in terms of what we can provide to partners, and there's funding in terms of what we can use for hiring…and it really dictates what our priorities are too and how much we have to prioritize." At the AAA, it was the primary concern as voiced by one service-provider: "Right now, the biggest one's workforce [barrier to providing services] . . . Six years ago, it was money, now it's workforce so it's really changed because now I have all the money in the world but I can't hire case managers." A similar issue was declining volunteerism as outlined by a service provider: "We've had our heydays where it just was natural and everybody volunteered and it didn't matter what they were doing, they just wanted to help. Well, that's not the case anymore. The volunteer looks totally different." These services require staff to carry out their missions.

Overburdened systems are combined with lack of funding, a lack of workforce, and programs stretched too thin. According to service providers, systems could provide better services were this not the case. As one service provider explained, "Everyone is spread so thin, case managers are carrying well over 100 people on their caseloads, and you can't possibly know 100 people. And they're intimate details of what they truly need. With that many people, it's not physically possible." Service providers wanted to address more of the barriers to access as this participant explained: "We are in human services, across the nation, always under resourced for the programs and services that we want and are required to provide. So, it's always how do you work efficiently, how do you do more with less?" It was expressed that in some ways, systems were operating well above their capacity.

The scope of what different agencies could change was another limitation. As one service provider described, "In our department, I don't have any power to fix Medicaid or Medicare, so I can only help in the scope of work that I can

do and that's to help people cope with that or prepare for it or avoid it." Especially when it came to the housing issue, service providers were passionate about that work but ultimately were unable to address the problem. As one service provider pointed out, "I think that's the biggest thing [housing]. Unfortunately, my agency is not an agency that can fix that problem. So, we're trying to figure out what that looks like for us as far as future development of our programs." Different agencies had different programs and things that they felt were beyond the scope of their mission.

Opportunities for advocacy work

When asked to speak on what changes they would like to see in the future and what advocacy they thought was needed, service providers had a broad range of answers. They often touched on things that had been mentioned earlier in the interview such as basic needs that they saw unmet or professional issues that limited the work they did. Beyond that, service providers commented on policy, culture change, and prevention.

Specific answers on what legislation the service providers would like to see varied, but repeated ideas were having less restrictions on programs, increased training requirements, and improvements to programs. Fewer restrictions or requirements for programs was a repeated aim for new policy. As one service provider noted, "I would like to see legislation that makes it probably less restrictive for individuals to qualify for benefits. And I think that's something that we're always working with on the Centers of Medicare and Medicaid." Increased training across the board for people working with older adults especially in direct care work arose multiple times among service provider interviews. One participant noted, "I think in terms of legislation, I would love to see us require better training for people in long-term care facilities." Additionally, improvements to programs, especially Medicare and Medicaid, were mentioned during interviews. One service provider explained this when she stated, "Once you're on Medicare, you have no behavioral health support benefit. There's not a lot of great benefits as far as dental care or eye care and there's no transportation….They need to start figuring out how to fix that."

Service providers also explained areas of advocacy work that do not go through legislative channels, but instead would stem from cultural change. Service providers wanted to see the creation of dementia-friendly and age-friendly communities as described by one service provider: "To be a community for people of all ages and abilities would lend itself naturally to addressing low-incomes, if you really do create a community that's age-friendly." To combat ageism through cultural change, one participant suggested, "Ageism is a real thing…Making sure that they [older adults and people with disabilities] still stay engaged and active in the communities I think is one of the best ways to reduce that stigma." These areas of change were stated with equal importance as legislative priorities.

Preventing poverty in this population was also seen as an area of advocacy. Prevention especially through planning and education were seen as achievable steps for older adults with financial needs. For instance, one service provider shared, "Education is a number one, making sure people have all the facts and that they're making these decisions in a place where they have as many choices as possible, which means earlier than later." Education as a tool for poverty prevention was seen as a need for people of all ages. Addressing issues with people before they age into this situation was seen as an opportunity to prevent poverty in older adulthood. Financial literacy was one example of this kind of education "Scam prevention, fraud prevention, ... economic well-being…not just for older adults and people with disabilities...Because if you don't fix the financial crisis from the ground up on all levels of community, I don't think you can actually impact change."

DISCUSSION

The basic needs identified by service providers were supported by the literature as instrumental to wellbeing (Jackson et al., 2019). Housing, food, behavioral health, transportation, and supports for aging in place are interconnected needs, crucial to wellbeing. As seen in Chau and Gass (2018), homeless individuals and those most financially vulnerable suffer on multiple fronts because of the interconnected nature of basic needs. Homelessness was a primary concern, within the overarching theme of housing and as an issue in its own right. This population often struggles to meet their basic needs, but their houseless status acts as a barrier. They may be in need of healthcare and behavioral healthcare, be food insecure, or be unable to access transportation,

but be unable to meet those needs due to housing circumstances (Chau & Gass, 2018).

Generally, transportation is connected to most issues. Being able to access services is a barrier in its own right. Otherwise, the connection is simply that all of these basic needs cost money. It is well documented that there is often a choice between basic needs such as food or medication or the inability to afford either (Caouette, 2020; Jih et al., 2018).

While there are assistance programs and safety net programs offered to all older adults to meet their needs, there are barriers besides money to accessing them. Barriers identified by service providers consistently aligned with barriers identified to specific programs in various studies (Maltz, 2022; Zielinskie, 2017). Stigma was identified by service providers as both as the stigma of receiving government assistance and the stigma of being old. The primary definition of stigma is well researched as a barrier to access (*Ending Stigma Around Receiving Benefits*, 2016); however, ageism as a similar stigma-based barrier has been observed but not well documented. Service providers positioned outreach and education as ways to disrupt this stigma.

Older adults of color are more likely to be low income or financially vulnerable (Butash et al., 2021). These populations also face barriers to accessing services. Providers spoke to the existence of these barriers, but rarely specified beyond that. It can be seen in the literature that immigrant status and language accessibility are key issues within this group (Broder et al., 2022). Information distribution in multiple languages, multilingual service providers, and translation services were strategies used by agencies interviewed. Outreach, especially partnerships with community organizations serving minority groups, was seen as key to building relationships, establishing trust, and getting information to minority communities.

Physical barriers such as transportation and technology are almost cliche at this point with jokes about older adults who can't drive or use computers, but they are real issues. Transportation, either lack of access or inability to use it, can stop an older adult from going to an office to receive assistance (Maltz, 2022; Zielinskie, 2017). Technological

literacy presents the same issues if applications and information are online (Maltz, 2022; Zielinskie, 2017). Service providers were meeting these challenges by providing multiple points of access; either in person, online or on the phone, instead of any one of those options which may prove a barrier to an older adult. To distribute information and connect people to services, the Aging and Disability Resource Connection (ADRC) offers ways to access services online, in person, by phone.

Complexity of the system, and not knowing what they may be eligible for, how to apply, or having difficulty navigating resources they are eligible for, are common barriers. Both Maltz, (2022) and Zielinskie (2017) underscore how this was a barrier to accessing services. The ADRC as a database or hotline to connect people to resources aims to combat the initial phases of this problem. Another tool, the new Oregon ONE application system, simplifies the application process. Whereas before older adults would have to connect to different offices, navigate different departments, and complete different applications, the ONE System allows anyone applying for benefits to complete one application for multiple programs (OHP, SNAP, TANF, TA-DVS refugee assistance, and EDRC). The ONE system allows offices across the state to serve as application sites for demographics they did not serve previously, allowing applications to be completed in person at these offices. A hotline and online application are also available.

These systems are steps toward enabling smooth communication, collaboration, and referral between programs and departments. However, there is still much room for improvement. Service providers highlighted the need for smoother transitions from program to program. Service providers emphasized the need for collaboration between different departments of the governments highlighting silos that, if brought down, could provide more holistic care for an older adult (i.e., behavioral health silos) and better support for a network and poverty prevention (i.e., child welfare). This would break down some of the barriers due to complexity.

One difference between programs was whether there was an eligibility criteria participants needed to meet or if the

program was available to anyone. Eliminating applications and eligibility criteria reduces stigma and complexity.

LIMITATIONS, IMPLICATIONS AND CONCLUSION

This preliminary study was limited by the number of participants and the variety of their workplaces. Most service providers worked for government agencies working for or on the behalf of older adults. Expanding this study to include other sectors with opinions on these issues such as legislators, nonprofits, or other sectors of government work would have provided a broader understanding of these issues. Most importantly, talking with older adults experiencing these issues would centralize their voices and perspective on the issues that affect them.

This research is important for the purposes of understanding the critical needs that poor older adults have and examines how the systems in place in Oregon are able or unable to meet their needs. This study shows clear needs for which there are services available. Service providers described barriers to accessing services and solutions that were being actively implemented, underscoring the importance of making those improvements. Clearly, there is more work to be done for older adults with limited incomes to meet their basic needs.

REFERENCES

Berg, B., & Lune, H. (2012). *Qualitative research methods for the Social Sciences*. Pearson.

Brim, B., Fromhold, S., & Blaney, S. (2021). Older adults' self-reported barriers to aging in place. *Journal of Applied Gerontology*, 40(12), 1678–1686.

Broder, T., Lessard, G., & Moussavian, A. (2022, June). *Overview of immigrant eligibility for Federal Programs*. National Immigration Law Center. Retrieved June 22, 2022, from https://www.nilc.org/issues/economic-support/overview-immeligfedprogram s/#_ftn26

Caouette S., Boss L., & Lynn M., (2020). The relationship between food insecurity and cost-related medication nonadherence in older adults. *The American Journal of Nursing, 120*(6), 24-36.

Chau, D., & Gass, Arnold P. (2018). *Homeless older populations : a practical guide for the interdisciplinary care team*. Springer Publishing Company, LLC.

Chung G., Marottoli., Cooney L., & Rhee T. (2019). Cost-related medication nonadherence among older adults. *Journal of the American Geriatrics Society (JAGS), 67*(12), 2463-2473.

DeGarmo, A. (2022, March 23). *Addressing behavioral health needs among older adults*. Third Horizon Strategies. Retrieved May 2022, from https://thirdhorizonstrategies.com/addressing-behavioral-health-needs-amon g-older-adults/

Ending Stigma Around Receiving Benefits. The National Council on Aging. (2016, June). Retrieved June 22, 2022, from https://www.ncoa.org/article/ending-stigma-around-receiving-benefits

Gunja, M. Z., Shah, A., & Williams, R. D. (2022, January 21). *Comparing older adults' mental health needs and access to treatment in the U.S. and other high-income countries*. The Commonwealth Fund. Retrieved June 22, 2022, from https://www.commonwealthfund.org/publications/issu e-briefs/2022/jan/com paring-older-adults-mental-health-needs-and-access-treatment

Hud.gov / U.S. Department of Housing and Urban Development (HUD). (n.d.) HUD.gov / U.S. Department of Housing and Urban Development (HUD). Retrieved June 25, 2022, from https://www.hud.gov/

Jackson J., Branscum A., Tang A., & Smit E. (2019). Food insecurity and physical functioning limitations among older U.S. adults. *Preventive Medicine Reports, 14,* 100829.

Jih J., Stijacic-Cenzer I., Seligman H., Boscardin J., Nguyen T., & Ritchie C. (2018). Chronic disease burden predicts food insecurity among older adults. *Public Health Nutrition, 21*(9), 1737-1742.

Lopez, M. J., & Slavov, S. (2020). Do immigrants delay retirement and social security claiming?. *Applied Economics*, 52(10), 1105-1123.

Loukaitou-Sideris,, A., & Wachs, M. (2018, December). *Transportation for an aging population: Project 1704 promoting mobility ...* Mineta. Retrieved June 22,

2022, from https://transweb.sjsu.edu/sites/default/files/1704-RB-Sideris-Transportation-Aging-Population-Equity-Mobility_0.pdf

Maltz, K. (2022, January). *New research shows ways to reduce stigma among older adults of accessing benefits*. Benefits Data Trust. Retrieved June 22, 2022, from https://bdtrust.org/new-research-shows-ways-to-reduce-stigma-among-older -adults-of-accessing-benefits-1/

Molinsky, J. (2017, January 25). *Four challenges to aging in place*. Four Challenges to Aging in Place | Joint Center for Housing Studies. Retrieved June 22, 2022, from https://www.jchs.harvard.edu/blog/four-challenges-to-aging-in-place

Older adults and people with Disabilities – RHIHUB Transportation Toolkit. Older Adults and People with Disabilities – RHIhub Transportation Toolkit. (2019, June). Retrieved June 22, 2022, from https://www.ruralhealthinfo.org/toolkits/transportation /4/population-conside rations/older-adults-people-with-disabilities

Stanford, E., & Usita, P. (2002). Retirement: Who Is at Risk? *Generations: Journal of the American Society on Aging, 26*(2), 45-48.

Weaver, R., & Roberto, K. (2019). Effects of long-term services and supports on survival of poor, highly vulnerable older adults. *The Gerontologist, 59*(5), 936-946.

Zielinskie, G. (2017, January). *Low-income seniors often need help accessing public benefits*. The Pew Charitable Trusts. Retrieved June 22, 2022, from https://www.pewtrusts.org/en/research-and-analysis/articles/2017/01/low-inc ome-seniors-often-need-help-accessing-public-benefits.

On Flowering My Father's Grave

Trinity Herr, Western Oregon University
Faculty Sponsor: **Dr. Henry Hughes**

Fred Meyers is selling
      fat columbines:
6 blooms for only 6.99!
      Colorado blue,
with yellow centers.

Back home, between
      creosote coated ties
and used-to-be gravel,
      the red and gold variation
tootles up curled
      with foxglove and scotch broom,
blackberry fits and starts.

My sister tells me
      she's purchased buttercream
yellow irises from
      a nursery to plant
around our father's grave.

The purplish, wildborn
      variety, dug by my own
hand from the riverbank
      have strangled
his headstone. Plus,
      she says: the blooms
are so petulantly small.

And the grocery store columbines
      are near the same
color as my irises.
      The not-quite-nameable shade

of an unhealed bruise.
         The spurred, spidering flowers
angular as a needle
         in the arm of an almost dead man.
And not near so remarkable
         as the ones that grow wild.

Paradigm

Josiah S. Liljequist, Western Oregon University
Faculty Sponsor: **Dr. Henry Hughes**

Church is over, girls huddle and whisper

in the lighted lobby like flocks of doves.

One of them asks me to help fold the drapes,

pressing corners of black velvet,

matching them immaculately, stitch over stitch,

no creases, wrinkles, or bumps—

a symmetrical rectangle halved and rolled

into a cylinder of cloth, crammed

tight into a plastic box only to be unraveled next

Sunday.

My fingers slip and drop the drape.

She says it won't do, so we start over.

Fold over fold, seam over seam—

"That's better," she says, lining up the smooth edges.

That's perfect, I think, crinkling a frayed corner.

Shake, rattle, and roll and repeat—

she's smiling and folding, smiling and folding,

and I'm just holding on.

Ensuring Latinx Mothers Feel Valued in Schools to Promote Student Success

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Latinx mothers feeling valued in their children's schools is a crucial component of their child's success and wellbeing. Semi-structured interviews were conducted with 4 mothers, whose educational experiences varied. The questions focused on the mothers' experiences within the education system regarding themselves and their children. Analysis of the interviews revealed three emergent themes - parents as first teachers, generational education experiences as motivation, and advocacy. For mothers to feel valued in their children's schools, their role as the first-teacher in their children's lives must be respected. They also must have a safe space to advocate for their child. The mothers also utilize their own educational experiences as motivation to best support their children. Listening to the voices of Latinx mothers and learning from these themes casts an important asset-oriented light on their intentions and the support strategies that work for them.

Keywords: Latinx mothers, advocacy, generational education experiences, first-teachers, belongingness

Educational equity is defined as having access to and receipt of the resources children need to be successful in school (Barth, 2016). This can include equal access to opportunities, reformed practices to meet the needs of students and their families, and other resources. These resources allow for a high-quality education to be accessible to all. Education is not one-size-fits-all. Every individual has different needs and abilities. The support provided to one family may not work for another. Likewise, the ways that parents feel about education varies case by case.

The public school population in the United States, including federal and state-funded preschool, is becoming increasingly racially and ethnically diverse (De Brey et al., 2019). A higher population of children of color are entering the education system. In fact, one quarter of the children living in the United States are Latinx (Clarke et al., 2017). As a society, we must adapt to meet the needs of this community. This includes ensuring that the families of these children are supported. A key to Latinx student success is Latinx mothers feeling valued in schools (Durand, 2011). Children can benefit greatly when their mothers and families feel welcome in school.

There are differing perspectives on what the role of a mother in their child's personal and educational life should be. In Latinx culture, "mothers play key roles in children's development,

socialization, and earliest school experiences" (Durand, 2011, p. 258). Teachers from Western cultures often identify themselves as playing a key role in children's development, socialization, and early school experiences, which could unintentionally be interpreted as a power assertion over Latinx mothers. Therefore, it is crucial to develop culturally appropriate methods for teachers to understand how to best support Latinx mothers. When Latinx mothers feel a sense of belonging in the educational institution, they feel like their role in the life of their children is valued. This sense of feeling welcome can promote diverse family engagement (Öztürk, 2013). Student success (Tran, 2014), Latinx mother engagement in home-school partnerships (Lowenhaupt, 2014), and fewer cultural misunderstandings (Choi, 2017) are three positive results of developing culturally appropriate methods. This leads to mothers feeling welcome and understood in schools. These factors have a direct impact on the child's well-being in and out of school.

The goal of this study was to learn more about Latinx mothers' experiences engaging with educational settings on behalf of their children. Research that centers the voices of Latinx mothers is scant in the home-school engagement literature (Nakagawa, 2000). These new understandings can be used to articulate culturally appropriate family engagement practices supportive of Latinx

can be used to articulate culturally appropriate family engagement practices supportive of Latinx families for early education teachers. This work contributes the necessary amplification of the voices of Latinx mothers navigating home-school partnerships to answer the following research question: What are the experiences of Latinx mothers' home-school engagement?

LITERATURE REVIEW

A literature review exploring home-school engagement practices and experiences was conducted to ascertain the current understandings within the literature. Our attention was aimed at understanding elements that serve to validate, support, and encourage Latinx mothers. The following articles informed our initial understanding and led us to seek a thicker description through semi-structured interviews.

Belonging

One key factor in order for mothers to feel welcome in schools is their feeling of belongingness. In this case, belongingness refers to mothers feeling "personally accepted, respected, included, and supported by others in the school social environment" (Goodenow, 1993, p. 80). When mothers feel they belong, their children are more likely to succeed. The people that mothers interact with at the school, and the relationships they build are key factors in whether parents feel welcome and have a sense of belonging in the school community (Durand & Pérez, 2013).

Another key factor in mothers feeling like they belong is components of their culture being represented in the school (Durand & Pérez, 2013). One common component is language, which is Spanish in this case. In a study conducted by Durand and Pérez (2013) it was found that one of the central reasons why the participants felt like they and their children belong was due to attending a bilingual school. Their children were taught in two languages: Spanish and English. The children were able to learn and interact in their native language, while also enhancing their English skills.

Feeling Welcome

Mothers feeling welcome increases home-school engagement which is linked to student success. Shah (2009) states that "perceptions of invitations are socially constructed and relate to how parents feel about the school environment and the persons making the invitations" (p. 219). Inviting a mother to visit the classroom is a start, but the way that the invitation is delivered is what truly leads mothers to feel welcome. Is this invitation delivered by someone who the mother feels comfortable around? Latinx teachers and staff presenting these invitations may have a positive impact on the situation (Shah, 2009). Is this invitation delivered along with sincere body language and words? If the interaction is unfriendly or threatening, then mothers may feel like their involvement is not wanted or valued. The mothers must feel like their voice and presence matter.

They must feel welcome in the school setting in order for them to feel safe. This feeling of safety leads to mothers feeling motivated to become involved.

Culturally Appropriate Methods

Our culture helps form our identity. It shapes the way we see the world. Culture has a direct impact on parenting through the way parents raise their children, and their perspective on factors that affect their children such as schooling. Culture, parenting, and school experiences are interconnected, and "parenting is defined according to cultural understanding and is grounded on the past experiences of that culture within its unique environment" (Calzada, 2010, p. 1). This means that in order for teachers to fully understand their students' mothers, they must understand the cultural background of these families. There may be cultural differences between teachers and families that can lead to a disconnect. This lack of understanding will negatively impact the way the mothers feel about the school, and even the way that the children feel about the school.

Home-School Partnerships

Partnerships between the school and home can have a direct influence on a mother's sense of belonging. This can be a direct reflection of the teacher leading their child's class and the staff and administration at the school. Mothers who feel safe and encouraged to share about their children can provide valuable information by sharing their "perspectives, home practices, and 'expert'

knowledge about their children" (Durand, 2011, p. 275), which will lead to the increase of involvement in their child's education. Mothers' voices must be amplified when they are sharing their expert knowledge about their children. Their role in the education of their child must be acknowledged and respected. In order for mothers to feel welcomed in school, they must be respected.

METHODS

To learn more about how Latinx mothers feeling welcome in school impacts their child's success, the lead author chose to conduct semi-structured interviews with mothers to evaluate their experiences. A semi-structured interview followed an "open-ended questions, allowing for a discussion with the interviewee rather than a straightforward question and answer format" (Doyle, 2020, para #21). The lead author chose to conduct semi-structured interviews because they believed it would both create a welcoming environment for participants to communicate without feeling pressured and would reduce participant anxiety. The questions were very open-ended because we anticipated that possible trauma may be associated with the topic. The authors generated a predetermined list of questions that were used to guide the conversation, but the participants could choose not to answer questions they did not feel comfortable with.

The lead author conducted four interviews via Zoom, between March 28th-April 1st, 2022. Participants were provided with a list of interview questions prior to the Zoom meeting and a reminder that they could choose to skip any questions they wanted. With the permission of participants, the interviews were recorded through the Zoom app. Additionally, the lead author took handwritten notes throughout the interviews summarizing responses and writing some quotes down word for word. The lead author used the recording of the meeting to write down additional notes.

The participants were selected through purposive convenience sampling. This means that these folks were "drawn from a source that is conveniently accessible to the researcher. A purposive sample is the one whose characteristics are defined for a purpose that is relevant to the study" (Andrade, 2020, p. 86). The lead author

chose to interview family members for this research. They interviewed three of their aunts and their mother. The authors used pseudonyms for each. Each mother identified as Latina and has/had more than one child in school. Two participants have older children who have graduated high school, so these mothers have had extensive experience with the education system.

For the context of the schooling of the children, all children attended public school in Oregon. Elena, Ruby, and Maria currently have children in elementary school. Perla and Ruby currently have children in middle school. Elena and Perla currently have children in high school who will both be graduating in June 2022. Elena and Perla both have adult-aged children, but Elena is the only participant who has a child studying at the undergraduate level, who will receive her degree in June 2022.

For some context of the education of the participants, Elena, Maria, and Perla are sisters, so they have had the same upbringing. One mother, Maria, graduated from high school while the other three did not. Maria and Perla both attended elementary, middle, and part of high school in California. Maria and Perla both attended high school in Oregon, but only Maria graduated and received her diploma. Maria then attended community college and received her associate's degree. Elena attended elementary, middle, and high school in California, but dropped out of high school due to personal circumstances affecting her ability to attend school. Ruby attended elementary, middle, and high school in Oregon, but dropped out of high school as well. She then took and passed the General Education Development (GED) tests to receive her GED certificate.

Semi-Structured Interview Questions

The authors chose these questions to create a conversation in which the participants felt most comfortable. The questions were very open-ended because the hope was that the participants would guide the conversation. The questions aimed at the children and mothers' education and the mothers' overall experience within the education system. The questions were designed to inform this research question: What are the experiences of Latinx mothers' school engagement?

- What is a moment of joy you have felt at your child's school? Can you think of an example?
- What is a moment of joy you felt during your own educational experience?
- "Do you think you should be involved in your child's learning at home?" (Durand & Pérez, 2013, p. 58).
- Are you involved with teachers and staff at school? If so, how?
- Do you feel welcome at school? If so, what makes you feel welcome?
- What is the best thing about school for your child?
- What do you think your child finds the most difficult about school?
- Do you feel safe sharing your opinions in your child's school? If so, what makes you feel safe?
- Were your parents involved in your education as a child?
- How do you think your involvement in your child's education was different from your parents' involvement in your education?
- Explain what success in school means to you in relation to your child?

TABLE 1

Participant Demographics

Pseudonym	Occupation	Relationship to First Author	Parents to children / ages
Elena	Stay at Home Mother	Mother	4 children, ages 9, 17, 21, 28
Maria	Family Resource Navigator	Aunt	3 children, ages 7, 10, 13
Perla	Aircraft Cabin Cleaner	Aunt	4 children, ages 11, 12, 18, 23
Ruby	Certified Nurse Assistant	Aunt	3 children, ages 8, 13, 16

Data Analysis

The Zoom interview recordings were transcribed and the lead author's notes were saved to support understanding and context during analysis. The authors employed a content-analysis approach utilizing an emergent coding scheme (Neuendorf, 2002; Saldaña, 2014). The transcripts were coded and analyzed for emergent themes (Stemler, 2000). The authors first reviewed all responses individually and then agreed upon code categories to represent prominent or recurring themes: parent as first teacher, parent education experiences as motivation, and advocacy. Code memos were created for each theme by each author and compared and contrasted. The authors compared and discussed coded responses to explore discrepancies and come to agreement.

RESULTS

We know that strong home-school partnerships lead to student success (Chrispeels & Rivero, 2001). Our literature review on home-school partnerships highlighted what we know about supporting Latinx family engagement in schools. Belongingness, a sense of being welcomed, and culturally appropriate approaches are necessary. Equipped with this understanding we set out to capture Latinx mothers' voices and experiences in home-school partnerships to learn more about how to make them feel valued. We wondered how participants' stories would align with the current literature as well as provide specific examples of what worked or did not. Our results are rich accounts of Latinx mothers' experiences in home-school partnership. No one Latinx mother is the same as the next. For Latinx mothers to feel valued they must feel seen, thus our understanding of their unique backgrounds is necessary. The participants' family structure, educational background, and descriptions of home-school engagement were unique. Therefore, we present a profile of each participant for the reader.

Participant Profiles

Elena is a mother to four children ages 9, 17, 21, and 28. She attended school in California. Elena attended a magnet school in high school, which was her mother's decision. Her mother wanted her to receive a "better education," but it

did not feel this way to Elena. She was one of the very few Latinx students at her new school which caused her to feel isolated. Elena became a mother at a very young age which caused her to drop out of high school. Not being able to complete her schooling has served as motivation to push her children to do their best in school. She was a single mother while raising her oldest child for a few years, but then met her current husband of 22 years with whom she has raised all of her children. Elena is now a stay-at-home mother, which has allowed her to be involved in her children's schooling. She has taken full advantage of this opportunity and has volunteered in the classroom of her two youngest children since they both began kindergarten.

Maria is a mother to three children ages 7, 10, and 13. She attended elementary and middle school in California. Her mother passed away while she was in high school, so she moved in with her sister Elena who was living in Oregon, which is where she graduated from high school. Maria suffered from some trauma after her mother passed away, but she completed high school and pursued higher education, where she received her associate's degree. Maria now works in education as a family resource navigator to give back to her community. Her passion is to support those who need it, and she works tirelessly to meet the needs of those individuals. Maria is actively involved in the academic and personal lives of her children. She serves on the parent curriculum team and parent-teacher organization at her child's school, as well as the budget committee for the school district.

Perla is a mother to four children, ages 11, 12, 18, and 23. She attended elementary and middle school in California. When her mother passed away, she moved to Oregon to be closer to her sisters, which led her to attend high school in Oregon. She dropped out of high school, and moved back to California for a few years to have and raise her oldest child. She then moved back to Oregon to create a home where her other three children were born and raised. She was a single mother for a very long time. She worked very long hours to provide for her two oldest children. This prevented her from being as involved in their lives as she would have wanted, but she still attended every parent conference and tried to be as present as possible despite the challenges she faced. When she had her two youngest children with her

current husband, she was more involved in the school as she had always wanted to be.

Ruby is a mother to three children, ages 8, 13, and 16. Ruby and her family migrated from Mexico when she was very young. She began elementary school in Oregon without knowing any English, which made her early educational journey very difficult. She continued to attend middle and high school in Oregon, but dropped out of high school. She eventually pursued her General Education Development (GED) certificate and passed the required tests to receive it. Ruby, like Perla, was a single mother for some years. She had to take on the role of being the sole provider for her three children, which led her to work long hours and many shifts. Ruby was unable to be as involved in the education of her children as she hoped to be, but did what she could with the opportunities she was given.

The participants' lived experiences were unique. However, emergent themes became apparent to us as we coded their transcribed interviews. These commonalities pointed to lessons we could learn about how to support Latinx mothers' feeling valued in home-school partnership. Collectively their stories answer our question of: What are the experiences of Latinx mothers' school engagement?

Emergent Interview Themes

As we analyzed the responses that the mothers gave during the interview, we found three common themes. These themes were determined by assessing what the mothers deemed to be most impactful during their personal educational experiences and the educational experiences of their children. We believed that the things that meant the most to them, when it came to experiences in school engagement, could inform a deeper understanding about what is needed to cultivate a feeling of being valued in a home-school partnerships. The three themes were parents as first teachers, utilizing generational education experiences as motivation to support their children, and parental advocacy within the educational experiences of their children. The theme of *parents as first teachers* refers to the mothers seeing themselves as the first teachers in the lives of their children. The theme of *advocacy* refers to mothers speaking up on behalf of their children. The mothers expressed sentiments that

highlighted the way that they presented as advocates in dynamic ways. The theme of *generational education experiences* highlights the educational experiences that have been passed down from parents to their children through generations. These mothers have used these experiences as motivation to be involved in home-school partnerships in ways that they wish their parents were. What can these emergent themes teach us about Latinx mothers' experiences and how to ensure they feel valued?

Parents as First Teachers

In Latinx culture, "mothers play key roles in children's development, socialization, and earliest school experiences" (Durand, 2011, p. 258). While only one mother, Ruby, believed that this role should be shared with their child's teachers, the other three mothers believed that they are the first teacher in the lives of their children. Being their child's "teacher" is not solely focused on academics, but rather on teaching them life skills. Maria and Perla believe that a way for their child to show they are successful is through independence. Metaphorically speaking, they want to teach their child to use their wings, but they want their child to be able to fly on their own. They want to supply their child with the life skills and support they need in order to flourish independently.

Elena believes that the teacher at school is in charge of teaching their child academic content, but it is her duty to support the child in other key roles in their life. This includes their socialization and other areas of development. Maria believes this as well, and goes further on to explain that learning begins with the family. Maria strongly believes that she is and must be involved with her child's learning at home. Maria states that "everything starts at home, like the habits" that the child will use for the rest of their lives. These "habits" that the child learns are taught by the family. Perla believes that she must be the decision-maker for any matter involving her child, as she is her child's first teacher. She had a conflict with her child's teacher in regards to this, in which the teacher was making suggestions that she believed would support the child's learning. Perla disagreed and stated that she is "the person that needs to decide on" matters that affect her child, as she "live[s] with her" and knows her best. Ultimately, the mothers believe that they play a

central role in the education and upbring of their children. Therefore, they believe they know what is best for their children. In order for Latinx mothers to feel valued, teachers must make space for them to play the central role in their child's education. In other words, respect Latinx mothers view of their role in the lives of their children. Listening to Latinx mothers' as experts on their own children is a simple but powerful choice.

Generational Education Experiences as Motivation

There are many parents who want to be involved in the education of their children, but are unable to due to barriers. We know that "poverty, low levels of education, and immigrant status strongly influence the nature and levels of parent and school interaction" (Chrispeels & Rivero, 2001). Other barriers include language barriers, single-parent households, and working long hours. The parents (grandparents) of the participants were not involved in their daughters' (mothers) education due to the reasons listed above. Each mother interviewed stated that their parents were not involved in their education, which served as a motivator for them to be involved in the education of their children.

When the participants were asked if they thought their parents' involvement influenced the way they are now involved with the schooling of their children, they all answered yes. Although Ruby, along with the other mothers, wished that her parents had been involved, she understood the reason that they were not. She explained, "they tried as much as they could. They did come from Mexico without an education themselves. So I think it was hard for them to try to understand" (Ruby). When explaining her involvement with her children, she stated "I want to be there if they need help, if they need support. So I think that I have definitely been more involved than my parents in their school" (Ruby). Ruby, along with the other mothers, wanted to be different from her parents. The mothers wanted to be involved in the education of the children in ways that their parents were not.

Although some of these mothers experienced some of the same barriers to involvement that their parents did, they tried to overcome them. For example, Perla and Ruby were both single mothers for a period of time in the upbringing of

their children. This prevented them from being as involved as they wanted to be due to working strenuous hours and taking care of their other children. Despite these barriers, they still managed to attend events that would be considered of higher importance such as parent conferences. Elena and Maria on the other hand were extremely involved. Although some mothers were more involved than others, they all shared the same yearning to be actively present in the academic and personal lives of their children. They used their negative experiences to better support their children. They are being involved in ways they wish their parents were. The education experiences that had been passed down through generations in the families of these Latinx mothers, ended when they came face-to-face with these mothers. Acknowledging that family engagement may look different for each family, but it may not represent their desire to be connected, is necessary. Validating these sincere intentions to be involved despite challenges is an important way to value Latinx mothers' home-school engagement. These choices may call teachers to explore their conscious or unconscious biases, in order to believe in the intentions of Latinx mothers.

Advocacy

Advocacy presented itself in the relationships that these mothers have with their children. Parental "advocacy is defined as efforts or actions parents have taken on behalf of their children and others" (Schraml-Block & Ostrosky, 2021). Although these mothers used their voices in different ways to advocate for their children, they were not afraid to do so. Having such a strong sense of advocacy increased the mothers' involvement in the schooling of their children. This greatly benefited the children because "parental involvement and advocacy may be particularly important during pivotal developmental transitions" (Durand, 2013, p. 50). Advocating for their children was a priority for these mothers. Each mother took it upon themselves to fight for their child when they felt their needs were not being met.

Some of the mothers took on leadership positions in their child's school to ensure their child was being represented and included. For example, Maria is a part of the Budget Committee for the school district and the PTO group at her child's school. She was able to make changes from within

the system. Elena volunteered in her child's classroom for years. Her voice was heard in the classroom, and her opinions were taken into consideration when making classroom decisions. Elena explained that she is an advocate for *every* child. She stated, "I am not just a mom to my child, I am a mom to every child that needs me to be" (Elena). The other two mothers exhibited advocacy by using their voices to speak up when necessary. Perla and the other mothers were strong advocates for what they believed their children needed. She stated, "I'm not gonna let something [happen] that my child doesn't want to do or doesn't want to participate in" (Perla). Advocacy presents itself in a multitude of ways in the lives of these mothers, but they all have the same goal–ensuring their child is getting what they need and is happy in the process. Latinx mothers' stories in this study reveal strength and capacity for advocacy when they feel welcomed enough to share. Their stories emphasize the need for teachers to provide a safe space for Latinx mothers to feel encouraged to advocate, that their advocacy voices are valued.

CONCLUSION

These shared experiences from Latinx mothers provide important insights for early childhood teachers working to establish culturally responsive relationships with parents. These culturally responsive relationships foster feelings of belonging and being welcomed. Establishing culturally responsive relationships leads to a sense of trust between the teacher and the mother. Ensuring the mother feels welcome connects to respect among one another. Creating a sense of belonging in the classroom can be accomplished by giving the mothers a safe space to talk, and be listened to.

The first step to ensure Latinx mothers feel valued in school is for teachers to work past their conscious or unconscious biases, in order to believe in the intentions of Latinx families to be involved. This sense of trust is related to a culturally responsive relationship that can be built between the teacher and mother. There may be cultural differences at hand that may lead the teacher to believe the mothers do not want to be involved, but we cannot make these assumptions. We must reflect on our own lived experiences and analyze why we may be feeling this way and having these thoughts. When families walk into the

doors of our schools and our classrooms, we must trust that they care. We must believe that they want to be involved because it will change the way we perceive them. Latinx mothers have strong voices and they will go above and beyond to make sure they are heard. Mothers like Maria, who is a member of school-based groups, and Elena, who is an active volunteer, prove this to be true. The findings from the interviews I conducted combat any assumptions that Latinx mothers and families do not care or are too busy.

The second step, but the first action that is needed to be taken to ensure Latinx mothers feel valued in school, is to respect their role in the lives of their children. Respecting mothers' knowledge of their children is culturally rooted, as many Latinx mothers consider themselves to be the first teacher in the lives of their children. The theme of being a first teacher highlights how Perla's negative experience with her child's teacher might have been more supportive for the child, if the teachers had invited Perla to share her knowledge of her child. The teacher may have been trying to support Perla's daughter in the way she saw fit, but this was not respectful of Perla's role. Respecting the mother's role of being an "expert" on her child, would allow for authentic choice and decision making. This highlights the importance of early childhood teachers respecting the belief of some Latinx mothers, who see themselves as the only first teacher. As a teacher, partnering with the mother in ways that honor that would allow the mother to feel welcomed.

The third step, but definitely not the last, is giving the mothers a safe space that will expand their engagement. Giving Latinx mothers a safe space will create a feeling of belonging for the mothers. We, as educators, must make space in our schools for Latinx families to share their voices. We must ask for their opinions and give them the opportunity to weigh in on matters that affect their child. Involvement is not a one-size-fits-all, which is why we must provide these families with a variety of choices and opportunities. We must allow parents to get in and be involved in the classroom on their terms. For example, not every parent will be able to attend a parent conference at a specific time, but that does not mean they do not care about their child. Options such as attending a field trip, coming into the classroom to observe, or volunteering to support a school event

may be better alternatives for involvement. Perla taught us about being dynamic, and maybe we can learn to be more flexible and offer outside-the-box options for engagement.

REFERENCES

Andrade, C. (2020). The inconvenient truth about convenience and purposive samples. *Indian Journal of Psychological Medicine*, *43*(1), 86–88.

Barth, P. (2016). Educational equity: What does it mean? How do we know when we reach it? Research Brief. Center for Public Education.

Calzada, E. J. (2010). Bringing culture into parent training with Latinos. *Cognitive and Behavioral Practice, 17*(2),167-175.

Choi, J. A. (2017). Why I'm not involved: Parental involvement from a parent's perspective. *Phi Delta Kappan*, *99*(3), 46-49.

Chrispeels, J. H., & Rivero, E. (2001). Engaging Latino families for student success: How parent education can reshape parents' sense of place in the education of their children. *Peabody Journal of Education*, *76*(2), 119–169.

Clarke, W., Turner, K., & Guzman, L. (2017). One quarter of Hispanic children in the United States have an unauthorized immigrant parent. *National Research Center on Hispanic Children & Families,* 28.

De Brey, C. (2019). *New report shows increased diversity in U.S. schools, disparities in outcomes.* National Center for Education Statistics (NCES). Retrieved April 9, 2022 from https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2019038

Doyle, A. (2020, June 27). *What is a semi-structured interview?* The Balance Careers. Retrieved March 18, 2022, from https://www.thebalancecareers.com/what-is-a-semi-structured-interview-2 061632

Durand, T. M. (2011). Latina mothers' cultural beliefs about their children, parental roles, and

education: Implications for effective and empowering home-school partnerships. *The Urban Review, 43*(2), 255–278.

Durand, T. M., & Pérez, N. A. (2013). Continuity and variability in the parental involvement and advocacy beliefs of latino families of young children: Finding the potential for a collective Voice. *School Community Journal, 23*(1), 49-79.

Goodenow, C. (1993). The psychological sense of school membership among adolescents: Scale development and educational correlates. *Psychology in the Schools, 30*(1), 79–90.

Lowenhaupt, R. (2014). School access and participation: Family engagement practices in the new Latino diaspora. *Education and Urban Society*, *46*(5), 522-547.

Nakagawa, K. (2000). Unthreading the ties that bind: Questioning the discourse of parent involvement. *Educational policy*, *14*(4), 443-472.

Neuendorf, K. A. (2002). *The Content analysis guidebook* (Vol. 300). Thousand Oaks, CA: Sage Publications.

Öztürk, M. (2013). Barriers to parental involvement for diverse families in early childhood education. *Journal of Educational and Social Research, 3*(7), 13-13.

Saldaña, J. (2014). *Thinking qualitatively: Methods of mind*. Los Angeles, CA: SAGE.

Schraml-Block, K., & Ostrosky, M. M. (2021). The meaning and nature of parental advocacy in the early years. *Exceptionality, 30*(3), 157-172.

Shah, P. (2009). Motivating participation: The symbolic effects of latino representation on parent school involvement. *Social Science Quarterly*, *90*(1), 212–230.

Stemler, S. (2000). An overview of content analysis. Practical Assessment, Research, and Evaluation, 7(17), n.p.

Tran, Y. (2014). Addressing reciprocity between families and schools: Why these bridges are instrumental for students' academic success. *Improving Schools*, *17*(1), 18-29.

Working at a Hospice Facility

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In the mineshaft halls, the ceiling's brittle
popcorn stalactites flake off and stick
like dander. Dead bugs pile
in light fixtures. Stained carpet, cries,
warning bells. Nurses rush by. Mad
half-runs from room to room
in wild-eyed relays,
Pooh Bear-patterned scrubs spattered
with something human.
Toilets stop with soft slurry,
While the yellowed walls crumble
onto the floor, where paper bits
push from the carpet like daisies.
And for me to clean.
I keep the dying presentable.
We all do

Fear and Frustration: A Qualitative Analysis of the Social and Political Impacts of COVID-19 on U.S. Older Adults

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The COVID-19 pandemic had dramatic impacts on the physical, social, and emotional health of individuals. Older adults, in particular, have experienced the highest mortality rates and the greatest concerns ranging from physical safety to economic stress to social isolation. This paper presents findings drawn from the COVID-19 Coping Study, a national longitudinal study of the social, behavioral, health, and economic pandemic impacts on older adults (aged 55+) in the U.S. The authors qualitatively analyzed attitudes, behaviors, fears, and frustrations expressed by the study participants in an open ended survey question during the monthly follow-up survey in Fall 2020. The results revealed four major ways that the COVID-19 pandemic negatively affected older adults with regard to their sources of community: missing interactions with people; concern for safety from the virus; collective frustrations with the pandemic; and frustrations creating divisions within communities. This study sheds light on the struggles of older adults during a pandemic and may help inform future research on coping strategies and ways to better prepare for potential pandemics in the future.

Keywords: qualitative research, COVID-19, pandemic, aging, older adults

Since the beginning of 2020, the COVID-19 pandemic has altered the progression of society in the United States and dramatically shifted health and social norms. While we have learned much about the long-term health effects of COVID-19, research is still ongoing about other effects of the COVID-19 pandemic. People overall experienced increased psychological issues such as stress and anxiety (Arslan et al., 2020), and the social isolation of older adults became a particular concern. According to findings by Holt-Lunstad et al. (2010,) findings, having higher levels of social activity and being more engaged in social relationships positively correlates with better health outcomes and decreased mortality rates as we age. Being active with social ties can encourage people to be more diverse with their daily activities and to lead a less sedentary lifestyle (Fingerman et al., 2020). Social support has been well-documented as one of the key indicators of well-being among older adults (Kim et al., 2022). With the social distancing and isolation required during the pandemic, older adults were unable to regularly socialize, which may have negatively impacted the physical and social health of these individuals (Ang, 2022).

Globally, older adults experienced concerns ranging from safety to economic stress to isolation (Aspinall et al., 2021; Finlay et al., 2022; Gonçalves et al., 2021). In the U.S., survey research in 2020 on the proportion of adults who were concerned about the new coronavirus outbreak as of October 2020 revealed that 64 percent of older adults (age 65 years and older) felt very concerned about COVID-19, which was higher than any other age group examined in the data (Elflein, 2020). For people 55 years and older, Leggett et al. (2021) found that COVID-19 concern was highest among women, people with higher education, and people who have had a family member affected by COVID-19. Other findings have shown that overall, impacts on U.S. older adults varied in terms of use of COVID-19 safety precautions such as masking and social distancing, agreement with government leaders and their policies, and feelings around others' compliance with policies in place to slow and stop the pandemic (Finlay et al., 2022; Gallo et al., 2022).

Understanding the ways in which the COVID-19 pandemic affected the social health of older individuals will shed light on potential interventions, aid ongoing and future research about the impact of COVID-19 on society, and help us prepare for the next pandemic. In this paper, we present findings from part of the COVID-19 Coping Study, which is a national longitudinal study of the social, behavioral, health, and economic pandemic impacts on older adults (55 and older) in the U.S. led by Drs. Finlay and Kobayashi (University of Michigan, 2022). This paper explores the negative outcomes experienced by older adult participants during the COVID-19 pandemic with regard to their sources of community. The results align with those from existing studies and indicate some of the most impactful ways that

a pandemic can affect the social and mental health of older adults in the U.S.

METHOD

Data collection for the COVID-19 Coping Study began with recruitment of 6,938 participants from all 50 states, Washington D.C., and Puerto Rico during Spring of 2020 using a non-probability online recruitment strategy including snowball sampling through social media, mailing lists, university and National Institutes of Health databases, and word-of-mouth in English and Spanish. The study design involved collecting both quantitative and qualitative data from a longitudinal cohort using the Qualtrics data program. Surveys included an initial 20 minute survey followed by monthly follow-up surveys through Spring of 2021(Kobayashi et al., 2021). Additional interviews were completed with a random subsample following survey data collection. Data analyses have been conducted using qualitative, quantitative, and mixed methods approaches (Finlay et al, 2021).

The survey instruments that were developed for monthly distribution included closed and open-ended items, with new open-ended items in each follow-up survey that enabled respondents to reflect on their current experiences during the COVID-19 pandemic. For the research presented in this paper, we analyzed an open-ended question that was included in the 5-month follow-up survey administered in August-September 2020. The national study was approved by the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board (HUM00179632; University of Michigan, 2022), and all team members involved in the research presented here completed CITI training as well as confidentiality agreements prior to analyzing responses.

The open-ended question that was analyzed for this research was written in three parts: 1) "What sources of community are important to you? 2) [*if the first response field is not empty*] "How has the COVID-19 pandemic affected your engagement with and interactions in these communities?" 3) "Is there anything in particular that you value, miss, or find challenging about your communities during the pandemic?" Responses ranged in depth and length from a few words to several paragraphs. In order to create a more manageable set of data, we selected a random stratified sample of 500 open-ended responses using demographic quotas for age, gender, race, ethnicity, and education (see Table 1) aiming to match the profile of the U.S. population aged 55 years and older using the American Community Survey (U.S. Census Bureau, 2019).

We used the software platform package Dedoose to organize the data and responses, which allowed multiple users to work simultaneously and online. We followed the inductive thematic analysis approach (Braun & Clarke, 2006) which included: (a) becoming immersed in the data (familiarization); b) categorizing and coding the data (generation of initial codes); c) searching for themes; d) reviewing themes; e) defining and naming themes; and f) writing up themes. Codes were generated as a team, and then researchers independently coded samples of responses and noted if there were any issues with application of codes or missing codes. We then reconvened to compare, discuss any points of divergence, and refine codes. This was an iterative process that culminated in a finalized codebook, and then team members began coding all data from the 500 responses, periodically reviewing each other's coding and meeting regularly to debrief and discuss the coding process. Throughout the process, we found that new themes emerged. To narrow the focus for this paper, our research team chose to focus on a selection of themes related to the negative outcomes experienced by participants during the COVID-19 pandemic with regard to their sources of community. We did this by analyzing excerpts with the following six codes: fear/concern/worry (of COVID) for self/others; missing freedom; frustration/anger with others; frustration/anger with pandemic; masks/other COVID-related safety measures; and protests/civic unrest/political climate. We discussed at length how to categorize our findings and which quotes to select that would illustrate our findings. With regular meetings to debrief, discussing emergent findings and next steps, our process was rigorous and involved consensus throughout.

RESULTS

Participant characteristics included a mean age of 68 years, and the majority identified as female (59.8%), white (87.4%), and married or in a relationship (67.4%). Table 1 includes additional participant sociodemographic characteristics from the random subsample. Overall, we identified four major themes for how the COVID-19 pandemic negatively affected older adults with regard to their sources of community: missing interactions with people; concern for safety from the virus; collective frustrations with the pandemic; and frustrations creating divisions within communities.

Missing interactions with people

One of the major difficulties of the COVID-19 pandemic was extremely limited access to social interactions in both their immediate contexts and their community. Several participants reported being limited in the things that they are able to do outside of their home due to the pandemic, which made it difficult for them to interact with others. One participant stated, "I miss normal family gatherings or doing normal day-to-day activities with family members that we used to do, such as eating out (my sister is very uncomfortable eating out right now) or spending a day garage-saling [*sic*] or antique browsing" (F/59). Most of the participants shared the same challenge of restrictions in community engagement. Due to concern for COVID-19, several participants reported seldom going to public places in their communities, including church, grocery stores, workplaces, movie theaters, and other recreational areas. A participant shared her struggles by saying, "Our church has resumed indoor services but we don't go because we don't think it's safe. We follow services online. We used to go every Sunday" (F/72). Some participants have even remained in their homes for several months. One participant shared, "I have been self-quarantined since March [2020] and see only my husband (with whom I live), healthcare professionals when I have appointments, and grocery store staff (F/64)."

In addition to not being able to go out in their communities, some participants have not been able to see their friends or family members due to the pandemic. When discussing missing interactions with friends, one participant shared, "I am a social being. I love interacting with people, so I miss meeting up with my friends to visit" (F/59). Another participant said, "I would like to be able to socialize with friends but since my closest friend is not practicing social distancing or consistently wearing a mask, I'm limited in how I can do that (F/64)." While many participants shared about how they are not able to connect with their community or friends, a large number of participants also could not see their families because of COVID-19. One frustrated participant stated, "I have only seen one family member, other than my wife, and two friends since March [2020]" (F/69). Most participants reported similar feelings of distress in response to isolation and quarantine.

Concern for safety from the virus

One of the most common themes that arose in this study was the general fear or concern for safety from the virus that participants were feeling during this pandemic. In order to quell these feelings of concern, many participants implemented recommended safety precautions in their lives, including avoiding interaction, wearing masks, and social distancing, even though it was difficult to follow

through with these things, as some participants reported. When discussing avoiding interaction, one participant said, "We only see our daughter's family; not our two sons. This is due to their higher risk levels" (F/67). Another participant discussed some of the other safety measures they take into account by stating, "Each interaction requires thinking through risk implications for them and for me. Diligence during the interactions, awareness of closeness and wind direction, holding breath while passing, etc." (M/60). Another participant who shared similar safety sentiments said, "I am very cautious interacting with these communities, making sure to social distance, wearing a mask and immediately washing hands or using sanitizer after leaving. I am also hesitant to engage with [others] unless I think it's absolutely necessary" (F/58). The thoroughness in which participants implemented safety measures was variable.

Masks and social distancing were controversial topics among some participants. Many participants felt that wearing masks and social distancing were necessary when interacting with others. For example, one participant shared, "I look at people almost fearfully when they don't have on a mask or stand too close to me" (F/69). Another participant stated, "It's stressful when friends and family members have different comfort levels regarding wearing masks, social distancing, etc. (F/62)." However, some participants felt more challenged by wearing masks or social distancing. One participant shared, "I hate the whole mask situation because seeing people's faces is a very important part of communication. It clouds my judgment not being able to read people properly, particularly strangers" (F/56). Another participant shared her struggles by stating, "I couldn't attend my son's wedding out of state, feel limited by mask wearing (somehow I feel I can't fully be myself wearing a mask), I miss getting together face to face with friends and my women's groups" (F/75)." Nonetheless, many participants of this study reported taking several precautionary measures (e.g., mask wearing, social distancing) in order to protect themselves and their loved ones.

Collective frustrations with the pandemic

One major source of frustration was the pandemic itself – not at a particular person or idea, but primarily at the lack of freedom due to COVID-19. The frustrations seemed targeted toward the lockdown and the shut downs, creating distance between the participants and the people they enjoy being around and inability for them to go to stores or hang out at their favorite places. Some participants missed the general freedom of doing whatever they want on a whim, or the ability to be spontaneous. One participant

stated, "During the 'shut-down', there were no engagements or interactions. A relief when they again became available, even with face masks and social distancing" (F/90). This participant was frustrated they could not interact with their friends and that there was no engagement, but they were glad that they were finally able to see them again, even with social distancing or mask wearing. Another participant said, "I value the sense of everyone being in the same boat; I miss the freedom of making plans with others without the specter of COVID hanging over us" (F/74). This perspective was a bit different: being glad that people could come together over this and work together to end the pandemic, but also frustrated they could not make plans with friends without having to worry about COVID-19 hurting them, knowing that COVID-19 could spread among friend groups easily, especially without realizing it if they were asymptomatic. Another viewpoint reflected being upset at the pandemic because it would be hard to care for others. A participant stated, "The restrictions are daunting. My 90-year old neighbor fell down her stairs and will need assistance when she returns home, but it will be very difficult for us to arrange for several of us to take care of her" (F/69). Other participants simply just missed their friends and loved ones, expressing sadness over the fact they could not physically meet each other and longing for places to physically open. Participants also shared a sentiment of wanting the pandemic to end/revert to normalcy; as one participant stated, "I would like to see a vaccine created soon so we can get back to the world of living" (F/56).

Frustrations creating divisions within communities

We found that while many participants shared a collective frustration that may be expected during a pandemic, there were also frustrations with mask wearing and other policies that were more specific to the COVID-19 pandemic and created divisions within communities. Some participants believed there should be more policies and protections, while others believed there were too many and they were impairing their freedom. In many cases, frustrations were extended to their family members or other members of their community.

Political tensions

A major source of frustration was the policies and political tension surrounding COVID-19. As one participant stated, "I miss the days when things were not as political as they are now. Even the pandemic has become another political issue" (M/56); a different participant said, "people need to get their educational materials from somewhere that

provides accurate info. Social media and the 24-hour news media are way off on reporting, generally feeding the extremes" (M/56). These individuals were not necessarily frustrated with the pandemic itself, but with the political tension surrounding the pandemic. It became another issue that politicians must deal with and make decisions about, and thus creates a political climate that upsets many people. Many participants were frustrated with their government leaders, both federal and local, and the choices those leaders made during the pandemic: "The governor is not religious, so she denies church to those of us who are. Shameful!! We have seen family continuously throughout her dictatorship's 'executive orders'" (F/66); "The most challenging thing about c19 [*sic*] is listening to all the lies by the media, the CDC, and certain parts of the Government lying for their own purpose" (M/76). Another participant said they missed the "feeling of freedom to come and go as I want" and was challenged by "the excessive need to be careful to limit exposure" (M/84), reflecting frustration with the policies in place.

Frustrations with people

Many participants were frustrated with other members of their communities due to different viewpoints on the COVID-19 pandemic. This could be because of political tension, different viewpoints on policies, or just not respecting one another's boundaries during the pandemic. One of these participants stated, "Stupidity in some neighbors is challenging" (M/61).

This was in reference to the pandemic and how other people handle it differently from this participant. Other participants stated, "It's frustrating and infuriating to see people who don't follow guidelines at the expense of others" (F/64); "Can't see kids. Other friends don't share [the] importance of social distancing and wearing masks, so staying away" (F/58). Another participant stated how mask wearing even became a symbol, stating: "The most challenging aspect of the community are those that refuse to wear masks or wear them incorrectly, especially those that are making a political statement *major eye roll*" (F/57). Many other participants also expressed hostility towards those they did not agree with, stating "Seeing and hearing from all the idiots in this country" (F/56). While this participant did not state their own opinion about the virus or policies, the negativity towards other people was clear in their word choice. Another participant stated, "I stay away from anti-maskers and other idiots" (M/61). This participant was also frustrated, but gave a clearer reason as to why (i.e., people did not agree with the same policies as them, and thus might be hurting other people in the process).

DISCUSSION

This study demonstrated a number of ways in which the social and political effects of the COVID-19 pandemic negatively impacted U.S. older adults with regard to their sources of community. Our research revealed the widespread feelings of isolation and interactional deprivation among older individuals, and that what they seemed to miss the most during the pandemic included getting outside of their homes, being involved in the community, and connecting with friends and family. These findings correlated with existing research; for example, Finlay et al. (2021) found fewer interactions, diminished relationships, diminished support, and socio-political tensions among older adults during COVID-19. Similar findings emerged from international research (Gonçalves et al., 2021; Aspinall et al., 2021), suggesting that these results were also being recorded in countries outside of the U.S.

In accordance with findings from Holt-Lunstad et al. (2010), participants who have been isolated throughout the pandemic will experience negative impacts on health and well-being. It is well-documented that people rely on social interactions as part of their daily routines even more as they get older, and social interactions have overall been associated with improved health outcomes in older age (Fingerman et al., 2020; Holt-Lunstad et al., 2021; Zhaoyang et al., 2021). Participants from this study expressed concerns in their responses about their social relationships; diminished relationships were seemingly linked not just to the isolation stemming from safety precautions, but also because of divergent feelings/opinions around safety measures, behaviors of others, and politics.

The divergent feelings and opinions among participants were also exhibited in findings by Gallo et al. (2021) who identified largely negative opinions among U.S. older adults about the federal government and leadership during COVID-19 response (e.g., feeling that it was undermining science and sending mixed messages about using personal protective equipment/masks). This negativity was reflected in the frustrations among participants in our study, which seemed rooted in leadership, but also in others' different attitudes and beliefs around politics and COVID-19 (e.g., following policies, doing their part to help end the pandemic). Politics and attitudes about COVID-19 often seemed intertwined, creating feelings of hostility and frustration among participants. It is concerning that as a result, older adults may feel unable to participate, for example, in family events, given that these are such vital avenues for obtaining social support. Older adults were

also restricted from other avenues for social support, such as neighbors, friends, staff and caregivers in long-term care communities, members of their congregation, and coworkers. The implications of these isolating experiences are that they could negatively impact physical and social health of participants, putting them at risk of health issues such as depression (Ang, 2022) or more sedentary lifestyle (Fingerman et al., 2020).

The national COVID-19 Coping Study was unique due to the timeliness (i.e., data collection beginning in the early days of the pandemic) and scale, producing large amounts of rich, qualitative data that reflected a broad range of aging contexts and experiences. Some limitations of our team's research included the time constraints along with the quantity and depth of participant responses; we had to select a fairly narrow area on which to focus for this study, and with more time and resources, we would have liked to explore a broader set of responses.

Additionally, while this study had a large, nationwide sample with participants ranging from all 50 U.S. states, the District of Columbia, and Puerto Rico, it was difficult to draw generalizations about the population from this sample because the sample itself lacked diversity. Most participants in the sample identified as white, female, and highly educated, largely because of the snowball sampling strategy that was used (Kobayashi et al., 2021). Therefore, there was little representation from people identifying with other genders, from other racial or ethnic groups, or other represented populations. While not a goal for our thematic analysis, we were unable to determine if attitudes and beliefs expressed around and COVID-19 policies had correlations with demographic characteristics such as age, race/ethnicity, geographic location, or educational attainment.

Many potential avenues for future research would be beneficial to explore. Looking further into this longitudinal study, researchers could examine methods older adults used to cope with feelings of isolation, lack of safety, and frustration they faced during the COVID-19 pandemic. Additionally, frustrations toward political leaders, masks, and policies indicated strong feelings that may have been associated with specific political beliefs. Therefore, the relationship between political standing and opinions on COVID-19 regulations could also be a potential area of further exploration. Future studies could also include more diverse samples and examine correlations between demographic characteristics and COVID-19 concern; this would enhance understanding of how individual experiences shape their attitudes and behaviors during a pandemic/public health crisis. Lastly, future research could

examine the long-term effects of the COVID-19 pandemic and how those effects may be impacting individuals' physical and social health.

Conclusion

While the social effects of COVID-19 have been difficult for many people to handle, this study provides a window into some of the specific challenges that older adults have had to face for the past two years. They have not only had to isolate to protect their health, but they have also had to cope with the loss of some of their daily routines and interactions with others. This study attempted to highlight the individual challenges that participants faced and bring awareness to the daily struggles that older adults across the nation have been coping with since the start of the pandemic. With these struggles in mind, we may be able to focus COVID-19 relief efforts on handling these problems and making them less harmful to the older adult population. Doing so may not only help older adults cope better with the pandemic, but also potentially help all people return to pre-pandemic life and prepare for potential pandemics in the future.

REFERENCES

Ang, S. (2022). Changing relationships between social contact, social support, and depressive symptoms during the COVID-19 pandemic. *The Journals of Gerontology: Series B*, 77(9), 1732–1739. https://doi.org/10.1093/geronb/gbac063

Arslan, G., Yıldırım, M., Tanhan, A., Buluş, M., & Allen, K. A. (2020). Coronavirus stress, optimism-pessimism, psychological inflexibility, and psychological health: Psychometric properties of the Coronavirus Stress Measure. *International Journal of Mental Health and Addiction*, 1–17. https://doi.org/10.1007/s11469-020-00337-6

Aspinall, E., Curato, N., Fossati, D., Warburton, E., & Weiss, M. L. (2021). COVID-19 in Southeast Asia: Public health, social impacts, and political attitudes. Evidence from a survey of Indonesia, Malaysia, the Philippines, Singapore and Thailand. *NewMandala*. Retrieved from https://www.newmandala.org/wpcontent/uploads/202

1/08/SEARBO_COVID-19-in-Southeast-Asia_Public-health-socialimpacts-and-political-attitudes_final.pdf

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Elflein, J. (2020). Proportion of adults in the U.S. who were concerned about the new coronavirus outbreak as of October 2020, by age group. Retrieved from https://www.statista.com/statistics/1094671/concern-coronavirus-outbreak-by-age-us/

Fingerman, K.L., Huo, M., Charles, S.T., Umberson, D.J. (2020). Variety is the spice of late life: Social integration and daily activity. *The Journals of Gerontology: Series B, 75*(2), 377–388. https://doi.org/10.1093/geronb/gbz007

Finlay, J. M., Meltzer, G., Cannon, M., & Kobayashi, L. C. (2022). Aging in Place During a Pandemic: Neighborhood Engagement and Environments Since the COVID-19 Pandemic Onset. *The Gerontologist, 62*(4), 504–518. https://doi.org/10.1093/geront/gnab169

Gonçalves, A. R., Barcelos, J. L. M., Duarte, A. P., Lucchetti, G., Gonçalves, D. R., Silva e Dutra, F. C. M., & Gonçalves, J. R. L. (2021). Perceptions, feelings, and the routine of older adults during the isolation period caused by the covid-19 pandemic: A qualitative study in four countries. *Aging & Mental Health*. https://doi.org/10.1080/13607863.2021.1891198

Gallo, H. B., Kobayashi, L. C., & Finlay, J. M. (2022). Older Americans' perceptions of the federal government's pandemic response: Voices from the COVID-19 Coping Study. *Research on Aging*. https://doi.org/10.1177/01640275211062111

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine, 7*, e1000316. https://doi.org/10.1371/journal.pmed.1000316

Kim, K. T., Hawkins, B. A., Lee, Y.-H., & Kim, H. (2022). Social support and daily life activity: Determinants of aging well. *Activities, Adaptation & Aging*. https://doi.org/10.1080/01924788.2022.2106013

Kobayashi, L. C., O'Shea, B. Q., Kler, J. S., Nishimura, R., Palavicino-Maggio, C. B., Eastman, M. R., Vinson, Y. R., Finlay, J. M. (2021). Cohort profile: The COVID-19 coping study, a longitudinal mixed-methods study of middle-aged and older adults' mental health and well-being during the COVID-19 pandemic in the USA. *BMJ Open, 11*(2), e044965. https://doi.org/10.1136/bmjopen-2020-044965

Leggett, A., Koo, H.J., Kobayashi, L., Finlay, J., Lee, H., Baker, E. (2021). Older adults' worry about COVID-19: Associations with experiences of COVID-19 among social connections. *Innovation in Aging, 5,* Supplement_1, 739–740. https://doi.org/10.1093/geroni/igab046.2749

University of Michigan. (2022). COVID-19 Coping Study. Retrieved from https://sph.umich.edu/covid19copingstudy/

U.S. Census Bureau. (2019). 2013–2017 American Community Survey 5-year estimates. Retrieved from https://www.census.gov/acs/www/data/data-tables-and-tools/americanfactfinder/

Zhaoyang R, Scott SB, Martire LM, Sliwinski MJ (2021). Daily social interactions related to daily performance on mobile cognitive tests among older adults. *PLOS ONE 16*(8): e0256583. https://doi.org/10.1371/journal.pone.0256583

Know the Truth Campaign

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"Know The Truth Truth Campaign" is a collection of informational and entertaining deliverable products designed to entice the underrepresented demographic of teenagers to acquire the Covid-19 vaccination. With galaxy backgrounds and fun illustrations, the campaign consists of a brochure, stickers, and pens. Together, these deliverables inspire teens to make their own choice to be informed and get vaccinated.

Keywords: Design, Art, Advertising, COVID-19

COMMUNITIES FOR IMMUNITY CAMPAIGN: KNOW THE TRUTH!

With the global pandemic at the forefront of everyone's mind, Western Oregon University applied for and was awarded a grant to improve COVID-19 vaccine confidence among the hesitant populations in the region. It was determined that one of the areas of focus would include the under-vaccinated demographic of teenagers. This brochure and accompanying other souvenirs were designed specifically to appeal to teenagers. The background is a hand-painted galaxy overlaid with hand-drawn illustrations that are simple and carefree. The combined images invoke a feeling of independence and adventure. The text encourages teens to be informed and make their own decisions.

Teens are creative. By personalizing the Hello stickers with their own design, teens can make something that fits their style while proudly showing that they decided to get the COVID-19 vaccine. In addition, pens with positive vaccination affirmations help normalize the vaccine and serve as a practical souvenir.

BE INFORMED!

A bus banner was created using the same aesthetics to unify the campaign. The banner is intended to appeal to a larger audience including children, teens, and parents. Mt. Hood stands in the background with the words "Vaccinate Your Family" superimposed. A parental figure holding a child's hand creates a sense of love and protection, while the seated figure looks out into the sky independently.

These images allow the viewer to put themselves in the place of the figures, creating a bond with the message.

The brochure, stickers, and pens were translated into Spanish and were printed and distributed in the spring of 2022. The bus banner ran for four weeks on two regional Cherriots buses.