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DEPRESSION, SEX, AND GENDER ROLES IN AN OLDER BRAZILIAN POPULATION

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Methods: Cross-sectional survey of a population of adults 65 years and older (n=256) in Natal (northeast of Brazil). Depression was defined in the Center for Epidemiologic Symptoms Depression Scale (CES-D \geq 16). We used a 12 items validated version of the Bem Sex Role Inventory (BSRI) to classify participants in four gender roles (Masculine, Feminine, Androgynous and Undifferentiated). Poisson regressions were fitted to estimate the prevalence ratios (PR) of depression for each gender role compared with the masculine role, and adjusting for sex, age, sufficiency of income, self-rated health and chronic conditions. Results: Almost all participants (n=237, 93%) were able to answer the questions in spite of low literacy. Gender roles were not associated with sex. 50% were classified as masculine, 19% as feminine, 32% as androgynous and 27% as undifferentiated. Depression prevalence was high (39.7%). Gender roles remained associated with depression prevalence after adjustment for covariates. Those endorsing the feminine role had a depression prevalence ratio (PR) of 2.2 (95% CI: 1.2–4.1) times higher relative to those endorsing the masculine role. Corresponding figures for those undifferentiated were 1.9 (95% CI: 1.0–3.5). Those endorsing androgyny were not different from masculinity PR=1.4 (95% CI: 0.75–2.7). Conclusions: Gender roles were associated with depression, independently from being a man or a woman, suggesting that certain aspects of gender as reinforced by society may contribute to the social production of depression.

THE USE OF WORKFLOW ANALYSIS TO CHARACTERIZE PATTERNS OF OLDER ADULTS' DAILY ACTIVITIES

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Aging is often associated with disruptions in the performance of daily activities. Despite considerable efforts to accurately assess older adults' functional abilities, there is a lack of methods to characterize the ordered tasks performed by individuals to achieve a particular goal within a home environment. Workflow analysis has the potential to examine procedural aspects of daily activities and detect early changes in activities that may indicate functional deterioration among older adults. We aimed to apply the workflow analysis to older adults' daily activity data to examine the patterns of and variability in their activities. Six community-dwelling older adults filled out an activity diary for 14 consecutive days on which they recorded the location and type of activities performed inside and outside the home every 30 minutes. The EventFlow, a novel visualization tool, was used to analyze daily routine based on 1453 events. The analysis revealed great variability in activity types, levels, and timing of performing certain activities across individuals. Normal day-to-day variation in the same individual was also detected, including sleep time, time to go to bed, and time to get up from bed. When applied to the spatial information

of activity, the analysis suggested variability related to individuals' mobility in different level of life spaces from home to community. Findings suggest that the workflow approach can allow researchers to observe lifestyle alterations and to detect changes indicating deteriorating health before these changes significantly affect older adults' quality of life.

APPLICATION OF ECHO TELEMEDICINE TO NURSING HOMES TO HELP STAFF ADDRESS PROBLEMATIC BEHAVIORS

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ECHO (Extension for Community Healthcare Outcomes) is a collaborative model of medical education and care management that uses telemedicine to empower clinicians. Interdisciplinary specialists mentor and share their expertise across a virtual network via case-based learning, enabling primary care clinicians to treat patients with complex conditions in their own communities. University of Rochester has developed and implemented an innovated an ECHO program for nursing homes. The mission of ECHO is to educate nursing home staff by presenting challenging patient cases along with educational sessions. Clinics occur two times a week and participants are given a baseline survey of their knowledge followed by a 6 month follow-up survey. 55 patient cases and 4 follow up cases have been presented. The ECHO project covers 13 rural and urban counties and enrolled 52 nursing homes. Over the past year 1,888 staff participated and 614 CME credits awarded within the past year. Since this is a new program, evaluation data is critical to fine-tuning the curriculum to ensure it meets the needs of the nursing homes. Preliminary evaluations indicate high staff satisfaction with ECHO. Post surveys found gaps in knowledge and use of non-pharmacological approaches (e.g., sensory rooms, music therapy, doll therapy) to treat difficult behaviors and lack of appropriate staff training on how to handle behavior problems. The initial evaluation data provide strong evidence for the feasibility of applying the ECHO model to nursing homes. Next steps include the development and dissemination of a novel curriculum on behavioral problems tailored to nursing homes.

PREDICTORS OF AND BARRIERS ASSOCIATED WITH HIV TESTING AMONG OLDER ADULTS IN THE UNITED STATES

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Older adults are the fastest growing segment of people living with HIV and unfortunately many are unaware of their HIV status. Many providers are reluctant to ask older adults about their sexual histories, evaluate their risk factors, and test for HIV, and older adults have low perception of HIV risk. Using data from the 2013–2014 National Health and Nutrition Examination Survey, this study assessed the prevalence of recent HIV testing among older adults in the United States (n=1,056) and identified predictors and barriers to recent HIV testing. To achieve these objectives, the analysis was guided by the Systems Model of Clinical Preventive Care (SMCPC). A binominal logistic regression model was used to determine the odds of HIV testing uptake adjusting for