Indiana Psychological Association (IPA) 2016 Fall Conference – November 4, 2016
Poster Presentations
Winners of the Indiana Psychological Foundation (IPF) Poster Awards

FIRST PLACE

Effectiveness of a Video Program to Increase Aging Services Technologies Awareness and Promote Functional Independence

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Introduction: The aging population is expected to continue to grow exponentially in the coming decades (World Health Organization, 2011). Age-related cognitive and physical changes often affect quality of life and increase caregiver burden. An accumulating body of literature shows that aging services technologies (ASTs) can reduce caregiver assistance and promote functional independence (Agree, Freedman, Cornman, Wolf, & Marcotte, 2005; Gillespie, Best, & O'Neill, 2012; Mortenson et al., 2013). However, ASTs are being underutilized by older adults. According to a recent report to Congress (US Department of Health and Human Services, 2012), a lack of awareness was identified as a primary barrier to AST use. A video series was developed to increase AST awareness. This study evaluated the effectiveness of a video-based program to increase AST awareness among older adults with and without subjective medical and/or cognitive complaints (MCC).

Method: Individuals age 50 and older in the Inland Northwest were recruited for the study. Eighty-eight participants with MCC and 88 age, education, and gender matched participants without MCC completed the study. Participants were asked to complete questionnaires and a tool identification task (see Figure 1) before (T1) and after (T2) viewing three brief educational videos (i.e., 8-12 minutes). The educational videos discuss tools that assist with memory (e.g., talking calendars), medication management (e.g., pill boxes with alarms), and daily living (e.g., large grip utensils). Information regarding health status, AST knowledge, attitude, stigma, as well as program satisfaction was gathered.

A. House alarm
B. Pill reminder
C. Voice calendar
D. Medication dispenser

Figure 1. A tool identification task sample item.

Results: Group (MCC, without MCC) by condition (T1, T2) mixed ANOVAs revealed improved tool identification task performance post-program, $F(1,161) = 573.83$, $p < .001$. In addition, improved knowledge, $F(1,148) = 70.05$, more positive attitudes, $F(1,148) = 13.45$, and lower levels of stigma, $F(1,148) = 32.02$, were self-reported post-video (ps < .05). Individuals without MCC endorsed a significantly higher level of AST knowledge than those with MCC, $F(1,148) = 3.99$, $p < .05$. A significant interaction, $F(1,148) = 5.82$, $p = .02$, revealed a greater level of reduction in stigma post-intervention for individuals without MCC (T1: M = 3.77, SD = .10; T2: M = 4.21, SD = .09) than individuals with MCC (T1: M = 4.08, SD = .10; T2: M = 4.26, SD = .09). Participants provided positive feedback and would recommend the intervention to others (> 95%).

Discussion: Study findings demonstrated that the video-based program is efficacious in improving AST outcomes, including AST-related knowledge, attitude, and perceived stigma. Implications for using AST videos with patients are discussed. Findings suggest that the video series may be an effective tool for clinical use and public health education. Future research should evaluate the long-term effects of education on AST beliefs and utilization. In addition, the impact of AST use on quality of life and caregiver support should be further investigated.