

A COMMUNITY HEALTH EDUCATION PROGRAM TO ENCOURAGE EXERCISE AND PROPER NUTRITION IN LATINOS

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New Mexico now has the 32nd highest adult obesity rate (28.8% for 2015). Thirty one percent of this obesity rate encompasses Latinos; rates are the highest among the 26-44 years age group. Obesity rates in NM for children aged 2-11 range from 11 – 14%. Healthy Kids New Mexico adopted the 5-2-1-0 challenge. (American Academy of Pediatrics) which refers to eating 5+ vegetables, reducing screen time to 2 hours, 1 hour+ daily activity, and daily water intake (H2O). Therefore, project I'M HIP2's main goal was to educate parents and children, within an intergenerational context, on improving diet and activity levels to reduce obesity. The Intergenerational Mentoring on Health Information Pathways 2 (I'M HIP2) program involved 74 Hispanic families including one target child, one parent, and one other relative, e.g., aunt or grandparent. Monthly educational sessions focused on physical activity and adapting meals to be healthy. Project outcomes included exercise frequency, Body Mass Index (BMI), and a knowledge quiz assessing healthy meal facts, exercise knowledge via a 10-item quiz; all assessments pre- and post-program. Paired t-test analyses revealed significant changes in knowledge quiz total scores ($t_{70} = 5.03, p < .0001$), increased exercise frequency ($t_{72} = 2.106, p < .05$); no significant change in BMI from pre- to post-assessments. The families reported overwhelmingly positive responses to how the program had changed their eating styles and activity levels. This study has implications for how we can harness this invaluable resource of the generations to affect health impacts on Hispanic families.

HEALTH PROMOTION

A NEW APPROACH TO DEVELOP GERONTOLOGICAL NURSING CARE QUALITY INDICATORS

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While the inter-RAI, a comprehensive geriatric assessment tool, contains standardized system for assessing quality of care, there are limitations for its everyday use. Limitations include large number of items, lack of apparent process indicators, and limited symptoms and disease-related information. A new approach was introduced to develop gerontological nursing quality indicators that were targeted at long-term care. We plan to develop staff-friendly indicators, which can be extracted from regular routine client records. A group of nurse researchers discussed essential domains of elderly persons' life quality, based on nursing theory literature, that

nurses strive to maintain. Several outcome indicators were derived out of the domains, and process quality indicators were developed based on literature review. We identified nine domains based on Gordon's functional health patterns: 1) minimizing symptoms and disease deterioration, 2) maintaining nutritional status, 3) controlling bowel movements, 4) encouraging physical activities, 5) promoting sound sleep, 6) minimizing dementia symptoms, 7) maintaining dignity, and 8) reducing family stress. We then developed 17 outcome indicators; each domain included one to four outcome indicators (e.g., maintaining nutritional status has three indicators: no aspiration, no weight loss by 3% or more, and no dehydration). Process indicators that covered regular assessment (e.g., swallowing evaluation), preventive interventions (e.g., adjusting body positions during a meal), and interventions for the problems (e.g., food texture modification) were determined. These indicators may be useful to assess gerontological nursing quality. We are planning to conduct expert panel and individual client surveys to assess its usability.

THE BURDEN OF ENGAGING IN VOLUNTEER ATTENUATE THE RELATIONSHIP BETWEEN VOLUNTEER ENGAGEMENT AND HEALTH OUTCOMES

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This study examined the interaction of participating in volunteer activity and its burden on health outcomes. A community-based cross-sectional study was conducted in 2018. Of 8426 older adults aged 65 and over, 5232 individuals were included in the analyses (response rate: 62.1%). Health outcomes included self-rated health (SRH), mental health (The World Health Organization Five Well-Being Index: WHO-5), and Instrumental Activities of Daily Living (Tokyo Metropolitan Institute of Gerontology Index of Competence: TMIG-IC) as dependent variables. Independent variables included engagement in volunteer activity and its burden. These variables were combined and classified into three groups: non-participants; participants with burden; and participants without burden. Covariates included age, gender, educational attainments, economic status, and living arrangement. Logistic regression analysis and analysis of covariates were conducted to examine the interaction of volunteer activity and its burden on health outcomes. Of 5232 older adults, 76.3% of subjects were non-participants, 3.4% were participants with burden, and 20.3% were participants without burden. Multivariate analysis showed that non-participants were more likely to have poor health outcomes compared with participants with burden. Moreover, participants without burden were more likely to have better health outcomes (SRH: Odds Ratio [OR] = 1.92, 95% Confidence Interval [CI] = 1.70 to 2.17, WHO-5: OR = 1.69, 95% CI = 1.51 to 1.88, TMIG-IC: Coefficient = 0.36, 95% CI = 0.10 to 0.62). Our findings suggest that volunteer activity is related to better health regardless of their burden. However, burden of volunteer engagement might attenuate the relationships between volunteer activity and health outcomes.