FACILITATING SOCIAL SUPPORT SYSTEMS FOR ADULTS IN ASSISTED LIVING COMMUNITIES

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ABSTRACT:
This thesis project seeks to unpack how older adults living in assisted living facilities maintain and deepen their social connections. According to established research, social support systems and active lifestyles are major factors in improving quality of life. By sitting down with residents in the assisted living division of Menorah Park in Syracuse, and conducting a series of research activities, a better understanding of how older adults live in assisted living facilities.

One potential design solution currently being explored to keep older adults socially engaged could be the design of a social hub terminal that encourages residents to congregate daily to find out what types of events and programs are occurring in the facility as well as in the local community. Based on their daily routines, the terminal interface was designed based upon the participant’s favored activities.
Facilitating Social Support Systems for Adults in Assisted Living Communities

by

Kathryn M. Detwiler

B.A., Susquehanna University, 2014

Thesis
Submitted in partial fulfillment of the requirements for the degree of
Master of Fine Arts in Collaborative Design.

Syracuse University
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ABSTRACT
LITERATURE REVIEW

The articles and books listed in this section of the booklet are some of the ones that supported the beginning research stages of my thesis process. I was inspired to design for the assisted living population when visiting my grandmother in her assisted living residence in Pennsylvania. Wanting to see what current research had to say about older adults in assisted living, what their social lives were like, how mental health plays a part in their lives, and current design trends, I found these following sources which gave me supporting information, as well as some confirmation about my suspicions that some residents in assisted living are socially isolating themselves due to a lack of mental health care and social support. These sources helped develop the concept for the final design.
THE AGING POPULATION: WHO IS AFFECTED?

The following articles are focused on the demographic of people that I was interested in designing for. These articles cover topics from social activity to their willingness to use mobile devices and similar technology.
In this article, Black et al. researched social patterns from older adults that lived in communities independently. They used this research as an initiative to create a better understanding of aging ‘with dignity and independence’. In their findings, they discovered six themes that contribute to healthy and independent aging. Those six themes are meaningful involvement, aging in place, respect and inclusion, communication and information, transportation and mobility, and health and well-being.

Despite this article being written about community-dwelling, independent older adults, I believe that some of the themes they found are meaningful and applicable to those living in assisted living communities. These themes are ones that I used to develop parts of the research I conducted with assisted living residents, which will be explained further in the Research section of this booklet.

In this article, Black et al. focused on four of the six themes found in Black et al. research. Each of the themes included ‘disclose the the prevalence and importance of ‘person-to-person’ in maintaining and enhancing dignity and independence’...’ (Black et al. 230). Each of the four themes I focused on are an important piece to creating meaningful social interactions that will lead to a feeling of independence, and thus independence... “ (Black et al. 232). In the case of this study, ‘dignity’ is defined by their participants as, ‘being recognized as a full adult who is due respect, whatever the physical condition or appearance’ (Black et al. 232). This is very important when designing for an aging population because sometimes it is easy to view residents in assisted living as a thing rather than as individuals. By focusing on individual interests and allowing them to make choices for themselves, we are personifying them rather than objectifying.

The third theme I focused on was ‘transportation and mobility’. In this study, mobility refers to the ability to access around their town or local area, but can also be applied to residents in assisted living facilities as well. Transportation is the key to being self-reliant, and when many adults can no longer drive, or choose not to because they are wary of safety issues, a huge portion of their independence is cut out of their lives. “Participants described self-reliance as the key to both their dignity and independence and indicated not wanting to burden or rely on others for assistance in meeting their transportation needs, yet many expressed concern about future social isolation...” (Black et al. 235). Not only does their independence get taken away when transporting themselves is gone from their lives, it also is a large factor in older adults socially isolating themselves. According to one participant, “It’s just the beginning and I don’t like what I see for the future. I don’t drive as much as or as far. My world is getting smaller” (Black et al. 235). This is a quote from someone who lives independently within their community, so it is natural to think about how lack of transportation outside of one’s home can affect older adults in assisted living situations. This was also brought into the final design so that regardless of living arrangement, older adult can feel as though they have the freedom to move around town as they would if they were still driving themselves.

By: Kathy Black, Debra Dobbs, and Tiffany L. Young, 2015
This article was written about the psychological benefits of having a connection to one’s community, or “having a sense of community.” When someone feels that they are appreciated, involved, and that they are making a difference within their community, their mental outlook is likely to remain positive and they have overall better psychological health and a better quality of life. “The elderly spend about 75% of their time inside their dwelling units” (Zaff 381). This is a shocking statistic! Because they are spending so much time in their dwellings this creates a social climate within the facility that fosters social isolation rather than maintaining social relationships, and vice versa. There are several factors that are key to having a strong sense of community.

Residents must be satisfied with their physical environment, being comfortable and feeling as if they are “at home.” That comfort allows them to be more motivated to interact with those around them and participate in activities that are happening on a daily basis. Social interaction is key to feel a sense of community. Yet when the culture of the residence is being molded into one that promotes spending time in their rooms, it becomes difficult to feel that connection to the community. This article suggests that a way to get residents to create social interaction is to participate in planned activities.

“The acquaintances arranged through these activities deepen the level of involvement, in turn, leading to disclosures that focus on new…areas” (Zaff 385). This essentially means that when someone goes to activities that are planned by the facility they have the opportunity to meet new people and create new relationships, thus creating social interactions and fostering a sense of community. But what happens when the activities that are planned don’t interest the residents? What if they aren’t fully accessible? What if the daily schedule isn’t communicated to residents in a way that can be remembered or even heard? These are pain points that emerged during my interview stage and were vitally important that they were addressed in the final design.

This article from the Journal of Applied Gerontology looks at adults living in adult care facilities and how iPad technology can help eliminate social isolation in older adults living in senior care residences. “It is well documented that as adults age, many experience social isolation from their friends and family members resulting in psychological difficulties such as feelings of loneliness, depression, anxiety, and lowered self-esteem” (Delello 4). The psychological effects of social isolation start a vicious cycle of decreasing physical health, and due to a lack of transport or resources the health issues can add to the depression and anxiety that they have developed. In their research, they discovered that ICTs (information and communication technologies) were documented to have positive effects on older adult’s general well-being. When speaking with their study participants, they discovered that a major reason that they stayed away from technology was that the design of the technology was daunting or confusing. Specific reasons they noted were small buttons, complicated interfaces, and “fiddly” controls. These are typically hard for older adults who may not have grown up learning about technology, or have decreased manual dexterity. Mobile devices like iPads were ideal for teaching technology to older adults because their settings could be modified to the specific needs of the user. Residents participated in the study met bi-weekly to learn how to use the iPads themselves, as well as how to download apps, connect to their local library, and connect to the internet and social media. At the end of the study, 90% of participants rated their iPad use as “average to great” and would participate in further training sessions if they were offered. The attitudes of the participants in the study towards learning technology, if it is designed to accommodate their needs, is demonstrative for how other adults in the same age range and living situation would be towards other touch screen technology.
AN UPDATE ON SOCIAL ACTIVITY AND DEPRESSION IN THE ELDERLY: A BRIEF REVIEW OF RECENT FINDINGS AND KEY ISSUES

By: Matt R. Merema, 2014

According to Merema’s study, the impact depression has on older adulthood is “extensive”. Attributing to patient and caregiver burden, public health costs, and an increase for vascular dementia. What he found was that social activities are particularly helpful in alleviating or preventing depression in the aging population. After doing a cross-sectional study on nine different experiments, he found a pattern that suggested that when there are higher levels of social activity, there are lower levels of depression. This is an important finding, because it is the basis of my desire to design for this population. By designing a system that will help foster social activities, there will be a greater opportunity for older adults exhibiting signs of depression to take a hold of their mental health and start to improve their symptoms.
Psychology: How Does Depression Affect Them?

These articles focus on mental health and the effect social support has on the older adult. Mental health is just as important as physical health when it comes to having a great quality of life.
This article covers a topic known as resilience. This term is typically used in child psychology, but has recently been used to examine older adults as well. There are varying definitions for resilience, in this article they have one definition for it as, “an enduring and yet fluid personality characteristic that enhances individual adaptation and positively influences the process of successful aging” (Wiles et al. 416). While this seems like a valid definition, others define it as “a dynamic process by which individuals respond to environmental stimuli, posited as ‘a dynamic process by which individuals respond to environmental stimuli, [and] a dynamic process by which individuals respond to environmental stimuli’ (Wiles et al. 417). I am more likely to accept this second definition more so than the first.

Older adults have had so many life experiences, ones that have challenged them physically and emotionally, and they have been able to come out the other side. That to me shows resilience. It is the theory of resilience in older adults that is so important to my design. By focusing on assisted living residents, the results of his study yielded that adults living in senior care facilities, “were found to be significantly more depressed, had a lower sense of personal meaning, perceived less choice, were less optimistic, had fewer meaningful social contacts, and were in poorer physical health” (Reker 711). His conclusion after the study was completed showed, “the importance of personal meaning, choice, and optimism in the prediction of depression in community and institutional elderly” (Reker 714). Similar to the results of Black et al’s article, the importance of meaningful social contact is noted for the betterment of an aging adult’s quality of life. The hypothesis I had made that older adults in assisted living facilities are in need of more socialization was supported by this article as well as others in my preliminary research. It brought me to ask questions about what causes adults to feel so isolated in their individual facilities. Did it have anything to do with the culture of the place? Was it simply an individual’s actions that caused their isolation? These were important questions to have answers to, as it would have a significant impact on the final design and its functionality.

This article by Reker is one of the first that I read in relation to my topic. It takes on a psychosocial approach to mental health of the older population, and discusses factors of someone’s life that may lead to either a major or a minor case of late-life depression. Reker begins by saying that in contrast from early onset forms of depression, that late-life depression is less influenced by genetics, and more influenced by environment (situation). Part of the psychosocial model of mental health that he uses to examine the older adults posit that several factors contribute to older adults getting late-life depression. These factors include: loss of self esteem, loss of meaningful roles (having no work productivity since retiring), loss of significant others, loss of social contact due to health concerns and financial limitations, dwindling financial resources, and a decrease in coping mechanisms for stress or other emotions. His study looked at both older adults living independently in their own home, as well as older adults in senior care facilities. These factors were pointed out in both populations of older adults – community dwelling as well as residents of senior care residences. As I narrowed down my topic to focusing on assisted living residents, the residents (what he terms as ‘institutionalized elderly’) were what I focused on more during my examination of this article, and ultimately my thesis project.

The results of his study yielded that adults living in senior care facilities, “were found to be significantly more depressed, had a lower sense of personal meaning, perceived less choice, were less optimistic, had fewer meaningful social contacts, and were in poorer physical health” (Reker 711). His conclusion after the study was completed showed, “the importance of personal meaning, choice, and optimism in the prediction of depression in community and institutional elderly” (Reker 714). Similar to the results of Black et al’s article, the importance of meaningful social contact is noted for the betterment of an aging adult’s

RESILIENCE FROM THE POINT OF VIEW OF OLDER PEOPLE: ‘THERE’S STILL LIFE BEYOND A FUNNY KNEE’ By: Janine Wiles, et. al., 2012

This study conducted by Wiles et al. interviewed 121 older adults living in New Zealand who also lived in senior care communities. The respondents were able to list various ‘resources’ or factors both internal and external that contribute to one’s level of resilience. The internal factors that were most discussed during the interviews were attitude, ‘counting blessings’, and having a purpose. For attitude, many cite that being positive and not dwelling on negative issues is an important factor in remaining resilient. When discussing ‘counting blessings’ they go to say that it is important, especially in times of adversity; to be thankful for what they have and not to worry too much about what they don’t. Many respondents included their Christian beliefs as a motivating force for counting their blessings. Finally, they discussed having a purpose in life. Many of the adults they interviewed (both in focus groups as well as one-on-one settings) said that being with other people was the best way to extend life. An example, one of the focus groups was comprised of members of a gardening group. The group meets regularly to work in the garden together and it makes them feel as if they are making a valuable contribution to their space as well as feel good about being around other people for a period of time. The biggest and most frequently talked about external resource was having social resources. One interviewee had this to say, “Health’s number one. Friends is number two.” (Wiles et al. 421) noting that having an active social life is equally important as their physical health. It is the theory of resilience in older adults that is so important to my design. By giving access to social opportunities to older adults living in assisted living centers, gives them a chance to become more resilient, and thus improve quality of life.

PERSONAL MEANING, OPTIMISM, AND CHOICE: EXISTENTIAL PREDICTORS OF DEPRESSION IN COMMUNITY AND INSTITUTIONAL ELDERLY By: Gary T. Reker, 1997

Similarly to the results of Black et al’s article, the importance of meaningful social contact is noted for the betterment of an aging adult’s...
This study conducted in China examined how older adults exhibiting symptoms of depression. They wanted to see what might be able to reduce these symptoms and improve the mental health as well as quality of life for older adults. "Studies subjects with depressive symptoms and depression suggested that both are associated with intense loneliness, less perceived social support, poor physical condition, and high perception of poor health status" (Liu 750). This means that actual isolation, or at the very least perception of being isolated is causing older adults to exhibit symptoms of depression.

In their primary research, they found that loneliness and diagnosed depression are positively linked. They found that depression was also linked to poor quality of life, and negative emotions. So how did they approach this problem? They concluded that at its core, loneliness can be defined as either qualitative or quantitative deficiencies in social relationships. They categorized two types of loneliness: emotional and social. Emotional loneliness is caused by a lack of an intimate relationship with another person, while social loneliness is caused by not having a social network of people with common interests. For their own study, they provided social support to older adults exhibiting depressive symptoms. In this case, "social support" is defined as "the perception that one has assistance available, receives actual assistance, or is integrated into a social network" (Liu 751).

At the end of their study, conducted with 320 participants, they found a positive relationship between loneliness and depression, and that older adults who have high levels of loneliness are more likely to develop more serious depressive symptoms. They also concluded that "social support is a potential protective factor for lonely elderly persons" (Liu 756). Thus, when using this study in relation to my own project, it backs up my theory that social interaction is helpful in mediating depressive symptoms in older adults.
Now that both the demographic population and the psychology of older adults have been examined, it is time to look at the design considerations that are needed when designing for an aging population.
This article discusses the need for inclusive design when designing interfaces. When designers are creating interfaces, we focus on the “user,” but “often the ‘user’ is rarely precisely specified demographically, and rarely described in a way that represents the variance in abilities” (Langdon 439). Therefore, by learning more about inclusive design and narrowing your focus to specific demographics for different projects, you can design a more effective interface. In the case of this article, Langdon talks about older adults, noting several factors that need to be considered when creating an interface that will be used by older adults. One factor he discusses is that as adults age, “between the ages of 45 and 75, there may well be significant loss of static and dynamic visual activity and contrast sensitivity, color vision, focusing and adaptation to the dark” (Langdon 439). Because of these health factors, the interfaces’ design will need to take them into consideration so that all the elements on the screen are clearly visible to users in this demographic. Other important guidelines to keep in mind when designing an inclusive interface are to create special purpose for the design to solve issues with potential needs, customizable designs so that they can be changed based on specific needs, and creating “user aware” design that extends design of mainstream products to accommodate to as many users as possible. Langdon suggests that when approaching a new design project, to think of the specific populations first and what they might need in the design, then think of the generalized population. This way the design will include to the largest audience possible instead of excluded specific populations like older adults who may have certain needs of the interface.

This article written by Claypoole, et. Al. outlines nine practices for interface design so that it can be inclusive for older populations. They focus on “tactile-interface” or touch screen applications that older adults can interact with, and that due to the growing presence of touch screens in our world, they give these guidelines so that older adults can easily understand and use the interfaces and touch screen devices. Their first guideline is to “make it easy to find important information”.

By centralizing icons (literally) and put them in the middle of the view designers are allowing them to focus on what is most important. Older adults can have issue with periphery of vision and by placing targets right in the center you are ensuring that they are not missing aspects of the interface. The second guideline is to “allow for imprecise touches”. Older adults will have difficulty touching small targets, so by allowing a larger radius for response, it will be easier to use. Other design guidelines include: being transparent about what functions that buttons will do, keep designs simple and uncluttered, and choose appropriate fonts, colors and sizes for elements on the interface screens. By following these guidelines, a designer can create an interface that is inclusive for older populations to use, and will hopefully encourage them to embrace future touch screen interfaces that they come in to contact with.
These are tips and tricks for designing for an aging population. These will allow for maximum readability and understanding of a design.

**TYPEFACE**

Look for typefaces that have distinct letter forms, and can easily distinguished from one another. Also be sure that there are wide horizontal proportions, as this will help with readability.

Look for typefaces with low stroke contrast, and consistent stroke weight. The letter “c” on the left is an example of low stroke contrast, and the “c” on the right is an example of high stroke contrast.

- Minion Pro
- American Typewriter

**MORE TYPEFACE GUIDELINES:**

- Pronounced ascenders and descenders
- Pronounced counters (the shapes inside the letter forms like those found in "o" or "e")
- Distinct apertures (the openings in letters like those found in the letters "e" or "n"
- Older adults can read 10pt font, but having a 12pt or above is preferred.

Only when absolutely necessary, use fonts smaller than 12pt.

**OTHER DESIGN GUIDELINES:**

- Use concise and plain language
- Establish a clear visual hierarchy
- Sort text into smaller, logical chunks
- Avoid visual clutter
- Do not rely on color to communicate information.

Not all colors are as easily seen by older populations.

**EXAMPLE:**

Grids are used when designing a page layout. Page layouts are found in magazines, newspapers, posters, anything that is printed!

Some grids are simple, and some grids are more complicated. It all depends on what you are designing!

- Grids organize your content
- Grids help to visually plan the space you are filling
- Grids create a flow for the reader

* The information found on this spread is sourced from "Exhibitions for Adult Care Facilites: Design Tips and Tricks" 2016, Michael Flanagan and Rebecca Mushtare
In the fall semester of 2016, I spent time conducting preliminary research and developing the idea for potential design solutions for the aging population. During the Analysis and Synthesis process, it is customary to approach a potential design topic with both divergent and convergent thinking. The divergent approach allows us to accept many ideas and concepts that could potentially lead to a design solution. After thinking broadly in the divergent phase, convergent thinking is what narrows down the thought process to find more specific ideas to consider for a final design. This process is likely to repeat itself several times before a designer is ready to move forward with a potential design solution.
Approximately 15% of adults aged 60 and older suffer from a mental disorder [3].

**Norway**

A Norwegian study reported that prevalence of depression increased with age.

Of Norwegians 80 years and older, depression was reported in 20% [3].

**China**

In 2016 a study was found that there is a positive relationship between depression and loneliness.

If older adults find a larger social support system, they are likely to improve their depressive symptoms [14].

**Turkey**

In a 2017 Turkish study, researchers use group therapy to treat depression.

Treatment of geriatric depression is key to improve quality of life among older adults [7].
30% of adults today that are 65 years and older have reported being lonely. [14]

Older adults are reported to spend 75% of their time inside their dwelling units. [15]

By 2050, 1/5th of the United States Population (approx. 87.6 million people) will be aged over 65 years. [16]

Elder abuse can lead to both physical and long-term psychological consequences, including depression and anxiety.

1 in 10 older adults experience elder abuse. [17]

Over 20% of adults aged 60 and over suffer from a mental or neurological disorder. [18]
Is it the technology that I should focus on? Or focus on the meaningful social interactions?

What population of older adults are in the most need of meaningful social interactions?

Residents of senior care facilities.

What can be designed for facility residents that would motivate them to be more social engaged? How to foster a sense of community?

DIVERGENCE & CONVERGENCE

AUGUST 2016

Observe a need for more social interaction among older adults. Thinking of design solutions involving technology.

Is it the technology that I should focus on? Or focus on the meaningful social interactions?

What population of older adults are in the most need of meaningful social interactions?

Residents of senior care facilities.

What can be designed for facility residents that would motivate them to be more social engaged? How to foster a sense of community?

DIVERGENCE & CONVERGENCE

AUGUST 2016

By thinking divergently we are able to accept various ideas and concepts to influence a design solution. After thinking broadly, we think in a convergent, narrow way of thinking to refine the concepts we have just thought of to define a potential design solution more clearly. Then the process repeats itself a few more times until a designer finds a potential solution to pursue.

Older adults living independently in the community have a need to expand their social circles, but so do adults living in senior care facilities...

Community-dwelling older adults could benefit from a service for access to social events

Senior Care residents could benefit from an in-facility service for access to social events

Is it the technology that I should focus on? Or focus on the meaningful social interactions?

What population of older adults are in the most need of meaningful social interactions?

Residents of senior care facilities.

What can be designed for facility residents that would motivate them to be more social engaged? How to foster a sense of community?

DIVERGENCE & CONVERGENCE

AUGUST 2016

Community-dwelling: tablet device connected to a social media site made for local area

Senior Care Residents: Touch screen system for residents to check on events and news.
Once the synthesis and analysis phase of the project had been completed, it was time to move forward with research on a potential design solution.

This section depicts the steps taken to explore this possible design solution.
When deciding on color choices for these research probe cards, I wanted to use ones that were bright. In a past design project in collaboration with Museum Studies students we learned that as eyes age, they tend to add a yellow tint to what they see. With the use of bright colors, the cards are more distinguishable from one another. Another reason was for my own benefit. The bright colors made it easy for me to identify patterns of activities from looking down at the cards after the interviewee had laid them out.

The text phrases used on the cards were left intentionally vague. This allowed me to probe further about a certain activity and ask them to discuss more about it. For example, one card simply said, “exercise.” If a resident placed it down, it would then prompt me to ask them, “What kind of exercise do you do?” - thus expanding the conversation and allowing for a more detailed look into their life.

The font I chose for the text was a serif font, a “typewriter” style, and a large point size to make the copy easier to read.
WHEN EVALUATING THE DATA, IT WAS IMPORTANT TO NOTE THE TYPE OF ACTIVITIES THE RESIDENTS ARE PARTICIPATING IN. THUS, I DIVIDED UP THE ACTIVITY CARDS I CREATED INTO TWO TYPES: “HAVE TO” AND “CHOOSE TO” ACTIVITIES.

“HAVE TO” ACTIVITIES
As the name suggests, these activities are ones that a person has to do during the day. Most of these activities include personal care and medical treatments. If a resident showed in their daily routine layout that the majority of the activities they partake in are “have to” activities, it could mean that resident is isolated and in need of more social interactions.

“CHOOSE TO” ACTIVITIES
These activities are ones that a resident might choose throughout the day that go beyond serving basic needs. All of these cards represent recreational activities. If a resident showed in their routine layout that there were more “choose to” than “have to” activity cards, it could indicate a couple of things. 1) The resident is getting a sufficient amount of social activities and that they are quite active. Or 2) The resident is neglecting their “have to” activities and must find a balance. For the second, it all depends on the level of medical care that the resident needs throughout the day.
June is 91 years old, and proud! We sat at her dining table and talk, it is after her lunch and she is glad to be sitting again. Her walk from her room to the dining room and back becomes a tiring feat, and she needs a little rest before getting back up again.

She is excited to talk with me. When she tells me about her day, she is very detailed; from telling me about how many pills she takes to the order in which she gets dressed. Even though she needs to rest between activities, she likes to attend facility-planned events. Particularly, Bingo which happens twice a week. She shows off her Bingo prizes to me, many stuffed animals and trinkets. June feels limited in the activities she can attend at the facility. She goes to Bingo and weekly church services, but has little interest in the other planned activities that are available. She also has a hard time hearing the daily announcements made in the dining room every morning. Besides a small paper calendar, this is her only way of staying informed of the goings-on around the place.

Based on June's interests in Bingo and church services, the interface would be tailored for her to find these activities. Other areas of personalization to her will include providing a hearing device at activities and notifying her when off-facility events will have hearing devices available for use, and taking her personal activity level in account when making suggestions for possible activities to attend.

June's daily timeline that resulted from this interview can be found on pages 26 and 27 of this booklet.

Edith is an older woman who has been living in assisted living for fifteen months, and whose age is undisclosed. "I'm going to count backwards from now on!" she asked while we sat in her living room.

“So what would you like to know?" she asked. I told her to tell me about the kinds of things she might do on a typical Friday, which was the day of the week the interview was happening. Edith told me about her day thus far, and about her family. She sees her family pretty regularly, but not as regularly as she'd like.

I ask her to tell me about what kinds of planned events she attends in a day, and throughout the week.

Once a week she attends a community discussion group, as well as a residence committee meeting. At these meetings attendees talk about service projects they can do to stay more active at the facility, and in the area and compile any complaints that they may want to have addressed, respectively.

She frequently attends music events that are planned, and happy hours in the common areas. Edith is a social person, attending facility-planned events very frequently, but she also valued her alone time to relax.

She is an avid reader, despite some visual impairment, reading both newspapers as well as books. Because of the interests she shared with me, aspects of the final design will be tailored to highlight those interests. Edith is a moderately active person, and that activity level will also be a factor of personalization for her in the final design.

Based on Edith's interests in Bingo and church services, the interface would be tailored for her to find these activities. Other areas of personalization to her will include providing a hearing device at activities and notifying her when off-facility events will have hearing devices available for use, and taking her personal activity level in account when making suggestions for possible activities to attend.

Edith's daily timeline that resulted from this interview can be found on pages 26 and 27 of this booklet.
After analyzing the results from my interviews and using the primary literature resources to supplement what I found, I began to ideate potential design solutions for the problem that social isolation can be.

I sought to design a solution that would entice residents to come out from their rooms at the very least once a day to check in at a place somewhere within their facility. This solution would allow them to find activities to partake in and be out in the common spaces with others while this check-in is happening.

The final design solution uses a custom interface that can be easily taught to residents and staff alike, and is fun to use!
Above is an example map of placements for the Social Hubs within an assisted living facility. On this map, there is one in the main lobby, one in each residential wing (East and West), one near the outdoor garden area, and one by the activity lounge.

To the right is what is displayed on the Hub screen prior to log in. Anyone is able to find a hub in the building, check the weather, or call for help in an emergency without having to log in. This allows visitors to call for help in the event of witnessing an emergency in the facility.

Social Hub: A Social Interface & System to Facilitate Social Support for Older Adults.

The design solution that I believe is the best to facilitate social support systems is the Social Hub. The Hubs address the design problem in several ways: making information easily accessible, allows for independence and choice, is personalized to tailor the Hub experience to each resident, and allows staff a way to keep track of physical and emotional health of their residents.

Information is Accessible

In many current assisted living residences, activity calendars are handed out at the end of every month to inform residents of the upcoming month’s activities that have been planned. The issue with these is that they are easily lost, and typically printed small, which can be hard to read. These paper calendars are supplemented by announcements made over the PA system or announced in the dining room each morning. This allows for miscommunication of information which makes attending planned activities difficult.

By creating a place to facilitate social interactions, residents have more opportunities to create more meaningful social interactions. Once a resident logs in with their fingerprint, they are taken to a home screen that allows them to choose from several menu options where they can choose where and what type of activity they’d like to participate in.

Technical Functions

This appearance of the interface uses pastel colors, this is different from those used in the probe, because according to research, pastels are easy to see and attractive for older adults. The more attractive it is to interact with, the more people are enticed to use it. The touchable screen is equipped to scan and read fingerprints of each of the residents so they can “log in” to the system and receive personalized activity recommendations based on past activity usage. The more a resident uses the interface, the more accurate the recommendations will be.

Checking In and Keeping Track

In addition to personalized activity recommendations, when a resident “logs in”, they have a check-in screen that allows them to click on a smiley faced lichert scale to check-in on how they are feeling that day. This information is recorded and kept track of by nurses and medical staff to follow a resident’s progress both emotionally and physically. If a resident has checked in for the day by answering the question: “How Do You Feel Today?” with ‘feeling bad’ or ‘feeling very bad’, a nurse is sent to check in with them personally to find out why they are feeling badly and to offer extra assistance. The data compiled from the daily check ins at the Hubs can be used to increased personalized care and boosting morale of the residents.
PERSONALIZED CHECK-IN SCREEN

When a user clicks the "you" button on their main menu screen, they are taken to this screen. At the top is a list of treatments that user needs throughout the day. This is included so that users can plan around these times if need be. In addition to the treatment list, is a function to find the closest nurse's station to the hub the person is at. When the button is clicked, it takes them to a map of all of the stations, but highlights the closest and gives wayfinding directions.

PERSONALIZED MAIN MENU SCREEN

After the fingerprint scan, the Hub takes a resident to this screen. It greets them with a "Good Morning/Afternoon/Evening" message and the day's date. Users can check what's happening at each of the specific hubs for the list of activities taking place there that day. If they want a more selective list, they can click the green button to get the personalized recommendations the system has curated for them. The same can be done for the local area button (blue, and in this case, Syracuse). Users also have the option to check weather, and call for an emergency if need be.
ACTIVITY SIGN-UP CONFIRMATION SCREEN

After a resident has found an activity they’d like to go to, they can then reserve a spot if there is a limit to participants, or just let the facilitator know that they expect to be coming. This screen gives them a confirmation and reminds them of the time and place of the activity they chose.

GROUP MEETINGS

THANK YOU!

You have expressed interest in the food committee meeting!

We’ll save you a seat!

FOOD COMMITTEE MEETING

10a - 11:30a - East Wing Hub

PERSONALIZED ACTIVITY MENU SCREEN

When the user clicks the button to view activities in the facility, they are taken to this screen. It shows them the three most common searches they’ve done in the system over time and suggests them first. They can then click on one of the buttons to see a list of all of the events of that category for the day. If they would like to take part in a different kind of activity than their most frequented, they can view the full category list by pressing the green button at the bottom of the screen.
EXAMPLE EVENT AND MAP SCREEN

After an event is chosen, the user is given the contact information, times, and address for the event, as well as any instructions they may need. In this case, this screen shows a free bowling opportunity as the event they have an interest in. If they wanted to attend one of the classes listed, they would need to call the instructor at the number listed on this screen. This relieves a bit of the burden from facilities as well as giving back some independence to the resident. From here, if they are in need of a ride, they can press the teal button under the map to be taken to the ride share screen and can organize a ride for themselves.

LOCAL AREA EVENTS MENU

If a resident is looking to go out into town that day, they can see what is going on in their local area. In this case, that area is the Greater Syracuse Metropolitan Area. The category buttons show types of events people can go to, and after time, these categories will be personalized to the user like the facility-planned activities are. Each category leads to a map view of the Syracuse (or local) area and points to the location of events taking place that match that category.
Your assigned rideshare company is: **SENIORS ABOUT TOWN**

**PERSONALIZED RIDE SHARE SCREEN**
This is the screen for the ride share system. Each resident of the facility is assigned a specific ride share company that has partnered with the facility to provide transport for residents. This resident has been assigned the company "Seniors About Town." To arrange a ride appointment, they would click the green button and be taken to a screen to input their information (name, preferred time of pickup, destination) and schedule their ride.

**RIDE APPOINTMENT CONFIRMATION SCREEN**
After they have put in all of their information, they are given a confirmation screen. This screen repeats the company they are getting a ride from, gives them their driver’s name, as well as a phone number to call in case they need to change or cancel this pickup appointment.

**THANK YOU!**
YOU HAVE CONFIRMED A RIDE APPOINTMENT WITH: **SENIORS ABOUT TOWN**
YOUR DRIVER IS: **GINA P.**
TO CANCEL THE APPOINTMENT, PLEASE CALL 315-442-7334
APPEARANCE
The Social Hub kiosks would look like the one on the left. It would have a heavy, sturdy base to keep it from tipping or being pushed if someone were to lean or bump into it. The base is a small rectangular shape to prevent from tripping around it. It allows for foot space when people walk up to it.

The biometric touch screen will be around 27" big. This allows for plenty of space to click around, and the resolution will make the content on the screen large and readable.

In accordance with the Americans with Disabilities Act (ADA), the kiosk is no taller than 44", so that the maximum reach is no longer than 48", in case someone using a wheelchair is using the kiosk. The screen is angled at 40° to accommodate viewing from all angles, seated or standing.

FEATURES
The Social Hub kiosk has a chair that swivels around the base to accommodate those who wish to sit at the Hub to use it.

The seat of the chair folds up so the whole chair can be stored behind the Hub if a user would prefer to stand while using it, or are a wheelchair user and may use the Hub while seated in their own chair.

The seat is modeled after those found at casino slot machines. Swivels around the base, and the seat itself swivels to allow for a user to easily get in and out of the seat.
Above is an example of a Social Hub kiosk in a lobby area.

Once placed within facilities, kiosks will be put in places that are easily accessible to residents and visitors. One will be placed in the main lobby of the building, in each residential wing, in a community/activity room, and/or in a garden or potentially outdoor space.

Above is an example of a Social Hub kiosk in a common space in the facility.
Above is an example of a Social Hub kiosk in a residential wing
During the week of April 10th to the 14th, the MFA candidates installed and presented their thesis projects to the public in the 914Works Gallery in downtown Syracuse.

This was an opportunity to showcase the work that had been done throughout the year, and create an experience surrounding the thesis work.
For my thesis show experience, I wanted to bring focus in towards my interface design. With the smaller kiosk design it highlight the touch screen and drew attention to it upon approach to the display. The kiosk was kept white to blend in better with the wall behind it, to bring more focus to the interface.

This display was created specifically for this gallery space and exhibition, to give a preview of what the kiosk design would be similar to when models would be placed within facilities.

The poster that is placed above the kiosk is a abbreviated account of the research process. It discusses the reasoning for this thesis research, and leads into the explanation of the design solution. On each side of the poster is the daily routine and story of each of the interviewees.
CONCLUSION
THE FUTURE OF THE PROJECT

This project is definitely not complete. There are many design elements that I would like to incorporate that would make the hub stronger and more engaging.

For one, I believe it would be beneficial to incorporate a wearable device to alert residents of daily reminders such as when it is time for their next treatment. This will allow them to venture beyond their rooms without feeling as though they might miss out on an important event.

Also, I would like to incorporate portable “hubs” into the culture of the system after the Hub kiosks have been established.

These portable “hubs” would be tablet devices that allow residents to review activities they’ve signed up for and receive alerts in their rooms for activities they’ve expressed interest in.

I believe that just because an individual has moved into assisted living, this does not mean they are incapable of making their own decisions or have to settle for the activities that have been planned for them.

The Social Hub system allows for community connection to be created both in their home facility and throughout the local area.

It is this that I believe is the key to keeping residents of assisted living centers independent, happy, and satisfied with their overall quality of life.
Application Checklists:

All questions on the application must be answered. To complete form, tab to each field. Incomplete forms will be returned to the investigator for additional information. Outdated applications will not be accepted for review.

To edit the content of the form unprotected the document as follows:

For Office 2007 users:

1. Protocol Information

Title of Protocol: Older Adult Community Engagement - What Can Keep Community Members

2. Funding Information

2.1. Has the research been submitted as a grant or contract proposal? No

2.2. Is this research currently being funded in part or in whole? No

If yes, please give the date of the review: and the IRB# (if known):
**Study Rationale**

3.1. question, hypothesis, etc.

From your description, the IRB should be able to determine how this proposed study adds to the knowledge on the research topic in order to judge the risks and benefits to the research participants.

**NOTE**

Appendix with this application.

The objective of this research is to answer the question: 'Will technology assist older adults in staying socially engaged with their communities?' My hypothesis is that technology will help to foster positive and meaningful social relationships for older adults and keep their social engagement with their communities alive. Studies have shown that meaningful social relationships and the feeling of belonging with one's community is related to decreased levels of depression and improved physical health. This study will provide a solution to help keep those relationships strong and active despite any potential barriers a person may face due to living situations, health concerns and family relations. Any risk that may occur to the participants of the study will be minimal, and all precautions will be taken to ensure their safety.

**Methods**

4.1. Provide a detailed description of what participants will be required to do; including any technical terms or procedures.

Participants will be interviewed in their senior care facility. Interviews will be conducted in a private room in the facility for comfort and privacy of the participant, unless they prefer to have the interview conducted in another space. Most interviews will be conducted in person, with 4 interviews conducted per week for approximately 6 weeks in order to see as many participants as I am given permission for by the IRB. After interviews are completed, the remaining weeks of the semester will be spent analyzing the data and beginning to plan a design solution based on the data received through interviews.

4.2. Surveys, interviews, questionnaires will be conducted as part of the study. Include all research instruments including surveys, questionnaires, sample interview questions, etc. as separate appendices. If the survey instrument is commonly used in your discipline, only provide a citation to the instrument.

4.3. Community Based Participatory Research (CBPR) is described as research that is conducted as an equal partnership between traditionally trained “experts” and members of a community. Is this research

No. (Skip to 4.5)

Yes. Please explain:

4.4.1. In CBPR research studies, the community participates fully in all aspects of the research process including conception, design, and analysis. With this in mind, describe how you plan to engage community members in your research study:

Describe how you plan to provide community members with appropriate training for human subjects research? Include in your description what training will be provided.

4.4.3. the course of your study.

4.5. Will this research be conducted by SU investigators in foreign countries?

No. (Skip to 4.6)

Yes. A International Research Form must be completed and submitted with this application. [http://orip.syr.edu/files/International%20Research.doc](http://orip.syr.edu/files/International%20Research.doc)

4.6. Will this research involve genetic testing?

No. (Skip to Section 5)

Yes. A Genetic Research Form must be completed and submitted with this application. [http://orip.syr.edu/files/Genetics.doc](http://orip.syr.edu/files/Genetics.doc)

**5. Performance Site Information**

5.1. Describe how you will have adequate facilities to conduct your study.

5.2. List all Performance Sites Other than SU (insert additional rows if needed)

(apply and add additional sites. Each will require a letter of cooperation and/or IRB approval)

Check all that apply

<table>
<thead>
<tr>
<th>Site</th>
<th>IRB Approval and/or Letter of Cooperation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUNY Upstate Medical University</td>
<td>Attached Pending</td>
</tr>
<tr>
<td>*Syracuse City Schools</td>
<td>Attached Pending</td>
</tr>
<tr>
<td>*Menorah Park - 4101 E Genesee St,</td>
<td>Pending</td>
</tr>
<tr>
<td>Syracuse, NY 13214</td>
<td></td>
</tr>
<tr>
<td>*Other, specify site:</td>
<td></td>
</tr>
</tbody>
</table>

*The following additional information is required: contact information for the site, if the site has an IRB, and whether the site has a signed letter of cooperation.
be relevant to the protection of research participants such as: unanticipated problems involving risks to participants or others, interim results, and protocol modifications:

6. Research Qualifications

CITI training is required for the faculty member listed below and all researchers and research staff who have direct contact with participants and/or identifiable human participant data. NOTE: If training is not completed at the time of submission/presentation of your application will be delayed.

6.1. List the names and research qualifications of the primary investigator/faculty advisor listed in Section 1 of this application.

Don Carr - "I am well suited for my role in this research endeavor due to my love of design. I have been teaching at Syracuse University from 1997-2010 establishing sponsored projects with such corporations as LG Electronics, Welch Allyn, Motorola, and Bose. In 2014 I became the program coordinator for the MFA in Collaborative Design. This innovative masters’ program has strong connections to both the Aging Studies Institute and Disability Studies on the SU campus.

Therefore, working with this IRB is a logical next step in using what I have learned with well-established companies and my involvement with the Aging Studies Institute to expose my students to working on collaborative design for older adults. I look forward to collaborating with different schools within Syracuse University and the surrounding community on this innovative research effort."

6.2. List the names and research qualifications of the student/research staff listed in Section 1 of this application.

Don and I will be meeting in person biweekly to discuss progress of the study, and will be keeping in touch via email and phone calls to remain in contact beyond the face to face meetings.

6.3. List the name(s) and research qualifications of all other individuals who will be involved in this research and will have direct contact with participants and/or identifiable human participant data.

6.4. How will you ensure that all persons listed above are adequately informed about the protocol and their research related duties and functions?

6.5. List the name(s) and research qualifications of all other individuals who will be involved in this research and will have direct contact with participants and/or identifiable human participant data.

6.6. How will you ensure that all persons listed above are adequately informed about the protocol and their research related duties and functions?

6.7. Examine how you will have adequate numbers of qualified staff to conduct your study.

6.8. Explain how you will have adequate numbers of qualified staff to conduct your study.

6.9. Determine that all personnel involved in the conduct of the study have taken a three credit design research class in the fall of 2015, and have a background in qualitative research through classes I took both here at Syracuse University, as well as in my undergraduate career as a sociology student.

6.10. List the name(s) and research qualifications of all other individuals who will be involved in this research and will have direct contact with participants and/or identifiable human participant data.

7. Characteristics of Participant

7.1. Approximate Number of Participants to be recruited: 10

7.2. Sex: M F Both

7.3. Age Range - Check all that apply: 65 and older

7.4. My focus for this project is to see how older adults (of or close to retirement age) interact with their communities and their peers. Since younger age brackets tend to have better access to social events in their communities it would be more productive for them to study in order to include them in my research.

7.5. Does this study target one gender or specific social/ethnic group(s)?

No. (Skip to 7.6)

Yes. If yes, answer 7.5.1. and 7.5.2. below.

7.5.1. Identify all that are targeted/vulnerable populations (Code of Federal Regulations: http://www.access.gpo.gov/nara/cfr/waisidx_00/45cfr46_00.html). *These additional forms can be found on the IRB Website under Special Populations: http://orip.syr.edu/human-research/forms-list/forms.html

Children/minors - *Requires additional form*

Cognitively impaired - *Requires additional form*

Prisoners - * Requires additional form*

Pregnant women - *Requires additional form*

Legally restricted, non-prisoner

Economically disadvantaged

Elderly/aged Other, specify: *

7.5.2. Explain the rationale for using this particular group(s):

Older adults are less involved in social events in their communities and I would like to research what keeps them from attending such events and staying active in their social lives. Active social lives lead to decreased levels of depression and can improve the morale for their age bracket.

7.6. Any adult 60 years old and older, any adult meeting the age requirement that lives in an assisted living facility in the Syracuse community, and any adult that is able to provide consent on their own.

7.7. List the exclusion criteria:

Any person younger than 60 years of age and any adult not living in a Syracuse-area Senior Care Facility.

7.8. No. (Skip to 7.9)

Yes. If yes, describe the additional protections included in the protocol to protect their rights and welfare.

At no time during the research process will the participant be required to continue in the event that they decide to revoke their consent. They will be informed that they can stop participating at any time and all previously collected data will be destroyed if the participant chooses to terminate their participation in the study.
Describe in detail how participants will be identified and recruited. Include in your description how you will have access to a population that will allow recruitment for the number of participants required for your research. Do not merely state "Volunteers.

Residents of senior care centers will be recruited through contact made within the facilities. The program coordinators in the senior care facility will facilitate recruitment of residents to the study by forwarding my recruitment materials throughout the facility.

I (the student researcher) will be recruiting all participants for the study.

NOTE:

Copies of all advertising materials including application. See SOP 036 for Recruitment/Advertising.

Mass E-mail Solicitation     SU Today News

Service

Internet      Posters

Television

Letter

Newspaper

Media

Other (describe):

Will participants be compensated?

No. (Skip to Section 9)

Yes. If yes, answer 8.4.1. and 8.4.2. below. Note: All information regarding compensation must be included in consent/assent documents.

8.4.1. If Yes, specify the method of compensation (e.g. monetary, course credit, gift card, toy, etc.), the amount of compensation, and how the compensation will be awarded (per task, per session, etc.). Describe how compensation will be awarded if the participant withdraws after beginning the study. Compensation must be pro-rated in a manner that recognizes the time and effort of the participant prior to withdrawal.

Informed Consent Procedures


9.1. How many assent documents are included with this application?

0

9.3. Is more than one consent/assent document included with this application? Yes. If yes, follow instructions below (9.3.1 and 9.3.2).

Assign form numbers to each individual document and add it to the footer of the document-e.g. Consent form 1, Consent form 2, Assent form 1, etc.

Create a separate log as an appendices identifying each document-e.g. Consent form 1 to parent consent, Consent form 2 to adult participant consent; Assent form 1 to child assent, etc.

9.4. Indicate the type of consent you will obtain for your study (check all that apply).

Written Consent    (ATTACH COPY)

Electronic Consent (ATTACH SCRIPT) (This is a request to waive the required element of documentation of written consent, e.g. internet studies.)

Electronic Consent

Provide the justification for the waiver of written consent:

N/A

Data Analysis Only, no consent form required.

9.5. How will you ensure that prospective participants have sufficient opportunity to consider whether or not to participate in your study?

I will speak with them about the consent process, make them aware that they can revoke this consent at any time, and allow them time to read the consent form and either sign or orally consent to the agreement. Participants will be reassured that they can choose not to consent and decline participation of the research process, or area allowed to revoke consent at any time during the research and their data will not be used.

9.8. An ASSENT statement is required for participants who cannot legally give consent themselves. Assent statement:

No  (Skip to 9.9)

Yes (ATTACH COPY)

9.8.1. From whom will consent be obtained and by what means for minors or the individuals considered to be cognitively impaired in their decision making ability? N/A

9.8.2. If subjects are minors, will they still be involved in the study when they reach the age of majority.

N/A

9.9. Will non-English speaking individuals be participants in the research?

No (skip to Section 10)

Yes  If yes, indicate how consent will be documented in the language spoken by the participant.

Translated written informed consent document in language acceptable to participant.

Identify the name of the individual or translation service that provided the translation of
List the qualifications of the individual or translation service that will provide the translation for the consent process and during the conduct of the research.

Orally, using a qualified translator to translate the English informed consent document to the participant, and a translated short form in a language understandable to the participant.

Identify the name of the individual or translation service that will provide translation for the consent process and during the conduct of the research.

A confidentiality statement from

Potential Financial Conflict of Interest

Reasonably be affected by research, scholarship, educational or other externally funded activity. Or, when the immediate family* of anyone in such a role, have significant financial interests that may compromise, or have the appearance of reporting of the research, proposed or funded.

Federal Guidelines emphasize the importance of assuring there are no conflicts of interest in research projects that could affect the welfare of human participants. If this study involves or presents a potential conflict of interest, additional information will need to be provided to the Vice President for Research.

Anything of monetary value - aggregated for the Investigator and the Investigator’s spouse, domestic partner, and dependent children - including but not limited to the following:

- Salary or other payment for services (e.g. consulting fees) of $10,000 or greater in the past year when aggregated for the immediate family;
- Any equity interest (e.g. stocks, stock options or other ownership interests) unless it meets the following three tests:
  - Less than $10,000 in value as determined through reference to public prices or other reasonable means;
  - Constitutes less than a 5% ownership interest in any single entity, or
  - Publicly traded on a national stock exchange,
- No arrangements have been made where the value of the interest will be affected by the outcome of the research, proposed or funded.
- Intellectual property rights (e.g. patents, copyrights and royalties from such rights).
- Services as an officer, director, or in any other executive position in an outside business, whether or not even if the identified thresholds are not met.

Syracuse University Policy on Conflict of Interest for Research Investigators:

http://orip.syr.edu/files/SOP%20032%20-%20Institutional%20Conflict%20of%20Interest.pdf

*Immediate family means a spouse, domestic partner or dependent children.

10.1. Do any of the investigators or personnel listed in this research protocol, or members of the immediate family, have a financial interest in the research project?

Yes; If yes, identify the individual(s):

Has this financial interest been disclosed and managed?

No. If the Vice President for Research does not have an approved management plan for this research, forms and pages/Forms/COI-%20Disclosure%20of%20Financial%20Interests%20Form.pdf and submit it to the Office of the Vice President for Research, 207 Bowne Hall.

10.3 To your knowledge, did the University, or your School/Department receive a gift or equipment donation, or promises thereof, from commercial sponsors of this research project?

No

11. I anticipate collecting data that will be individually identifiable in the form of first names and last initials, ages, private contact information, and audio recordings.

Other portable device); how you will maintain the confidentiality and data security, (e.g., password protected computer, encrypted files, locked cabinet and office); and who will have access to the data (e.g., Data will be kept on a password protected laptop, that only I have access to. I will not be sharing the data with anyone other than the primary investigator, Don Carr. The data will be “shared” during bi weekly meetings where he will have access to the laptop in my presence. Data that has been printed will be shared with him, and after the study has been conducted it will be destroyed. Data will NOT be shared electronically.

Before data is inputted into the computer, all personal identification will be removed from participants to keep their privacy intact.

11.4. Access to the key to the code.

I will code the data by identifying patterns from the interviews and labeling patterns via color-coding themes that emerge through the interview transcriptions. Don Carr will also have access to the key to the code. I will provide the primary investigator, Don Carr, with a copy of the code.

11.5. How will you educate research staff to ensure they take appropriate measures to protect the privacy of participants and the confidentiality of data collected?

Don (the PI) and I (student researcher) have reviewed the plan in place for the participants and the educational material available to the research staff.

11.6. I have made all appropriate arrangements to protect the privacy of participants and the confidentiality of data collected.

The data will be shared with the investigator, Don Carr, after the data has been password protected and encrypted. The data will be transmitted via file transfer software, file sharing, email. I will keep the data at a minimum, and will have access to the data for data entry and analysis. I will not share the data with anyone other than the primary investigator, Don Carr.

11.7. The data will be shared with the investigator, Don Carr, after the data has been password protected and encrypted. The data will be transmitted via file transfer software, file sharing, email. I will keep the data at a minimum, and will have access to the data for data entry and analysis. I will not share the data with anyone other than the primary investigator, Don Carr.

11.8. The data will be shared with the investigator, Don Carr, after the data has been password protected and encrypted. The data will be transmitted via file transfer software, file sharing, email. I will keep the data at a minimum, and will have access to the data for data entry and analysis. I will not share the data with anyone other than the primary investigator, Don Carr.

11.9. The data will be shared with the investigator, Don Carr, after the data has been password protected and encrypted. The data will be transmitted via file transfer software, file sharing, email. I will keep the data at a minimum, and will have access to the data for data entry and analysis. I will not share the data with anyone other than the primary investigator, Don Carr.
Privacy can be defined in terms of having control over the extent, timing, and circumstances of sharing oneself (physically, behaviorally, or intellectually) with others.

11.6. Describe what provisions are in place to protect the privacy interests of participants, where “privacy interest of participants” refers to the participant’s desire to limit interventions or interactions with others and to limit access of others to their private information. Examples include: location of data collection (private location vs. public location), method of data collection (focus groups vs. one-on-one interview, questionnaires vs. interviews, telephone, email and mail communications), type of information (written vs. oral), recruitment methods and cultural norms.

11.7. Describe the storage of the recordings. Include in your description who will have access to the recordings, as well as how and where they will be stored.

11.7.1. Describe the location of data collection. Examples include: a neutral location, or allow for telephone interviews.

11.7.2. Describe the storage of the recordings. Include in your description who will have access to the recordings. The audio will be recorded on my password protected smartphone, then downloaded to my password protected laptop. Only I know the passwords. When asked, I will share recordings with my faculty advisor Don Carr from my laptop. I will be present when he listens to the recordings. Audio recordings are taken using the preloaded memo recording application, and once the audio files are transferred to the laptop, files will be deleted off of the app. Once this is done there is no way to retrieve them again.

11.8. How long will the recordings be kept and what is the disposition of the recordings once the research is complete? The recordings will only be kept long enough to transcribe the interviews, then be destroyed.

NOTE: Specific permission for each type of recording must be sought in the consent form and should be indicated at the end of the document using checkboxes ( _ I agree to be audio taped, _ I do not agree to be audio taped, _ I agree to be video taped, _ I do not agree to be video taped, etc.)

12. Risk to Participants

12.1. Describe in detail any possible physical, psychological, social, political, legal, economic, or other risks to the participants, either immediate or long range. Risk may be minimal but never totally absent. Do not say “No Risk.”

12.2. Participants may have a psychological risk if questions asked during my interviews trigger a personal problem or hurtful memory. For example, when asking about a participant’s family life, and how that effects their social life, that may cause them to think about a past abusive family member and trigger emotional issues.

12.3. Participants may also have a social risk if they divulge may cause rifts between neighbors and cause negative effects on their social life. For example, if a participant is living in a senior center that provides sub-par conditions, and I have to report them, it may effect those around them as well by causing stigma or isolation from other residents because of their involvement in my reporting. I don’t know anticipate uncovering or identifying abuse situations, but as a mandated reporter I just need to be cautious and let participants what happens if I do in fact uncover these problems. If this is the case, I will call Adult Protective Services and any other officials that are required to be notified in a situation regarding elder abuse.

12.4. Does this research involve more than minimal risks to participants? Yes. (Skip to Section 13)

12.5. In order to minimize these risk, I will provide contact information to psychological health care facilities in the Syracuse area, as well as allowing them to abstain from answering questions if those questions pose an increased risk to them.

12.6. Does this research involve more than minimal risks to participants? Yes. (Skip to Section 13)

12.7. In your description the availability of medical or psychological resources that participants might require as a consequence of the research, if applicable. If participants need to be debriefed at the end of the study, a copy of the debriefing statement must be attached. In order to minimize these risk, I will provide contact information to psychological health care facilities in the Syracuse area, as well as allowing them to abstain from answering questions if those questions pose an increased risk to them.

12.8. In your description the availability of medical or psychological resources that participants might require as a consequence of the research, if applicable. If participants need to be debriefed at the end of the study, a copy of the debriefing statement must be attached. In order to minimize these risk, I will provide contact information to psychological health care facilities in the Syracuse area, as well as allowing them to abstain from answering questions if those questions pose an increased risk to them.

13. Benefits

13.1. Describe any benefits to the participants in general.

13.2. Society at large.

13.3. Explain how the benefits outweigh the risks involved. These benefits will increase morale among older adults, and that morale will decrease depression and lower mental health issues, thus leading them to more fulfilled and longer lives.

13.4. A number will be assigned to your protocol. Please refer to it whenever calling or writing for information.

13.5. All supporting documentation including list of references, consent and/or assent forms, survey instruments, interview questions, recruitment materials, letters of support, IRB approvals from other institutions, etc. must be included with the application.

Return Completed Protocol To:
Office of Research Integrity and Protections
214 Lyman Hall
Syracuse University
Syracuse, NY 13244
Phone: 315-443-4143

Please send IRB notifications by:
Hard copy must be mailed. All correspondence mailed to the PI/faculty member’s address.
Email notification (Only the original hard copies of date stamped consent/assent documents will be returned.)
REFERENCES


[18] Patan, Jack. “Flexibility Exercise and Physical Activity Improving Older Adults Cognitive Function: 25 Years Overview.” Interna-


[21] Patar, Santanu. “Flexibility Exercise and Physical Activity Improving Older Adults Cognitive Function: 25 Years Overview.” Interna-


KATHRYN M. DETWILER

related experience

Julian Krinsky Camps and Programs
Graphic Design Instructor    Summer 2017
• Lead design of 12 students in visual design
• Developed course on graphic design
• Collaborated with other instructors on summer programming

Collaborative Design, MFA Program, Syracuse University
Graduate Student     July 2015 - May 2017
• Participated in various projects related to disability and design thinking
• Proposed new projects to extend disability and design thinking research
• Supervised and led a group of engineers through the design thinking process
• Designed and implemented a design thinking process for research projects

Quintessentially Gifts, London, England
Editorial & Brands Development Intern  Summer 2013
• Composed copy for and uploaded 150+ products to website
• Managed social media sites, planned future blog posts, and wrote press releases
• Reorganized Hermès Handbag section of website using internal program maintenance software

Public Relations Student Society of America
Communications Week Director, Registered Member     Aug. 2013 - May 2014
• Drafted copy for press releases, news articles, and advertisements for campus events
• Coordinated with the Public Relations Office to plan and troubleshoot events
• Collaborated with 8 other executive board members and professional faculty advisor to maintain functionality and positive presence on campus

education

Master of Fine Arts
Collaborative Design, Syracuse University, Syracuse, NY  May 2017
• Graphic Design
• User Experience Design

Bachelor of Arts
Communication Arts, Susquehanna University, Selinsgrove, PA  May 2014
• Public Speaking
• Team Communication
• Interpersonal Communication
• Qualitative Research Methods
• Intercultural Communication

valued courses

• Design Research
• Digital Design Techniques
• Design Communication
• Design Thinking and Strategies
• International Disability Law

media skills

• Adobe Creative Suite
• Sketch, Figma, InVision
• Adobe Premiere Pro
• Lightroom,拧sCapture

design skills

• Adobe Illustrator
• Adobe Photoshop
• Adobe After Effects
• Adobe InDesign
• Adobe Dreamweaver

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• Kathryn Detwiler, Collaborative Design