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Special Issue 43: Aging in Community

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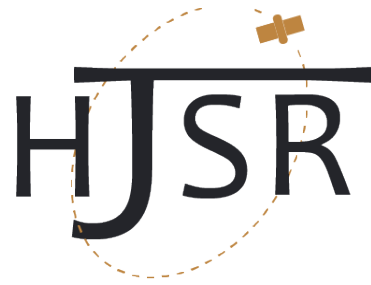
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SPECIAL ISSUE 43: AGING IN COMMUNITY

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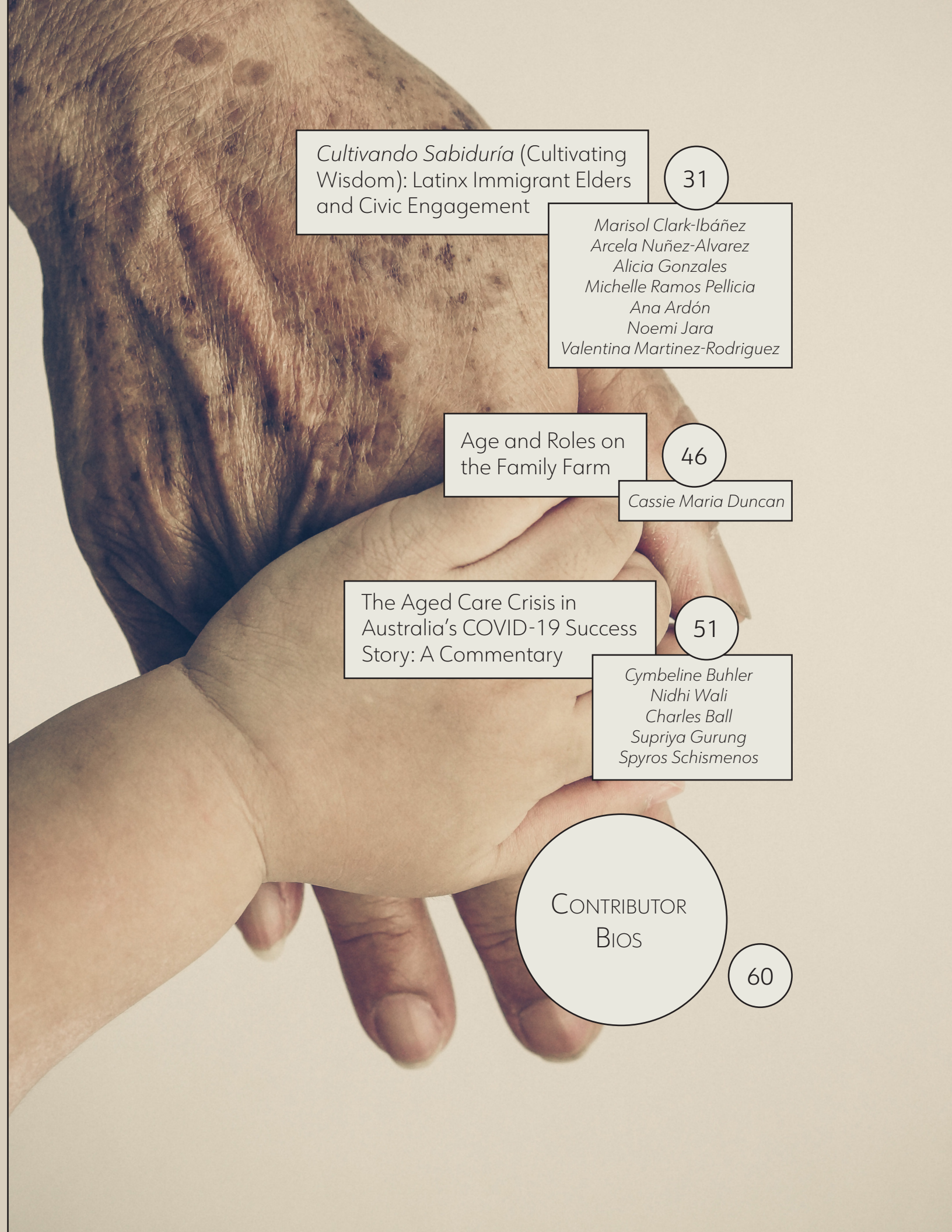
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Knowing Our History: How the Structural Context of California's Aging Network Evolved

Sandra K. Fitzpatrick

Introduction

In June 2019, Governor Gavin Newsom signed an executive order calling for the creation of a Master Plan for Aging (MPA.) The opening paragraph affirms “California’s commitment to build an age-friendly state so that all Californians can age with dignity and independence.” (California Health and Human Services Agency 2020). The MPA was released in January 2021.

I was hired as the consultant MPA Historian to document the chronological sequence of services and to highlight the major strategies California has adopted to serve older adults and people with disabilities. I researched archival documents and interviewed influencers, policy makers, and community based providers. The goal to successfully age in one’s community is, in part, the result of preceding decades of federal and state leadership, implementation strategies and advocacy. The evolution of aging services in California began with robust initiation and expansion in the 1970s but faced near total devastation twenty years later due to severe budget deficits. The approach to addressing aging has been complex since the 1960’s.

The Trajectory

1900-1960: Social Security and Baby Boomers

There was little government focus on establishing aging policy prior to 1960 with one major exception, the Social Security Act, which was signed into law in 1935. A significant increase in the birth rate began in 1946, cre-

ating the cohort known as the baby boomers. The 76.4 million baby boomers, representing 40% of the nation’s population (History.com Editors 2019), influenced all aspects of society.

1960: Federal Infrastructure Development

Through President Lyndon Johnson’s Great Society, Medicare and Medicaid were established and the Older Americans Act (OAA) became law. The first decennial White House Conference on Aging was held in 1961. The OAA delineated the aging infrastructure that included the Administration on Aging (AoA) at the federal level and a State Unit on Aging (SUA) in every state. This structure remains in effect today, though the AoA was renamed the Administration for Community Living (ACL) in 2012 with a resulting paradigm shift.

In 1966, the California Commission on Aging (CCoA) was established as the SUA to receive OAA funds (AB166). California became the second state to qualify for funding and received an initial allocation of \$7 million. By comparison, California’s Federal Fiscal Year 2021-22 OAA appropriation is \$159 million. The 1969 OAA amendments supported older adult volunteerism through the creation of Senior Corp, now known as AmeriCorps Seniors. The rollout of these programs in California occurred in subsequent years.

1970: Service Implementation and Innovation

In 1974, AB 2263 authorized the California Department of Aging (CDA) to replace the CCoA as the SUA.

CDA designated the thirty-three Area Agencies on Aging (AAA) to serve as local planning and administrative entities. The original designations have remained constant. Collectively the AoA, SUA and AAAs are known as the “aging network.”

To ensure the inclusion of consumer voices in the planning of services for their communities, the OAA required AAAs to form advisory councils. During this decade the OAA created a proliferation of new programs including Senior Nutrition, Long Term Care Ombudsman, Services for Native Americans, and the Senior Community Service Employment Program. OAA grants were also awarded to senior centers and the designation of multi-purpose senior centers as “focal points” began.

Outside the AAA’s purview, county operated in-home supportive services and adult protective services were being developed along with California’s initial comprehensive care models, i.e. On Lok Demonstration Project, Adult Day Health Care pilots, and Multipurpose Senior Services Project, a four-year research and demonstration project.

1980: Service Expansion and Nursing Home Reform

The Older Californians Act of 1980 (OCA) was enacted to comply with evolving federal mandates and allow for service expansion. The OCA is still the principle document for the provision of aging services in the state. The mid-1980s brought vitality to the aging network as a plethora of new programs were initiated in California. Funded entirely by state general funds, these programs were collectively known as Community Based Services Programs (CBSP). In addition Caregiver Resource Centers, Alzheimer’s Disease Centers and the California Senior Legislature were created.

The Senior Center Bond Act (Proposition 30) on the 1984 statewide ballot was approved by nearly 76% of voters. Proposition 30 funds were used for the acquisition, construction or renovation of senior centers including the Humboldt Senior Resource Center and the Healy Senior Center in Redway.

Concerns about nursing home care drew attention after a Little Hoover Commission’s audit found “far too many” quality of care concerns in California’s nursing

homes. The Little Hoover Commission is California’s Independent Oversight Agency. As a result of the audit, the Nursing Home Patients Protection Act was signed into law in 1985.

1990: Boomer Planning, Service Consolidation, and Disability Rights

Bill Clinton became the first baby boomer to be elected President. As discussions ensued around the boomers and their impact on services and resources, Senator John Vasconcellos called for a Statewide Long Range Strategic Plan for Aging (SB910). This Plan was the basis for two similar efforts in subsequent years, including a three-part Master Plan authored by Assembly Member Patty Berg which would “help guide policymakers and stakeholders as they develop comprehensive and meaningful legislative, grassroots and policy agendas to address the issues surrounding the aging of California baby boomers.” (California Strategic Plan on Aging Advisory Committee 2004)

About twenty years after the aging network began, the Little Hoover Commission conducted a study of California’s long term care system and determined the structure was fragmented and favored institutionalization at the expense of home and community-based services. Their recommendations for improvement included program consolidation – a recommendation that has been echoed many times since. In a subsequent 2011 report the Little Hoover Commission would describe California’s long term care system as “broken” (Little Hoover Commission 2011). In time the phrase ‘long term services and supports’ would replace ‘long term care.’

The 90’s brought a change in the treatment of and assumptions about disability – an important recognition since 42% of older adults have a disability. The decade began with President H.W. Bush signing the Americans with Disabilities Act (ADA) which prohibited discrimination on the basis of disability and ended with the Olmstead Decision where the Supreme Court held that people with disabilities have a right to receive state funded supports and services in the community rather than institutions. The decision represented a federal Medicaid policy shift towards community-based long term services

and supports (LTSS) options to avoid unnecessary institutionalization.

2000: Decade of Deficits and Care Transformation

The new millennium started promisingly for the aging network when Governor Gray Davis committed \$271 million to help older Californians remain at home (Fitzpatrick Consulting 2020). Unfortunately California faced repeated budget deficits during this decade. The most significant was a \$26 billion deficit in 2009 that included a 32% reduction in state general funds (Fitzpatrick Consulting 2020). These reductions resulted in the elimination of the OCA's community based services programs. Funding has yet to be restored to these services. The calls for restructuring aging programs, administration, and long-term services and supports grew more frequent.

Following the Olmstead Decision, federal initiatives began to streamline processes and implement consumer-friendly systems. This made it easier for individuals to learn about and access services they need in order to live in home and community-based settings. California received funding to implement these initiatives which included California Community Choices, Money Follows the Person, California Community Transitions Program and the Aging and Disability Resource Connections (ADRC). California's first two ADRCs were started in 2004. Also during this decade the federal government allocated funding to the new Family Caregiver Support Program. Through the Medicare Modernization Act a new prescription drug benefit was created to help beneficiaries pay for prescription medications.

2010: New Paradigms, Outside Government Efforts and Promise of Hope

The Patient Protection and Affordable Care Act, also known as the ACA, was signed by President Barack Obama in 2010. The ACA included many Medicare benefits for older Americans including an enhanced prescription drug benefit and coverage for preventive care procedures and screening. In 2012 the Administration for Community Living (ACL) was created at the federal

level to bring together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities into a single agency. The ACL was created around the fundamental principle that older adults and people of all ages with disabilities should be able to live where they choose, with the people they choose, and with the ability to participate fully in their communities. The passage of the California's Coordinated Care Initiative (CCI) in 2012 was an effort to transform California's Medi-Cal delivery system (health and long term services and supports) to better serve the state's low-income seniors and persons with disabilities.

Three efforts, independent of state or federal government, were launched this decade to support community living and access to services. These included the California Collaborative for Long Term Services and Supports, a statewide coalition of aging and disability organizations that advance policy around long-term services and supports, AARP California's Livable Communities Initiative that "supports the efforts of neighborhoods, towns, cities and rural areas to be great places for people of all ages and abilities to live," and the California Aging and Disability Alliance, comprised of twenty diverse organizations, who share a common commitment to create affordable financing solutions to address the needs of the population now and into the future. There was the promise of a new Master Plan for Aging (MPA) under construction as the decade came to a close. The 2021 MPA is historical in that this effort is the first time the State's Governor initiated the planning process.

Observations and Influences

The trajectory of services for older adults has not been smooth. Since the 1960's a confluence of variables and resources has resulted in a complex patchwork of services with different funding, eligibility, and duration. What follows is a list of observations and influences - perhaps to serve as lessons to be learned as the evolution of services continues.

- The impetus for the aging network began in the 1960s. The federal government's role in the on-going development of aging, disability, and long term services and supports cannot be overstated. Decen-

- nial White House Conferences on Aging remain a potent advocacy voice.
- Since 1965 the Older Americans Act has been the backbone of aging services nationwide, however funding has failed to keep up with inflation and the increasing demand created by an aging population. The core purpose and functions of the Area Agencies on Aging (AAA) have remained constant. Different organizational structures and fluctuating access to additional resources have led to variable program implementation. Some programs have not been brought to scale.
 - The Older Californians Act has not been significantly reviewed since its inception in 1980. Legislative efforts to modernize the Act have not been successful. Programs that depend exclusively on state funding grow and shrink with state budget revenue resulting in an unpredictable and unstable service array.
 - Development of the AAAs and the Independent Living Centers (ILC) occurred simultaneously in California. The AAAs were the result of governmental regulations. Creation of the ILCs was personally motivated – to ensure that all persons have control over choices in their lives. There are 33 AAAs in California and 28 operating ILCs. Collaborative ventures between these two disciplines started in 1995 and have increased in recent years enhanced by advocacy efforts that are coordinated, sophisticated, and intentional.
 - Among other things the Olmstead Decision created a systemic change in philosophy and approach when federal Initiatives began to implement consumer-friendly systems.
 - The creation of the federal Administration for Community Living changed the administrative paradigm by consolidating in one agency services for disability and aging. This action renewed the conversation for a similar realignment in California. The 1970s built the aging infrastructure on the AAAs and multipurpose senior centers. There has been a recent shift to community-based providers and establishing a network of aging and disability resource connections.
 - Changing demographics, resource allocations and preparing for the baby boomers has been the consistent rally call for aging advocates for years. Government cannot address these issues alone.
 - California's older population will increase, becoming more economically, racially and ethnically diverse. Forty two percent of older adults have at least one reported disability (U.S. Administration on Aging 2003). The intersection of demographics, disability and longevity has never been more apparent!

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Multi-dimensional Disaster Response for Older Adults

Donna Jensen (California State University, Sacramento)

Abstract

During disasters older adults are particularly at risk to be negatively affected. This paper will examine the increased vulnerabilities of older adults facing disasters, specifically through the lens of the 2018 Camp Fire in Butte County, California which killed 85 people, burned over 150,000 acres, and destroyed close to 19,000 structures in the rural communities it impacted. It has been designated the “deadliest and most destructive” fire in recorded California history. While research demonstrates that older adults tend to be more resilient in disasters, they also have some vulnerabilities that make them more susceptible to death. I discuss common issues faced by older adults including examples from recent disasters that disproportionately negatively impacted those over 60.

Keywords: older adults, disaster response, disaster preparedness elderly, risk

Multi-dimensional Impact of Disasters on Older Adults

At the time of this writing, massive wildland fires are burning in California and Oregon in the United States. The largest, the 680,000-plus-acre Dixie Fire, is burning in Butte, Plumas, Lassen, Tehama, and Shasta counties in Northern California. The Dixie Fire has become the second largest fire in California’s recorded history. It has leveled the town of Greenville, population about 900. While there are currently no reported fatalities, the Dixie Fire is still very active and only 35% contained. Current response is focused on the preservation of life and other communities in the region. A second major fire in the area, the Caldor Fire, is currently burning out of control in El Dorado County and has burned over 65,000 acres and destroyed the rural community of Grizzly Flats, and the structural losses are reported in the “hundreds.” Over 30,000 Californians are evacuated due to these two fires.

Numerous small towns and communities are currently threatened.

This is the same region where in 2018 the catastrophic Camp Fire raged out of control burning over 150,000 acres, consuming the town of Paradise and the communities of Magalia and Concow in Butte County, killing at least 85 people, and destroying close to 19,000 structures (Butte County, 2020). The Camp Fire has the unenviable designation as being the “deadliest and most destructive” fire in recorded California history. Those living in the rural and forested areas of the western United States are accustomed to wildfires. The combination of migration to rural areas, population increase, global changes in climate, and aging of residents is increasing the impact wildfires have on humans. In addition to fires, older adults are disproportionately impacted by other disasters: earthquakes, flooding, tsunamis, hurricanes, monsoons, and other extreme weather events such as heat waves and cold waves (Mokdad, 2005).

It is important to clarify the research does not support the idea that older adults have increased vulnerability; in fact studies show that older adults tend to be more resilient in disasters than younger populations (Kisely, 2016; Rafiey et al., 2016; Shrira et al., 2014; Friedman & Williams, 2010). However, older adults have physical, psychological, social, and economic susceptibilities that warrant attention based on the type of disaster and response (evacuation, shelter-in-place) needed. This includes the need for both pre- and post-disaster services. Most older adult deaths attributed to disasters are related to evacuation, inadequate shelter services, the direct impact of disaster (drowning, burning, collapsed building), and post-disaster health conditions. These conditions can be new health issues brought on by the disaster itself or the exacerbation of existing health issues.

A controversial yet important issue is the process of how disaster deaths are tabulated. As an example, Hurricane Maria, which occurred in and around Puerto Rico in 2017, had an initial official death toll of 64 people, which was revised to just about 3,000 after researchers included those who died from the hurricane-related diseases and health complications (von Kaenel, 2020). The official death toll of the Camp Fire is at 85, however family members, physicians, and liability claims against the Pacific Gas and Electric Company (responsible for the ignition of the Camp Fire) have confirmed at least 50 more deaths directly correlated with the fire. In addition, unaccounted deaths have occurred with strong associations to the Camp Fire (VonKaenel 2020). Fatalities from respiratory diseases, exposure to chemicals, heart attacks, strokes, and trauma-related suicide are among causes of death that advocates claim are direct results of the fire. As it is difficult to accurately determine disaster-related deaths, how are we to investigate deaths one, three, or ten years post disaster? This question will only grow as we continue to experience global disasters and the long-term impacts of them.

I have lived and practiced as a licensed clinical social worker in Butte County. In addition to having a private practice serving older adults and their caregiv-

ers, I resided in the Paradise/Magalia area for 27 years. As such, much of the information for this commentary came from her work with, and knowledge of, those impacted by the Camp Fire.

Disproportionality

While those aged 65 and older make up about 16% of the population, their fatality rates during disasters are disproportionately higher. Sixty-one percent of people over 65 living outside of congregate settings reside with a partner/spouse, and about 27% of older adults live alone (ACL 2020). Roughly half of people ages 85+ live alone (Kaplan and Berkman 2015). The area impacted by the Camp Fire, identified locally as “The Ridge,” was a retirement community where the pace of life was slower and the cost of living was lower. As such, thousands of older adults made Paradise, Magalia and Concow their home. In addition to the concentration of the older adult population, the communities could only be accessed by narrow curvy roads which meant many neighborhoods having one way in and one way out.

When examining the realities of what evacuations entail, we quickly see the multitude of potential barriers faced by older adults. Numerous research studies have demonstrated that the poor survival rate of older adults in a disaster are associated with sensory and cognitive impairments, mobility impairments, social isolation, and lack of social support and limited financial resources. (Al-Rousan et al., 2014; Fernandez et al., 2002; Killian et al., 2017).

A brief review of Camp Fire fatalities revealed that of the 85 confirmed fatalities, 70 were over the age of 60, that is 86% of deaths immediately attributed to the Camp Fire. Of these 60, 15 were identified as having physical impairments which made it impossible for them to evacuate on their own. This number could potentially be higher as 35 victims did not have any information on physical or cognitive issues that may have impaired evacuation attempts. The investigation also determined 10 of the deceased victims were attempting to flee the fire, whether it be by car, all-terrain vehicle, or on foot (Butte County District Attorney 2020).



*Figure 1: (Row of Crosses) A memorial tribute set up at a main road into Paradise, CA. Crosses built by Greg Zanis of Illinois that he delivered to Paradise to honor those who perished in the Camp Fire. *Mr. Zanis died on May 4, 2020. Photo by the author (Donna Jensen).*



Figure 2: (Rose Farrell 99 YO cross) Ms. Rose Farrell died just three months shy of her 100th birthday. Her remains were found on her front porch with her wheelchair nearby. Photo by the author (Donna Jensen).

Multidimensional Impact

There are many ways in which disasters impact older adults. The immediacy of the evacuation processes, the magnitude of the disaster, the type of disaster, and preparedness of the individual can bring up a myriad of issues.

Physical Mobility

Does the person have physical and/or cognitive issues preventing them from being able to evacuate? Is the person able to get out of bed/get out of their house on their own? Are they dependent on oxygen and do they have portable oxygen? Is there power to keep oxygen flowing? How long will their current oxygen tank last? According to the Administration for Community Living (ACL) 40% of older adults have difficulty with mobility, 31% have difficulty hearing, 27% have cognitive difficulties, and 22% have issues with their sight. These are all physical health issues that can adversely impact a person's ability to learn about and respond to evacuation orders (ACL 2020).

Transportation

Can they drive? Do they have a driver's license and ac-

cess to a vehicle? There are immediate and long-term transportation needs based on evacuation orders and post-disaster needs. Counties set up disaster resource centers which greatly assist evacuated communities as a one-stop center for resources and benefits (Federal Emergency Management Association [FEMA], insurance services, health care services, American Red Cross), as well as temporary relief assistance. It was not uncommon for older adults accessing the disaster service center post Camp Fire to have several hours wait time in line at the service centers.

Al-rousan and colleagues found that fewer than 25% of older adults have a car and the ability to drive if needed for evacuation (2015). A devastating story came out of the 2018 Carr Fire (229,651 acres) in Shasta and Trinity counties in northern California that killed eight people and destroyed 1,077 homes. One victim, 70-year-old Melody Bledsoe, perished in her home with her two great-grandchildren (ages 5 and 4) as she utilized a wheelchair and was unable to leave her house on her own. Her husband had left the home to run an errand, and was unable to return to rescue his family due to the speed of the fire (Estrada 2019).

Technology Access & Knowledge

Electronic forms of communications are increasingly used for disaster alerts, evacuation route updates, and shelter information; many of the processes to apply for post-disaster benefits and insurance claims are computer based. Access and knowledge to technology are needed to file claims after losses. In the 2018 Camp Fire, emergency response reverse 911 public-alert calls did not go out to everyone in the at-risk community. In fact, when residents of the area began seeing flames and called the 911 emergency telephone number, they were told to stay in place, when in fact the fire was bearing down on them. More accurate and up-to-date information was available through social media platforms. Several Camp Fire victims with whom the author spoke were angered to receive the reverse 911 calls coming to them hours after their homes had been burned.

Shelters

The usual protocols for shelters may not include partic-

ular attention to the needs of older adults. Secondary shelters specifically designed for the needs of older adults and those with disabilities may be slower to get set up. These shelters need to pay particular attention to medications, physical access, dementia, confusion, and treatment of chronic illnesses. Another critical issue is the shelters' capacity to deal with the evacuees' pets. Many older adults would not partake in shelter services, despite the need, due to not being able to bring their pets. At a time of increased stress, their pets were their lifeline, and many were not willing to part from them.

Practical Recovery Needs

Older adult evacuees may not have access to housing, clothing, care for pets, or may be dealing with the loss of pets. Financial stress compounds this. Evacuation orders frequently do not give people the opportunity to prepare financially and they often find themselves evacuated with little to no money. Further, they may not have copies or access to their important documents, leading to additional stress, time, and energy accessing documentation. Another critical need is access to medications. In dealing with a higher occurrence of chronic illness, common with older adults, access to medications can be a significant health issue. Medications may have been left at home or have been destroyed. Accessibility to needed medication may be difficult. In the days following the Camp Fire, pharmacies in nearby towns quickly ran out of stock and were under-staffed. One Camp Fire evacuee, an older adult with Type 1 diabetes, was evacuated so urgently that they were unable to get their insulin, a life-saving medication. Fortunately, the individual had transportation and health insurance. Even then, three days later, they had to drive to a town 90 miles away to find a pharmacy to replace their medication.

Health Issues

Cardiac issues, stress responses, injuries sustained in disaster/evacuation, pulmonary issues, diseases, strokes, etc. can be a result of or exacerbated by the disaster. These issues can occur as a direct result of the disaster/evacuation or develop after the initial crisis because of the disaster's impact or lack of available health care and treatment.

Loss

Depending on the magnitude of a disaster one can lose their home, their communities, the lives of friends/support systems, work/volunteer activities, and perhaps the most distressing, their role and purpose in life. For many people, the sense of safety is also lost, particularly with disasters that assault the sense of rationality (i.e., “how can the entire town burn”). Having to start over can trigger physical and psychological trauma and can significantly impact people’s energy and thus the willingness of victims to begin rebuilding their lives. There can be a paradoxical reaction as well when the disaster is so massive that entire communities are impacted. On the afternoon of November 8, 2018, when the enormity of Camp Fire was becoming known, a friend called me who had just learned they lost their home, including all their possessions. At the time of the initial phone call, the victim was crying, extremely emotional, and had difficulty focusing and formulating thoughts (all of which is to be expected during this crisis). When I followed up with the victim about three hours later, there was a different level of emotion. While still sad, overwhelmed, and grieving, they repeated the comment, “it’s everyone...it’s everyone” and began

stating the friends, town dignitaries, and businesses that were gone. While they still had their grief, the psychic load of it was being dispersed by the immensity and degree to which an entire town was gone.

Additionally, older adults live in different settings that require a variety of resources for evacuation and sheltering. Older adults reside in their own homes, small and large residential care/assisted living communities, and skilled nursing communities, which are typically highly populated and thus present unique challenging issues in evacuation situations.

Post-Disaster Trauma and Retraumatization

Mental health service providers find themselves stretched thin to provide necessary counseling to disaster survivors. Even without major catastrophic events, psychotherapists, gerontologists, and other mental health professionals with the expertise to treat older adults are in short supply. Finding any licensed and/or certified therapist is problematic in these disaster areas, yet we know the toll that trauma takes on individuals and communities and the importance of available and timely treatment. As wildland fire season extends, hurricane season intensifies and heat/cold



Figure 3: Taken 7/30/2021 of Paradise, CA. Smoke fills the air in Paradise, CA as the Dixie Fire burns out of control nearby. Seen in this picture is the smoke as well as the devastation from the 2018 Camp Fire which the town is still in the early recovery phase. Photo by: Cheryl Oberg.

waves become more frequent, traumas can be reactivated (Ogle et al., 2014) and can trigger increased anxiety, fear, nightmares, and flashbacks in people. This image, taken in Paradise on July 30, 2021, shows the destruction that still remains from the November 2018 Camp Fire. The photo also shows the town being locked in smoke from the currently burning Dixie Fire (in Butte and Plumas counties). The sights and smells of the not-so-distant fire can reactivate trauma response.

Long Term Care Communities

Existing research on disaster response in long-term care communities (Residential Care Facilities for the Elderly [RCFE] & Skilled Nursing Facilities [SNF]) is sparse (Nelson et al., 2013; Volkman et al., 2012). Nationwide there have been disasters in which long-term care communities were under mandatory evacuations and were not as successful in their efforts which led to catastrophic outcomes. As an example, in 2005 in the path of Hurricane Katrina, St. Rita's Nursing Home near New Orleans failed to evacuate residents, resulting in 35 patients drowning after they were trapped. In 2011, an EF5 tornado tore

through Joplin, Missouri. Residents in the SNF were trapped for 14 hours until emergency personnel could rescue them (Pandolfo, 2015).

Issues faced in the 2017 Tubbs Fire (36,807 acres and 22 fatalities) in the California counties of Napa, Sonoma, and Lake were the impetus for legislative changes in California. Two RCFEs in Santa Rosa failed to properly evacuate residents, which raised questions about the communities' disaster evacuation plans and the ability of staff to follow through with those plans. Seemingly basic information, such as staff not knowing where the keys to a facility's bus was, put residents at risk as they were left behind. Assembly Bill (AB) 3098 was passed just two months prior to the Camp Fire, amending the California Health and Safety Code's Code of Regulations (Title 22), which is the foundation for licensing and regulating long-term care communities (Residential Care Facilities for the Elderly 2018). Changes due to AB 3098 require facilities to add additional elements to their emergency and disaster plans, provide annual training to all staff, and conduct quarterly drills on each shift.

There were many lessons learned from these disasters, however there is currently no systematic review that



Figure 4: Picture outside of a Skilled Nursing Community in Paradise, CA. A reminder of the evacuation fury and vulnerabilities of those needing to evacuate. Photo by Alan Sheckter.

captures best practices of what worked, what went wrong, etc. The population of the town of Paradise consisted of 25.1% of people at or over the age of 65, much higher than the national average of just over 16% (U.S. Census 2018). In addition, there were numerous SNFs and RCFEs that needed to be evacuated. While Paradise was obliterated by the fire, it is remarkable that all RCFE and SNF residents were evacuated safely. There were post-disaster fatalities that appear related to the fire (smoke inhalation, cardiac arrests, strokes), but all residents were able to be safely evacuated. The Camp Fire exposed significant issues related to implementation of facility evacuation plans and protocols. The California Long-Term Care State Ombudsman, the California Assisted Living Association (CALA), California Advocates for Nursing Home Reform (CANHR), and the California Association of Health Facilities (CAFH), among others, are all addressing the disaster response for their communities.

Response to the Needs of Older Adults

This commentary has illuminated several issues related to disasters, and more specifically issues pertaining to older adults. In recent years, the U.S. federal government has dedicated funding to study the impact of disasters, including post-disaster related deaths. Local Area Agencies on Aging (AAA) and other national, state, and local organizations have made strong efforts to develop disaster response protocols, but it is not an easy task.

We cannot plan for and respond to every disaster with 100% success, however the incidents that have impacted older adults in the past decade alone demand that we take a closer look at how communities, first responders, and disaster response services can be enhanced with a greater awareness of what older adults need. There is a balance of maintaining the autonomy of older adults while preparing for needed assistance before, during and after catastrophic events. There is no easy answer, but clearly community work is needed to discuss and implement possible solutions. For every disaster, there are numerous reports of neighbors helping neighbors. The reality is that the priority of law enforcement and disaster response teams is to prevent the loss of life. While it may seem counterintuitive, this can entail the sacrifice

of some to the greater protection of others. In times of wide-scale disasters, outside assistance may not be available and thus communities must be more reliant on themselves and those around them. We can learn where at-risk older adults reside, provide disaster preparedness support, and ensure, to the degree possible, that when a disaster strikes, systems are ready to respond to the needs of older adults.

In California AB2311, which became law in 2017, requires each county and city to ensure their emergency response plans integrate the access and functional needs of varying at-risk populations, which includes older adults (Emergency Services 2016). These response plans must involve emergency communication, emergency evacuation plans and emergency shelter plans for older adult needs. This is a state law, it does not specify to what degree local emergency plans need to focus on special populations. After the Tubbs and Camp Fires in northern California, municipalities are taking a deeper look at emergency operation plans. The recent fires show the unique needs of older adults who reside in rural communities and the sweeping destruction from wildland fires where town and community protection can no longer be assumed.

Conclusion

Around the world older adults are at increased risk to the ever-increasing impact of disasters. Solutions will require involvement from older adults, their family/caregivers, community-based services, geriatric health care professionals, emergency responders, care institutions, researchers, environmental scientists, city and county planners and researchers. As the intensity of disasters and the numbers of older adults increase, keen attention is needed in assisting older adults and their families to prepare for and respond to these crisis situations. In addition to “boots on the ground” changes, aging focused legislative and agency policies that maintain accountability would well serve the unique needs of older adults in future disasters.

While this commentary discussed several issues that older adults face, the heroism of fire fighters, law enforcement, hospital personnel, mental health staff,

teachers, bus drivers and the greater community cannot be overstated. The number of fatalities the Camp Fire could have brought is unfathomable, but for the dedication and commitment of the resilient people of “The Ridge.”

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How SWEET It Is: Fellowship and Continuity in a Church-Based Fall Prevention Program with African American Elders in Southwest Philadelphia

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Abstract

Deaths from unintentional injuries are the seventh leading cause of death among older adults and falls account for the largest percentage of these deaths, with individuals aged ≥ 85 particularly vulnerable. Physical activity can reduce frailty and prevent falls; however, many elders are not physically active and women, ethnic minorities, and those with low education levels are the least active. Moreover, experiences of racial discrimination can lead to increased stress and unhealthy adaptive behaviors, and the cumulative effects of age and race related stressors have been shown to negatively impact the physical and mental health of elderly African Americans. Thus, participation in public health research has been deemed essential to identify effective interventions that will improve health outcomes and reduce health disparities among African American elders. We discuss the creation and implementation of a fall-prevention exercise program created for older African Americans based in a Black Church in Philadelphia that has been a successful university/community partnership for the last 8 years. A qualitative evaluation of participant experience was carried out using focus groups to examine why there has been such a high degree of compliance. Key themes related to the program's sustainability are physical and psychosocial benefits of attendance, fellowship among exercise participants and a therapeutic alliance with the instructor. It is our hope that this discussion and evaluation can inform other faith and community-based health promotion programs for minority elders, while also contributing to on-going efforts to reduce health disparities among at risk populations.

Keywords: African Americans, black church, health promotion

Introduction

From 2016 to 2018 the all-cause mortality rate among Black populations was 24% higher than among White

populations in the United States (Benamins et al. 2021). Additionally, older African Americans (ages 50-64) have higher death rates for both chronic disease and unintentional injury (MMWR 2017). Meanwhile, deaths from

unintentional injuries are the seventh leading cause of death among older adults and falls account for the largest percentage of these deaths with individuals aged ≥ 85 particularly vulnerable to death from falls (Burns and Kakara 2018). There are many reasons why older adults fall; lower extremity weakness and decreased balance are two of the primary risk factors for falls. Physical activity can reduce this frailty in older adults. However, many elders lack sufficient exercise and women, ethnic minorities, and those with low education levels are the least active (Saffer et al. 2013).

Experiences of racial discrimination can lead to increased stress and unhealthy adaptive behaviors, thus the cumulative effects of age and race related stressors have been shown to negatively impact the physical and mental health of elderly African Americans (Perry et al. 2013; Wallace 2019). Participation in clinical and public health research has therefore been deemed essential to improve the health of this population, although research participation is low, in part, because of past abuses of human subjects through research such as the Tuskegee Experiment, in which 100 African American men died due to the unethical withholding of treatment of syphilis by researchers (Gamble 1997; Freimuth et al. 2001). Given this adverse historical relationship with government-sponsored public health research, faith-based organizations have been identified as critical venues for health promotion activities and research with African Americans.

In a review of health promotion programs conducted with faith-based organizations, Dehaven and colleagues (2004) found improvements in key health indicators among vulnerable populations noting:

If faith and health partnerships can help address the ... health needs of vulnerable populations, more thorough information about their possible contributions is needed to make informed policy decisions. Only by increasing the evaluation component of faith-based programs and disseminating the information gained will it be possible to determine how these programs can contribute systematically to improving the health and quality of life of at-risk populations in our communities (Dehaven et al. 2004:1034).

In this paper we report on the development and implementation of a fall prevention exercise intervention created for African American elders based in a Black Church in Philadelphia, Pennsylvania. The SWEET program (Southwest Elders Exercising Together) has been in existence for 10 years and includes a research and training component for university students. Some of the original SWEET members are still participating in the program, thus focus groups were conducted to gain insight into the high degree of compliance and sustainability that has been achieved by this community-based intervention, insights which may contribute to ongoing efforts to reduce health disparities and improve quality of life with other vulnerable aging populations.

Background

Physical activity not only reduces risk of falling among older adults, it also protects against chronic illness (American College of Sports Medicine 2009; Devereux-Fitzgerald et al. 2016). For instance, physical activity, specifically consistent activity, appears to directly protect against depression, hypertension, diabetes, and heart disease, even after controlling for body mass index (Branco et al. 2015; Lawlor and Hopker 2001; Zhou et al. 2018). However the majority of adults, especially older adults, do not participate in sufficient routine physical activity to achieve these known health benefits (Taylor and Pescatello 2016). Keadle and colleagues (2016) utilized NHANES data from 1999-2012 to examine the prevalence of adults who meet recommended guidelines for moderate physical activity and found that only about one-third of the U.S. population met these recommendations, and data show that women, ethnic minorities, adults with low education levels, and older adults are the least active (Saffer et al. 2013). Moreover, for those who do initiate a program of exercise, a 50% attrition rate can also be expected within the first 3 to 6 months (Mullen et al. 2013). Given the importance of physical activity in maintaining physical and mental health for older adults, researchers are interested in factors that contribute to the acceptability of exercise interventions for this population (Devereux-Fitzgerald et al. 2016; Taylor and Pescatello 2016).

African Americans and Research Participation

African American people are especially difficult to recruit into research. Freimuth and colleagues (2001) cite numerous barriers and found that compared to Euro-Americans, more African Americans are aware of the Tuskegee experiment and are less likely to participate in research because of it (Green et al. 1997). University based research may also be mistrusted by minority communities. Factors such as researcher motivations; perceived limited benefit of participation; misperceptions about research aims; difficult study logistics; economic and time constraints faced by participants all contribute to mistrust and low participation (Wallerstein 2010; McNeill et al. 2018). However, many researchers maintain that in spite of this grim historical legacy of past abuses, research that addresses persistent health inequities remains critical, and inroads have been made with faith-based institutions.

The Black Church

According to a recent Pew study, Black Americans are more religious than the American public as a whole on a range of measures, including regular attendance of religious services (Mohamed 2021). African American Christianity is diverse and constantly evolving—there is no monolithic Black Church, Methodist, Baptist and Pentecostal congregations are carriers of some of the main traditions, but there are many other faiths represented within the Black Church and all have been important to the social and cultural lives of many African Americans in the U.S. (Billingsley and Caldwell 1991; Jacobsen 2005). As one author noted: “Beyond its purely religious function, as critical as that has been, the Black church in its historical role as lyceum, conservatory, forum, social service center, political academy and financial institution, has been and is for Black America the mother of our culture, the champion of our freedom, the hallmark of our civilization” (Lincoln 1989, cited in Billingsley and Caldwell 1991: 428). Because of this long history of being at the forefront of social, economic, political, and health issues of African Americans, an increasing number of researchers have successfully partnered with Black Churches to respond to persistent health dispar-

ities (Butler-Ajibade et al. 2012). Examples of these successful partnerships have addressed issues as diverse as primary prevention (Sutherland et al. 1995; Chatters et al. 1998), increasing physical activity, fruit and vegetable intake (Barnhart et al. 1998; Demark-Wahnefried 1999; 2000; Resnicow et al. 2001), and cancer screening (Duan et al. 2000; Meade et al. 2011). Also germane to the current discussion are lessons from Community Engagement (CE) and community-engaged research (CEnR) which stress the importance of goal alignment between researchers, clinicians, and community members (Michener et al. 2012).

The SWEET Program: Past & Present

Dr. Carol Maritz is a board certified geriatric physical therapy clinical specialist with a 30-year history of providing community-based exercise programming. In her clinical work, prior to her faculty position at USciences, she saw first-hand the devastating impact that falls can have on seniors. Thus, her priority as a faculty member in the Philadelphia area was to develop a fall-prevention exercise program with local seniors. Dr. Maritz created the first iteration of the SWEET Program in 2004 with a senior center close to USciences. It ran for three years, but was discontinued after the center closed. In early 2010, a meeting was facilitated by the university's community engagement office between Dr. Maritz and Pastor Cedric Hughes Jones, Jr., of Mt. Zion Baptist Church. Mt. Zion, built in 1914, founded by the late Reverend Charles Wallace, has been serving Southwest Philadelphia for over 100 years. During their first meeting, Dr. Maritz discussed her idea about providing an evidence-based fall prevention program for the senior congregants that would include a research and training component for USciences Physical Therapy (PT) students. The training and the data collected by students would fulfill the necessary requirements for a degree in Physical Therapy. Pastor Jones liked the idea, as it aligned with his vision for ministry programming—health, education, and leadership. Dr. Maritz then presented the program to both the full congregation and the Senior Guild, and received full endorsement from all church stakeholders. Dr. Maritz obtained university funds for

the equipment and Mt. Zion provided the space, chairs and storage as their in-kind contributions. Pastor Jones also advertised the program in sermons and in the church bulletin. So in May 2010 the Mt. Zion SWEET program made its debut in the church's basement.

The first group of SWEET consisted of 15 attendees. Dr. Maritz provided the initial intervention delivered twice weekly. The PT students who accompanied Dr. Maritz were trained to deliver the intervention and on how to administer the pre-post test, which measures fall risk indicators. After the intervention and assessment, the SWEET participants were also asked to complete a program evaluation survey. Based on the results of this evaluation, modifications were made—for example, the initial music that accompanied the exercise was changed from Big Band music to Motown. SWEET members spread the word to other congregants generating enthusiasm for the program, thus Dr. Maritz decided to deliver the program year round.

The Current Program Evaluation

In 2018, after the Mt. Zion SWEET program had been running for eight years with many of the same members attending, Dr. Maritz was interested in examining why the elders have continued to participate in both the exercise and research components—in essence—why this has become a sustainable community health intervention in addition to a fruitful research and training partnership. Dr. Maritz consulted with Dr. Michelle Ramirez a medical anthropologist with qualitative research expertise. Dr. Maritz and Dr. Ramirez met with Pastor Jones to discuss evaluating the SWEET program. In this meeting, Pastor Jones noted the tendency for academic institutions to only provide short-term interventions to satisfy research expectations for career advancement. Additionally, he felt that it was important for any evaluation conducted with Mt. Zion congregants to be research “with” not “on” the participants. Dr. Maritz and Dr. Ramirez received the green light and the next phase involved Dr. Ramirez taking part in the exercise program—becoming a participant observer of the group dynamic, which also allowed the elders to become more familiar with Dr. Ramirez before data gathering commenced.

Methods

Since the Mt. Zion SWEET participants are such a cohesive group, Dr. Ramirez and Dr. Maritz decided that focus groups would be the best methodology to capture participant experiences. Focus groups generate a considerable quantity of data in a relatively short period from a larger number of people than would be possible by solely interviewing key informants (Morgan 1988). Also, the group production of data uses group interactions as part of data gathering (Ibid) such that the natural language discourse and styles of debate elicited in group interviews allow the researcher to learn idiomatic expressions, common terminology, and communication patterns in the community in a rapid and concise manner (LeCompt and Schensul 2013). Finally, and perhaps most importantly for the current study, focus group interviews provide access to rich data on social norms, behaviors, opinions, attitudes, and the structural and cultural features of a group or community (LeCompt and Schensul 2013:195).

Recruitment

Dr. Maritz announced to the SWEET members that Dr. Ramirez would be conducting focus group interviews, in order to gain insight into why members have continued their participation over the last eight years. Dr. Maritz explained to the group that we were interested in gathering this information in order to help inform future church-based exercise programs for other senior groups in the U.S. All SWEET members were eligible and invited to participate in the focus groups that would be held immediately after exercise class. Members signed up for the session that was most convenient for them.

Procedures and Materials

On the day of the scheduled focus groups, participants simply moved to another part of the church basement after class where a round table with chairs had been set up to accommodate the interview. Three focus groups were conducted by Dr. Ramirez over the course of one month in spring 2018. Participants sat at the table, and helped

themselves to some light refreshments before the consent process and the actual interview. Two of the groups had eight attendees, and one had nine (Total N = 25). Experts generally agree that the ideal size for focus groups is five to eight participants when attempting to gain cultural perspectives; as larger groups can be more difficult to manage. Dr. Ramirez found all three groups to be very manageable. While there were participants who would not have contributed to the conversation if Dr. Ramirez had not specifically elicited a response from them, for the most part attendees eagerly participated and had a lot to share about their experiences with the SWEET program. Most participants are congregants of Mt. Zion, but some are members of other churches and come to Mt. Zion specifically for the program. The focus group was composed of 23 women and two men, all of whom were African American with a mean age of 74. Participants received a \$25 gift card to thank them for their participation. All names mentioned in our discussion are pseudonyms to protect confidentiality. All methods, materials and procedures were approved by the USciences Internal Review Board.

Analysis

Focus groups were digitally recorded and the interviews were transcribed verbatim by three student workers at the university. Dr. Maritz and Dr. Ramirez then conducted thematic analysis on the data. The analysis was initially driven by the interview guide, e.g., motivations for joining the program and benefits of participation. As iterative analysis continued, however, other themes emerged as important reasons why participants have remained committed to the SWEET program. Interviews were hand coded and data were analyzed repeatedly as new themes and sub-themes were identified (Ryan, G.W and Bernard 2003).

Results

The major themes to emerge from the data were: 1) Physical benefits of participation, 2) Psychosocial benefits, which included discussions about how participation improved mental health, 3) Fellowship—the support, warmth and encouragement that members experience being a part of the SWEET group, and 4) A Therapeu-

tic Alliance with Dr. Maritz, where members reflected on Dr. Maritz's expertise as a practitioner and their appreciation of her commitment to the group. A theme titled "Attitudes about Students" was also identified as the SWEET program also contains a research and training component for physical therapy students with the SWEET participants.

Physical Benefits

Many participants noted improved mobility as a result of their participation in SWEET. For some members this meant greater ease traversing stairs at home and on public transportation. Long-time participant Vera said, "I used to go downtown on the trolley and walk up the steps. By the time I got to street level, I was out of breath. After coming to class for a while, I am now able to walk up the steps without being out of breath." Many participants rely on public transportation, thus the ability to easily navigate the trolley system in Philadelphia is vital to preserving their independence and social mobility. Several of the participants who have arthritis and other complaints of aging noted improvements with their flexibility, Viola for instance notes several aspects of improved mobility:

I have arthritis in my knees and in my back. And when I first started here, I could not raise this arm. So I started out with...the one pound weights and now I'm up to a three so I can raise my arm up. And sometimes it hurts but not like it was... I really enjoy doing it since I can move up and down... Get back in my basketball playing. So I like it and I enjoy coming, you know, with the old girls...It's a joy to come out in the morning. I love it.

Exercise participation has also contributed to reductions in pain levels among several participants. Fay reported "I don't ache as much and don't have to take my pain pills." Similarly, May asserted that, "I suffer with Sciatica and it can be extremely painful. The more I exercise my legs, I don't have it as bad." Two other participants noted a concern about becoming reliant on pain medication, for example Gladys expressed relief about having been able to reduce her pain medication since beginning the exercise:

So I have been exercising and now I know the knee is bad but I don't have to take pain pills like that. Maybe once a month I might have to take a pain pill but come here and I exercise and my knee is really not bothering me. So I always go for my yearly check up to see where I am at. You know to see if its time yet [for a knee replacement]. But last year he told me, 'Look as long as you're in no pain or anything like that,' he said 'we will put it off.' And I haven't been in no pain. I mean I do have some pain once and a while you know... But everyday where you gotta take a pain pill or every eight hours... I don't have that.

While Gladys reported having pain, she attributed this to getting older and is thankful that she has not had to be reliant on regular pain medication. This comment was part of a larger conversation where the participants were aware of the current opioid crisis and were pleased that their pain levels in addition to regular exercise have prevented them from going down a perilous road of addictive pain medications.

Two other members reported that prior to their participation in the exercise program they had both fallen at least once. The program is designed to challenge balance through multiple types of activities including repetitive stepping, that mimics "real-life" movements, and fortunately many of the participants have benefited from this activity and note improvements in their balance. One participant observed, "In the beginning my balance was not good but now it's much improved." Another said, "this exercise program, especially the balance part, really helps you not to fall." And finally, long-time participant Maddy also reported that she has seen an improvement in her husband's balance since he has been exercising.

Psychosocial benefits

Given the historical importance of the Black Church to African Americans, it is perhaps not surprising that social support and fellowship emerged as key themes for why participants have continued to attend the SWEET program with Dr. Maritz. Several participants noted that after retiring they wanted to increase their activity level

and prefer attending the SWEET program rather than the anonymity of going to a gym. For example, Ida, a participant in the first focus group noted:

I am one of the original people that were in the program when it first started, and I came here because I was first interested in exercising for my health, and I was retired, and I needed something to do... I thought this was better than going to a gym where I didn't know anybody, and everybody here pretty much knew each other... And I have gotten closer to the people who are in the class than I was when we were just in church together.

Ida not only expressed the positive aspects of attending a program where you know people, but also stated that the program itself fosters closer relationships among attendees. Another participant, Mavis reflected that after she retired she wanted to learn how to swim, and, harkening back to the days of segregation, noted "Because you know, growing up, pools were not accessible to us as a blk race, so I always wanted to learn how to swim. So I can do pretty good." Mavis discussed the various activities she undertook at the senior center where she has been learning to swim but then noted: "I went for a while, but I wasn't familiar with anyone. Everyone was strangers, so I didn't really feel comfortable. That is why I didn't really continue there. You know, coming here, the faces are familiar, you know everybody. You can talk, you can joke around. It is just fun. Even though it is a long ride for me, I enjoy it when I get here. It's fun." Indeed, Mavis drives 45 minutes twice a week to participate in the SWEET program.

As part of the fellowship theme, participants also expressed a feeling of acceptance and absence of judgment by the group. For example, 'Evelyn' in the second focus group noted:

Everybody was so comfortable with one another. You were accepted and there wasn't no 'she is too heavy, she is too thin,' there was no nothing like that. Everything was joyful. I gained friendship with all of the women here. Mavis for instance, she always asks me about my granddaughter, because she was born with her intestines on the outside. You know, we all talk to one another...we have been to functions with everybody so it's the fel-

lowship that we all have together and I think that keeps us coming because if you miss one or two weeks, somebody is asking well where is she at, what is happening, what's wrong, you know?

Interestingly, Evelyn's comment refers to a built-in compliance mechanism that she describes as an extension of the church community whereby a person's absence is noted, precipitating concern and often follow-up by other members of the congregation. When participants were asked to further reflect on this follow-up, Victoria, one of the original SWEET members, noted that this is a feature of African American culture:

I think it has a lot to do with early years of your life, you were always concerned what some people did from your upbringing. You have learned from your parents to be concerned and when you was in a setting where other people were and they didn't show up, you was concerned about if they were okay. And in your church family, if people are out a period of time, sometimes if you listen over two weeks, two Sundays, you are used to seeing their face and you don't see them, you give them a call to find out what's going on. And the telephone number may not be listed, you try to ask someone that you know that is around them, "Did you hear from them, how are they, are they well?" So we are just that way. It's a family.

As the SWEET program is part of a faith-based community, it mobilizes many of the same mechanisms of care, concern and support in order to ensure continued participation.

Mt. Zion Church has a long and sustained presence in the Southwest Philadelphia area, thus, many SWEET participants call upon this long history in their community, a history of fellowship and love. For example 'Florence' eloquently describes the feelings of many African Americans who benefit in myriad ways from church membership and participation:

"...now so many people have spoke about the fellowship and how nice people are. I believe that the angel in this church other than the pastor, the spirit of this church is about love. And it started with Reverend Gregory. And it's the same spirit that's here. I'll say that that spirit is within the people

that are here so just like you said, we are a loving group. We don't say, you too big, you too small, you need to do this, we don't. If someone makes a comment, it's in love. It's in love and people take it that way..."

Therapeutic Alliance

Another important aspect that emerged from the participants is a theme we have called "Therapeutic Alliance" with Dr. Maritz. This concept refers to the sense of collaboration, warmth, and support between the client and therapist (Ferreira et al. 2013). Dr. Maritz has been working with the SWEET participants for nearly a decade now, and the rapport that has developed is an important feature of participant compliance. There were some comments that recognized Dr. Maritz's expertise as a practitioner, for example, Violet noted that while the fellowship is important, Carol is the reason participants come back:

... the reason I think I remain in the program is because of Carol because she guides us to move at our own pace to avoid injury. Even though she does that, she instructs us on how to keep our muscles strong and our joints flexible, improve our coordination and balance, get the cardio going, and she's a "behind the scenes" person because she takes us out of our comfort zone. Once she sees us comfortable, and we can go through all of the exercises, you don't have no pain and you are not complaining... she just did that recently... she changed up everything on us and got us out of our comfort zone, and now I am using muscles that I didn't know I had! (*Laughter*) So she keeps it interesting, so it's not like a mundane thing where you come to just get out of the house, but you can really feel the effects of it... So that is why I keep coming, because of her...

Participants value the care that Dr. Maritz takes in creating a customized intervention but they also appreciate the care she shows to the participants on a personal level. In focus group 1, Ruth notes: "And being that Carol has been with us for a long time, she's gotten familiar with the members. She has even attended funeral services for the members that have gone on. She's, uh, precious to us."

Attitudes about Students

Interaction between SWEET participants and the PT students is an integral part of the summer exercise programming. Although all students undergo training prior to their participation in this program, the most effective teaching comes from the participants themselves. Thus, Dr. Maritz and Dr. Ramirez felt it important to ascertain SWEET participants' attitudes about their interactions with the PT students, and we found that for the majority of participants it is a pleasure to be included in helping the students learn. June noted that "there are things that the students can benefit from us... It helps them see that all clients are not alike. It gives them an idea of different types of clients and different personalities." And finally, Leticia said that "We are happy that we can help them out and they're helping us in return."

Discussion

The SWEET Program provides many important insights into developing models of sustained community engagement that improves the quality of life among African American elders. The Community-Engaged (CE) faith-based /academic partnership established by Dr. Maritz and the primary stakeholders at Mt. Zion Church has led to a sustainable and mutually beneficial partnership that has a direct impact on the health and wellbeing of its congregants. These insights include Dr. Maritz's goal alignment with Pastor Jones. Mt. Zion's mission of Health-Education-Leadership in the local community has been directly served by Dr. Maritz's health promotion intervention. As such, Mt. Zion provides a great deal of logistical support for the intervention: the physical space, storing the exercise equipment, and advertising in the church bulletin. Pastor Jones is also a member of the university's Board of Trustees, and therefore has direct involvement in university affairs, lending his expertise to how the university can be an asset to the surrounding community. Thus, the goals of academic institutions do not have to be antithetical to those of a faith and community based organizations (Michener et al. 2012).

While African Americans are justifiably wary of research participation, our data suggest that there is a mu-

tually beneficial process occurring between the physical therapy students and the Mt. Zion SWEET participants. Dr. Maritz has encouraged a feedback process whereby participants are encouraged to provide the PT students with guidance about how to effectively communicate with them as older adults, providing suggestions about their pace of instruction, speaking volume and overall delivery style. And it would appear that the SWEET participants are happy to provide instruction to the students about the diversity of their future client/patient base, thus expressing a degree of altruism in helping to train the next generation of physical therapists. Further, the intervention and testing measures that are administered – without cost—by the PT students are seen as beneficial to SWEET members. Findings from one summer's programming found statistically significant improvements in lower extremity strength, balance and gait speed, all of which are consistent with a reduction in falls risk (Chopra et al. 2017). Indeed, both access to health care resources and altruism are positively associated with minority research participation (George et al. 2014).

It is well known that maintaining physical activity is beneficial for an aging population. Thus, the ability to leave the house and navigate public transportation affords many of the Mt. Zion SWEET participants have the opportunity to attend church services and engage in other meaningful activities essential for maintaining quality of life. The physical improvements combined with the psychosocial benefits of participation were readily noted. The longevity of participation among many of the members is linked to the fellowship that is engendered as a result of exercising together. Moreover, fellowship seems to be enhanced with one another as a result of exercising together, as Ida noted, "I have gotten closer to the people who are in the class than I was when we were just in church together." This fellowship also includes mutual care, support, feeling accepted and not judged which may be particularly important for those who still remember when certain activities—like swimming—were segregated and unavailable to African Americans. This mutual care and concern is also evident in discussions about participant follow-up and what public health researchers call 'compliance.' When members miss class, this generates con-

cerned inquiries and phone calls, which Victoria describes as a feature of African American culture, where she learned from her parents to be concerned when members of your community were absent from church or other activities. Thus, the SWEET program appears to benefit from this built in compliance mechanism. While the SWEET exercise program can be challenging, the members report a joyful experience with this activity and movement. The spirit of love embodied in the church itself combined with the spirit of fellowship and the therapeutic alliance with Dr. Maritz have all contributed to a sustainable program of physical activity for these African American elders.

Recommendations

While community-based research is essential to improving health disparities, our nation's history of race based residential segregation, a known contributor to health disparities (Williams and Collins 2001), means that at-risk minority communities are often physically and psychologically very distant from where universities are typically located. Thus, coordinating community engaged research and interventions can present logistical challenges for university-based researchers. USciences, however, is located in a majority-minority area and Mt. Zion is a short drive or trolley ride away from campus. This proximity makes delivering the exercise classes year-round much more feasible for Dr. Maritz during the demands of the academic year, and also feasible for the PT students working with participants during the summer months. Dr. Maritz also notes that the year-round design of the SWEET program not only ensures that attendees gain the benefits of regular exercise but also allows potential participants to enroll at any time, further enhancing its acceptability. Thus, logistical and programmatic feasibility may be important considerations for on-going and long-term community/academic partnerships that are beneficial for minority elders.

It is essential that the United States invest in training more under-represented minority health care practitioners in order to address persistent health disparities in our nation (Jackson, C.S. and Garcia 2014). However, our very preliminary findings indicate that a posi-

tive therapeutic alliance can also be attained between a majority practitioner (Dr. Maritz is European American) and minority participants. Dr. Maritz attributes this "mutual respect" between herself and the participants to her long-term investment in the community. Thus, we recommend mentoring and mandatory training for minority and majority practitioners in the principles of cultural competency, the benefits of long term investment in community health, and the importance of mutual respect between practitioner and client/patient.

Conclusion

Many argue that we are in a time of reckoning with our nation's history of institutionalized and systemic racism. We are hopeful that this historical moment may provide a path forward for our country to address the many ways racism has been embodied in our society—residential segregation and health disparities are but a few among a long list of other social inequities that have disproportionately burdened African Americans. The SWEET Program offers many insights into creating and sustaining models of community engagement that benefits the surrounding community. However, the historical importance of the Black Church must also be recognized. According to Henry Louis Gates Jr., "The signal aspects of African American culture were planted, watered, given light, and nurtured in the Black Church, out of the reach and away from the watchful eyes of those who would choke the life out of it. We have to give the church its due as a source of our ancestors' unfathomable resiliency..." The synergistic goal alignment between Dr. Maritz and Pastor Jones, combined with the fellowship among SWEET members and the 'spirit of love' embodied in Mt. Zion have all contributed to a sustainable, mutually beneficial, and resilient health promotion intervention, demonstrating that good things do indeed happen in Philadelphia.

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Cultivando Sabiduría (Cultivating Wisdom): Latinx Immigrant Elders and Civic Engagement

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Abstract

This article describes a program, *Cultivando Sabiduría* (Cultivating Wisdom), that was created to honor and further ignite civic engagement in low-income, Spanish-speaking Latinx elders. *Cultivando Sabiduría* utilized a popular education pedagogical approach and culturally validating curriculum. Methodological and theoretical innovations aided in recognizing program participants' strengths. Discussion is provided on the social and health benefits of volunteering and civic engagement for Latinx elders. The 177 Latinx program participants were ages 55+ years old and primarily low income with low (formal) educational levels. Program impacts included identification of the strengths of the elders in terms of civic engagement and community leadership, feelings of belonging, and the culturally and linguistically relevant literacy activities offered by the program.

Keywords: elders, Latinxs, civic engagement, popular education, community cultural wealth, Spanish-speaking, literacy, immigration

Introduction

"I am very proud and for my daughters to know that I did not have any schooling, but at 79 years old I am achieving my goals that I set out for myself. I love being a *promotora* for EMASS because I am learning and I am helping my community."

Doña Carmen, a student in the *Cultivando Sabiduría*, provided a vivid insight about the multilayered impact of

the program. This paper will present a detailed description of *Cultivando Sabiduría*, a program created to ignite the civic engagement of Latinx¹ elders. It will also describe the impact on civic engagement, leadership development, and feelings of belonging of immigrant Latinx elders.

There are 58 million Latinx elders in the United States (U.S. Census 2018). By 2060, the number of elder Latinxs in the U.S. is projected to nearly triple from 8 million to 21.5 million (National Hispanic Council on Aging 2017) and will account for 22% of all people ages

1 The word "Latinx" is used as a non-binaristic, gender-inclusive term to describe individuals with heritage or immigration from Latin America, Central America, and Mexico (DeGuzmán 2017).

65 and older (Larson, Mathews, Torres, and Lea 2017). Currently, 70% of all elder Latinxs reside in just four states, California, Texas, Florida, and New York, with the highest concentration in California (U.S. Census Bureau 2016). In San Diego County, Latinxs account for 34% of the total resident population (County of San Diego Community Health Statistics Unit 2018). For the communities participating in this project (i.e., Vista, San Marcos, Escondido), Latinxs represent 48% to 51% of subpopulations (ibid). Additional characteristics include: 30% of Latinxs are foreign born, and nearly one in five (16%) are age 65 or older (ibid). The region has a significant elder Latinx population.

While Latinx elders are among the fastest growing elderly populations in the United States (Hummer and Hayward 2015), they have extremely low traditional forms of civic participation (García Bedolla 2012). The present program sought to measure common cultural and social factors that promote civic behavior and patterns of engagement in traditional political involvement (e.g., voting, volunteering for candidates or political organizations, contributions to campaigns) and in non-traditional civic engagement activities (e.g., grassroots efforts aimed to shape local initiatives or produce positive social change at the community level) among Latinx elders. The program also sought to measure outcomes of engagement on the health and wellness of Latinx elders.

Civic Engagement for Latinxs in San Diego

In the last decade, San Diego County's percentage of the Latinx population has increased from 27 to 32 percent. In selected cities and neighborhoods, Latinxs account for 50 to 60 percent of the population. Locally collected data indicate they are disengaged from civic life and have the lowest voter count and rate of voter turnout (Baldasare, Bonner, Kordus, and Lopes 2016).

San Diego County follows state and national trends of low Latinx political engagement (García Bedolla 2012; Dobar et al. 2016). In California, Whites are overrepresented in almost every political activity, particularly when it comes to contributing money to political campaigns and writing to elected officials. On a national level, Latinxs are the most civically alienated group and

the least likely to be broadly engaged (Sullivan and Godsay 2014).

The Center for Information & Research on Civic Learning and Engagement advises that Latinxs must be connected to community-based activities where their contributions to public issues are valued and their efforts yield concrete results beyond the ballot box (Sullivan and Godsay 2014). In this study, we measure the extent to which the *Cultivando Sabiduría* curriculum proactively affirms the wealth of experiences, promise, and practice of Latinx elders. The curriculum is explicitly informed by the theoretical framework by Tara Yosso (2006); Critical Life Course (Stroller and Gibson 1999); and The Basic Needs of Elders (Atchley and Barusch 1994; Putri and Lestari 2017), all of which are described below.

Research on Elders and Civic Engagement

Studies of civic engagement interventions for older adults tend to promote well-being. For example, the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) study, involving a five-session multicomponent intervention with 34 elders aged 63-95 who attended an adult day health service program, found an increase in feelings of usefulness and a higher sense of purpose in life compared to elders in the control group. According to the researchers, civic engagement is found to “benefit greatly from remaining engaged with their communities through such activities as volunteering, intergenerational mentoring, and social and political activism. These benefits include gains in emotional and physical well-being, improved mortality rates, and increased cognitive activity” (Dabelko-Schoeny, Anderson, and Spinks 2010:694).

Similarly, Gonzales, Matz-Costa, and Morrow-Howell (2015) found that “productive engagement can lead to multiple positive ends: offsetting fiscal strains of a larger older population, contributing to the betterment of families and civil society, and maintaining the health and economic security of older adults” (252). Specifically, for older adults, volunteering has substantial benefits, including positive psychosocial outcomes, such as reduced depressive symptoms, higher quality of life, and increased social supports and networks; increased physical health such as functional independence, fewer doctor-di-

agnosed conditions, and lower mortality; and, increased cognitive health such as mental status, memory, and executive function (Anderson et al. 2014).

Although the literature on older Americans and civic engagement is robust, it lacks focus on elders of color. The current study attempts to redress this omission and create new understandings of Latinx elders.

Research on Latinx Elders and Civic Engagement

The issue of Latinxs and voting continues to be part of national conversations, particularly during election cycles. Civic engagement (in traditional and nontraditional forms) is crucially needed to support our democracy. However, the U.S. Census Bureau (2015) found that the 2014 congressional election turnout rate (41.9 percent) was the lowest since 1978. It was 7.0 percentage points lower than in 1978 and down from the 45.5 percent turnout of the 2010 congressional election.

Latinxs in particular experienced a dramatic decline in voting rates from 1978 to 2014, dropping to a rate lower than their eligibility by 4.1 percentage points in the 2014 election. In California, Latinxs are the largest ethnic group. However, California Latinxs are vastly underrepresented in every level of government, even as they become the largest ethnic group in the state (Leadership California Institute 2015).

Research provides some insights to the experiences of Latinx elders in terms of their connection to civic engagement. Hilton et al. (2012) found that Latinx elders successfully age by “maintaining a positive outlook, living in the present, enjoying a sense of community, and relying on spirituality and family for comfort and meaning as they age” (183). However, much of the scholarship about Latinx elders focuses on their many challenges, such as housing (Lopez 2017) and health (Rote and Markides 2014). While we do not argue with the accuracy of these findings, we do believe that we must focus on other aspects of Latinx elders’ lives as they relate to personal and family resiliency, community contributions, and goal achievement.

Latinx elders are underrepresented in senior center programs and public recreational activities (Fukui et al. 2015). Programs available to Latinx seniors are often

tailored to English-speaking Latinxs only. Programs are often not linguistically or culturally relevant for Latina elders. Programs are often located in areas outside of Latinx communities, making transportation to and from sites difficult (National Latinx Research Center 2017). While participation in senior centers is low for Latinas, informal volunteering activities such as helping friends and neighbors, and being engaged in neighborhood or community matters is prevalent (Gonzales et al. 2015).

In terms of political participation and civic engagement, the National Hispanic Council on Aging (2011) reported that elder Latinxs voted in the 2010 elections at about the same rate as the national average (45%). However, in this same election, only 7 percent of voters were Latinx. The National Hispanic Council on Aging argued that culturally and linguistically competent efforts are needed to increase elder Latinx turnout and encourage other forms of participation. *Cultivando Sabiduría* answers this call.

Theory

The program *Cultivando Sabiduría* is based on two foundational theoretical frameworks. Community Cultural Wealth is utilized for its asset-oriented orientation (honoring the wisdom the elders already possess) and Critical Life Course theory for its focus on elders.

Community Cultural Wealth

We draw upon Tara Yosso’s (2006) theory of cultural wealth, which describes a set of beliefs and practices that originate from family and culture that are sources of strength. Her theory is in response to a deficit model perspective that views Latinxs as having insufficient cultural capital that leads to, for example, low educational outcomes.

Yosso’s six types of cultural wealth capital highlight the strengths that Latinx elders already possess: aspiration-al (hopes and dreams), linguistic (power of storytelling), familial (working as a collective), social (working with neighbors), navigational (street smarts and survival), and resistance (encountering and dealing with oppressive conditions).

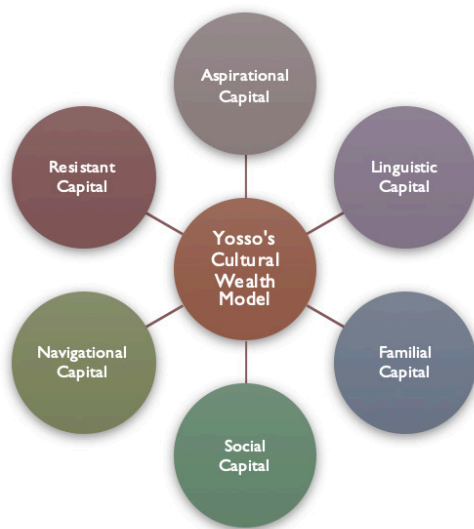


Figure 1: Community Cultural Wealth Model

We believe that Latinx elders, as viewed through a cultural wealth model, have an incredible capacity to participate in civic engagement. The *Cultivando Sabiduría* curriculum operationalizes the “cultural wealth” model. The research approach to study this curriculum similarly reflects a strength-based approach, rather than a deficit model.

By providing linguistically and culturally relevant civic engagement curriculum and presenting it in a collaborative, highly participatory pedagogical style, *Cultivando Sabiduría* builds upon the participants’ strengths consisting of the knowledge and skills they have honed through their life experiences. Therefore, we hypothesized that participants graduating from the ten-week course would have increased knowledge of civic society and increased activity in both traditional and nontraditional forms of civic engagement.

Life Course Theories

We also draw from a Life Course Perspective (Stroller and Gibson, 1999; Elder, Kirkpatrick, and Crosnoe 2003) and Life Course Developmental Theory (Elder, 1998, 2008) to inform program curricula; language, reading, and writing; resources; and other tools. Life Course frameworks

describe the interactive and shaping impact of five major social forces experienced across the human life course. *Social Positioning* refers to age, race/ethnicity and gender, immigration status, ascribed statuses, etc. *Opportunity Structures* is defined by present and historical opportunity pathways that exist based on the meanings that social positioning holds within time or place. *Historical Events* describes the societal events/responses, social policies, laws, and historical social contexts such as chronic prejudicial and discriminatory climates influencing individuals collectively and in the present. *Personal History* refers to marriages, family, children, births, deaths, widowhood, divorce, changing health status, income, education, work, immigration climate, and experience with social prejudice and discrimination by individuals or to those to whom they relate. *Adaptive Resources* refers to support systems, such as family and friend support networks, community cultural wealth, and cultural context (e.g., cultural practices, beliefs, attitudes, and expectations regarding life, family, and health), as well as other important sources for coping (e.g., religion, faith communities, education, and community programs).

Additionally, the concept of intersectionality is important to understand the life course framework (Collins and Bilge 2016) because it recognizes that there are multiple forms of stratification that exist, support, and maintain opportunity structures. Each exerts influence at the same time, such that intersecting social statuses produce unique paths for human experiences.

The educational curricula in *Cultivando Sabiduría* embed a life course framework into English as a Second Language and Literacy and Writing courses to ensure relevant materials are used and participants’ strengths are acknowledged. The curriculum planning was extensively researched and designed to be reflective of common life course experiences of the participants of *Cultivando Sabiduría*.

Program Description: *Cultivando Sabiduría*

Cultivando Sabiduría offered a weekly 3-hour class using the best practices for organizing a civic and culturally appropriate education curriculum. It was held in the heart of a Latinx immigrant community of North County, San

Diego, where the census tract data indicate only 17% of the population attained a high school degree. The National Latino Research Center at the California State University San Marcos led this initiative through a grant from AmeriCorps (#17REHCA002).

In *Cultivando Sabiduría*, the material was presented through a culturally responsive lens in English, Spanish, and bilingual formats that resonated with participants' histories and lived experiences. The program was offered in a safe and supportive environment. Note: the program developed to meet the needs of Latinx elders after analyzing data based on a general, intergenerational civic engagement and leadership program based on popular education called *Cultivando Liderazgo* (Nurturing Leadership). (See Nuñez-Alvarez et al. 2018 for more details about this program.) Both programs emerged from the National Latino Research Center and were supported by AmeriCorps grants.

A hallmark of the effectiveness of the program is that the entire community shares learning together. The program recognizes the importance of the extended family and the need for a comprehensive approach to education and political integration (Wilkin et al. 2009). The class was often attended by children or grandchildren, or other extended kin; rather than restricting others, the students' guests were welcomed in class. Helping Latino elders gain cultural and social capital was an explicit part of the curriculum (Segura et al. 2001).

The *Cultivando Sabiduría* curriculum connected volunteering and civic engagement to students' lives. The program aimed to present basic requirements, roles, and responsibilities of an engaged citizenry; discuss issues of transportation, land use, sustainability, health, education, public safety, and business to examine multiple perspectives; bring to life cultural wisdom and community history; and tap into the exceptional minds and talents of elders to develop innovative ideas that can benefit the entire community.

Through a series of speakers, field trips/tours, and in-class activities, students gathered information about the issues mentioned above and met leaders in the field to decide what they wanted to do to tackle these local problems. Thus, *Cultivando Sabiduría* became an important site for Latino elders in the region seeking to make

a difference in their communities. For example, the San Diego Association of Governments (SANDAG), San Diego region's primary public planning, transportation, and research agency, sought the input of the *Cultivando Sabiduría* students on the 2021 Regional Plan.

Meeting the Needs of Elders

The program strove to meet the fundamental needs of older persons. Increase of well-being is strongly linked to *Safety*, *Self-Identity*, *Security* (i.e., emotional and/or future place), *Relevance* (i.e., acknowledgment of their knowledge and importance), *Companionship*, *Independence*, and *Social Participation* (i.e., educational growth opportunities for social awareness and social and civic participation etc.) (Bruggencate, Luijkx, and Stum 2018).

Culturally Validating Curriculum

The *Cultivando Sabiduría* classes were developed in response to learning about gaps in service delivering for Latino elders in our region, research on the best practices for Latino elders, the collective experiences of the National Latino Research Center team, and the scholarly expertise of Dr. Alicia Gonzales, an expert on ethno gerontology, Latino communities, and life course developmental aging.

The curriculum is linguistically and culturally relevant. Dr. Gonzales has guided the curriculum to occur within a "safe environment" and is informed by four central elements needed for elders to be supported and thrive. These elements are visualized in Figure 2.

We intentionally created the program so that elders would feel useful (Relevance). We provided support for coping (Security/Companionship). We amplified and included celebrations (Self-Identity). We also included activities related to civic engagement and community volunteerism that had achievable goals.

Additionally, the program was built to address elements of well-being for elders in the community, including field trips and other activities. Recall, Bruggencate and colleagues (2018) explained that an increase of well-being is strongly linked to *Safety*, *Self-Identity*, *Security* (i.e., emotional and/or future place), *Relevance* (i.e., acknowledgment of their knowledge and importance), *Compan-*

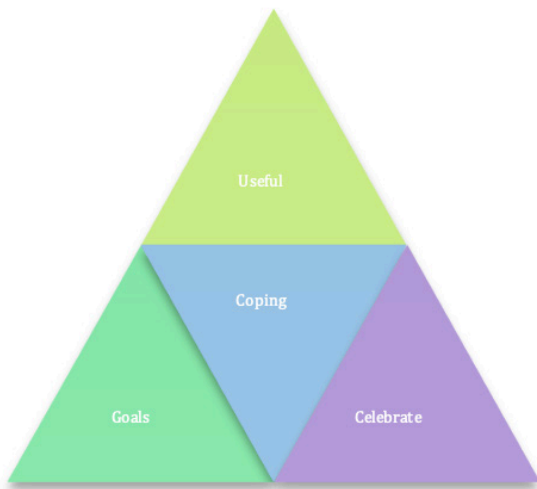


Figure 2: Elements to supporting and encouraging elders.

ionship, Independence, and Social Participation (i.e., educational growth opportunities for social awareness and social and civic participation etc.). See Table 1 for how these elements were embedded into *Cultivando Sabiduría*.

Finally, it was crucial to have the majority of the students, volunteers, and staff be Latinx and bilingual. Further, all members of the *Cultivando Sabiduría* team were trained in culturally sensitive research methods and pedagogy. Working collectively, they assisted in teaching the classes and providing one-on-one attention to the elders.

Typical Schedule

Cultivando Sabiduría met each Thursday morning from 9am to 11am. However, the students would usually arrive at 8am and were often found waiting at the locked door of the community center. The students usually stayed until noon.

Cultivando Sabiduría began with refreshments and mingling until 9am. Students brought homemade treats and brewed coffee provided by the community center. The expansive room was always filled with the buzz of conversation as students arrived, greeting each other and catching up with each other about the week.

When class began, the students then gathered as a

group to begin the first interactive module using popular education pedagogy (9-10am). These **health and wellness sessions** were led by multicultural elder service provider Rosa López, who provided lectures, offered activities such as Zumba and stretching, and invited guests to share about health and wellness. Every Thursday, she invited a presenter from various social service agencies to talk about different resources available for them.

Then, the students were free to choose between four offerings for the remaining time: crafting (*manualidades*), technology (using phone, tablet and computer features), Spanish literacy (reading, writing), and English literacy (reading, writing, and speaking). The result was that the literacy classes were one of the most popular classes.

Attendance and Participation

At any given time, 30 to 40 students attended class. Because of their advanced age and various health challenges, students missed class for several weeks and then returned. *Sabiduría* classes continually evolved to engage in the elders' critical thinking, health, and creativity. The highest attendance days were for celebratory events such as Mother's Day and community field trips.

The participants' attendance was recorded each week. The NLRC interns called every student who was enrolled the day before class to remind them about coming to class and to see if they need any transportation assistance. Therefore, even if students did not physically attend class that week, they did have contact with program staff who could provide support and resources during these phone calls. During the COVID-19 pandemic, when we suspended in-person activities and classes, the *Sabiduría* students were called every week to check in on their health and well-being.

Sabiduría began October 2017 and, due to the COVID-19 pandemic, concluded program delivery in March 2020. The NLRC outreach team continued to stay connected with the elders in *Sabiduría* during the pandemic but holding a virtual program was not feasible due to limited wifi, lack of equipment, and lack of technological support for the participants. Additionally, many of the students had significant shifts in their lives, such as loss of income, children living with them, and grandchildren at

Table 1: Elements of Well-Being Corresponding with Cultivando Sabiduría

The Safety of Participants <i>Comfortable and reliable space for class. Well-trained staff able to accommodate physical mobility, communication, and/or socio-emotional needs.</i>
Primary Needs Fulfilled: Security, Self-Identity. Secondary Needs Fulfilled: Independence, Social Participation.
An Affirming Self-Identity <i>Teaching in Spanish. Drawing on students' strengths and wisdom. Using culturally relevant materials. Going on fieldtrips connecting to students' lives and experiences.</i>
Primary Needs Fulfilled: Relevance. Secondary Needs Fulfilled: Companionship, Emotional Security, Social Participation and Reciprocity.
Educational Growth <i>Using a popular education approach to teach civic education, literacy, and technology. Asking participants to use their talents and passions to teach others. Research assistants and staff becoming "learners" through the students' contributions and sharing of expertise.</i>
Primary Needs Fulfilled: Self-Identity, Relevance, Social Participation. Secondary Needs Fulfilled: Independence, Security.
A Few Relevant and Manageable Goals <i>Activities conducted in each class that are doable and can be completed within the time period. Tracking progress in literacy classes with positive affirmation. Noting incremental and significant progress in technology and crafting classes.</i>
Primary Needs Fulfilled: Independence, Relevance, Social Participation. Secondary Needs Fulfilled: Companionship, Security.
Use of Technologies <i>Introducing features on technological devices to connect students to others, news, and social issues important to them. Practicing technology use with helpers who speak Spanish.</i>
Primary Needs Fulfilled: Companionship, Relevance. Secondary Needs Fulfilled: Independence, Security.
The Feeling of Usefulness (Connectedness) <i>Group work. Potlucks. Peer teaching. Celebrations. Leadership development.</i>
Primary Needs Fulfilled: Relevance, Independence. Secondary Needs Fulfilled: Companionship, Security, Social and Civic Participation.
Adaptive Responses and Flexibility <i>Validating personal history, physical activities, classes rotating activities, and field trips.</i>
Primary Needs Fulfilled: Independence, Security. Secondary Needs Fulfilled: Relevance, Self-Identity.

home while parents worked. While the students wanted to return to in-person activities, given the health concerns and high risk, the program could not resume in this modality.

Data Collection

Our program utilized a variety of research methods to aid in program evaluation and assessment. Through the duration of the program, 2017-2020, we administered surveys and engaged in a series of participatory qualitative methods, such as ethnography, one-on-one semi-structured interviews, oral histories, photo-elicitation interviews, and auto-ethnography. In this paper, results from our survey on civic engagement and semi-structured interviews with program participants are focused on. IRB approval was sought and granted for all data collection activities.

Civic Engagement Survey

We assessed four categories in an extensive survey that was conducted in person, one-on-one with the student and a research assistant. The *civic knowledge and attitudes section* helped us compute a profile of participants' perceptions of civic engagement including personal beliefs about civic engagement, opinions of elected officials and government, government concern for people, government accountability, and trust in government. The *civic participation section* includes indicators from a national sample to reflect civic actions compared to national trends. It measures civic values, motives, and behaviors. *Civic indicators* include questions about community problem solving, volunteering group membership, and participation in charitable causes; electoral indicators include voter registration, voting, and involvement in political campaigns; and indicators of political voice including contact with public officials, contact with news, participation in protests, signing petitions, and canvassing. The *health and wellness section* measured elders' mobility, self-reported health, ability to conduct everyday tasks, and traditionalism. We also included *qualitative open-ended questions* in the survey to allow participants to describe other local civic events that emerged unique to their regional location.

Trained bilingual/bicultural research assistants from

the National Latino Research Center followed strict protocols to administer the questionnaire and to pay close attention in the interview so that the participants could engage in the survey at their own pace. Each participant was compensated for completing assessments according to the following schedule: \$20 at baseline (T1) and \$20 after attending 10 classes (T2). Data were mainly collected in person. The survey sample included 73 elders who completed the baseline (T1) surveys and 68 who completed the follow-up T2 surveys.

In-Depth Qualitative Interviews

This project was fortunate to include Noemi Jara, then a sociology graduate student, who focused her thesis on the "third age" life stage for working-class, Mexican immigrant women. In Mexican culture, elders are referred as being in their "third age" or "*tercera edad*," which is considered an important life stage for transitions related to increased life changes that occur with aging (e.g., physical and health changes, spousal caretaking, widowhood). Jara was a long-time volunteer for the NLRC, and three of the authors in this paper served on her thesis committee. Specifically, she explored how Mexican immigrant women give meaning to their experiences and life circumstances, and how they respond to economic disadvantage in older age. Jara (2019) conducted in-depth interviews, and six (6) were *Cultivando Sabiduría* students. We have permission to share the excerpts of these interviews and analysis.

The interviews were "elder-centered" and "elder-driven." Participants offered responses to questions concerned with what is meaningful and relevant to them in older age, and the pacing or direction of the interviews was led by their unique insights. Semi-structured interviews allowed for verbal expression, emotional response, and organic intellectual exchange between the researcher and the participants of this study. Jara (ibid) explained that her role as researcher/ interviewer was to ask questions, then listen, observe, and be embedded in the dissemination of knowledge by participants.

The following prompt questions were used to guide the conversational-style interviews with the elder women:

1) What is important to you in life? 2) How do you per-

ceive your health and well-being? 3) How do you spend your time (prompt: daily routines, responsibilities, hobbies)? 4) What roles do you hold in your immediate environment (prompt: roles in the home)? 5) What activities do you participate in in the vicinity of your neighborhood or community (prompt: helping others, volunteering, recreational or cultural activities)? 6) What are things that are challenging for you these days? 7) How do you cope with those challenges (prompt: faith and/or religious practice, support groups)?

Jara's sample is highly representative of the participants in the *Cultivando Sabiduría* program, the majority of which were working-class women of Mexican origin. Therefore, the interviews offer significant contributions to our understanding of how the program impacts elders.

Results

Civically Engaged

We present descriptive statistics based on surveys that were administered before the students enrolled in the class (pre-test or T1) and the second survey which they took after attending class 8 to 10 times (post-test or T2). We found positive impacts of the curriculum and related activities on the knowledge of and participation in various forms of civic engagement.

Knowledge of politics or public affairs

Most participants reported similar rates of “I know a little” or “I don’t know much” about politics and public affairs nationally, statewide, and locally. At baseline (T1), most participants reported very little knowledge of local, statewide, and national issues. When we asked them to report again during follow-up (T2), the rates of knowledge increased slightly. More participants reported knowing a little about local politics at T2, an increase of 19 percent. Similarly, there was a 10 percent increase in their knowledge of statewide politics, but only a 4 percent increase of national politics. It appears that participants become more well informed about local and state public affairs after participating in *Cultivando Sabiduría*.

Concerns for Latino communities

We asked participants to reflect on “the most challenging problems facing Latinos in the U.S. today, in your city, and in the country.” Racism, discrimination, injustices, unfair treatment, and human rights violations were some of the overarching concerns reported. However, participants provided responses that could be categorized in three main themes: immigration concerns, education needs, and economic and infrastructure improvements. Table 2 below describes the responses in each theme.

Table 2: Responses about the Most Challenging Problems for Latino Communities

Most Challenging Problems for Latino Communities
Immigration: Fear of being racially profiled by law enforcement and immigration enforcement. ICE Raids. Checkpoints. Deportations. Family separations.
Education & Awareness: Lack of information about the community. Language barriers. Lack of professional preparation.
Economy & Infrastructure: Lack of jobs and unemployment. Lack of well-paying jobs. Income is very low. Employment discrimination. High cost of rents and lack of affordable housing. Homelessness. Lack of school transportation. Maintenance of the streets so they are clean and safe. Roads are in disrepair. Lack of affordable and free services. Violence in the community. Disconnected communities. Too many fires in our environment. Lack of representation in local government.

Trust in government

When we asked participants to reflect on their level of trust in government and government officials, we found that at baseline (T1) before they participated in the program, only 11 percent felt they could trust the government to do what is right, compared to 21 percent at T2 or after they participated in the program. This is a rather low level of trust in the government, and the next results on volunteering indicate their commitment to contributing to solutions for community issues.

Volunteering patterns

More than half of the participants had never volunteered in their lives. However, of those who had volunteered, 30 percent had done so within the last 12 months. When we asked again at T2, the rate of volunteering in the last 12 months increased to 32 percent. Students in *Sabiduría* continued their levels of volunteering through their participation in the program. Most participants who volunteered conducted their service in places they frequented such as schools, churches, and community centers and clinics. In schools, participants assisted teachers in the classroom, read to children, supported during field trips, coordinated school events, and invited parents to attend parent meetings. At churches, they held study groups and provided childcare. In the community, they fed the homeless, promoted health (*promotora de salud*), conducted presentations to inform the community, prepared emergency kits, distributed food in mobile pantries, conducted canvassing and phone banking, and collected trash at the local beaches with grandchildren. Many participants cited Universidad Popular² as the community center in which they preferred to conduct their volunteer work.

Participants also had a chance to volunteer their

time to teach in the *Cultivando Sabiduría* program, teaching peers (elders) to knit and make jewelry or bringing food to feed elders. Some elders began teaching adults about U.S. civics and government in other community programs led by the NLRC.

At the start of their involvement with *Sabiduría*, participants reported that the most important motivators for volunteering were a desire to help others, help to make their communities a better place, and learn a new skill. 70 percent of participants felt that the best way to support organizations was by volunteering, and the top reason to become a volunteer was to help others (44%). But at follow-up, 85 percent cited “a desire to help others,” an increase of 31 percent from T1.

For those participants who had not previously volunteered, significant barriers existed that hindered their opportunities to engage. At baseline, only 51 percent reported limited English as a barrier, but 71 percent reported it as a barrier in T2. We believe that exposure to different forms of traditional civic engagement through the curriculum resulted in them realizing the importance of learning English.

Political engagement

We asked participants questions related to traditional forms of civic engagement, specifically related to voting and electoral processes. 26 participants were registered to vote (of 31 eligible), 84% at T1 and 91% at T2. Most registered voters voted in national and local elections and had voted in the last election cycle (about 75%).

Although the rates of other types of political engagement were not very high among *Sabiduría* students, there were *slight increases* from T1 to T2 in this type of engagement that are noteworthy. See Table 3 for summaries of increases in traditional forms of civic engagement.

2 As noted in Nuñez-Alvarez et al. (2018), the NLRC delivered Universidad Popular (The People's University) which is a comprehensive curriculum for Spanish-speaking families in San Diego County focusing on increasing knowledge of the U.S. educational system, health, environment, civic participation, and economic development among immigrant and underserved populations with limited literacy.

Table 3: Summary of Where Students Increased Traditional Forms of Civic Engagement

Type	T1	T2	Difference
Volunteered in a political campaign	8%	13%	increase of 5 percent
Contacted public officials to express their concerns	11%	17%	increase of 6 percent
Worked as canvassers	8%	13%	increase of 5 percent
Refused to buy from companies because they disagreed with the social or political values of the company	15%	25%	increase of 10 percent
Supported companies because they approved of its social and political values	20%	26%	increase of 6 percent
Gave testimony at a community forum or city council meeting to express their concerns about a community issue	15%	22%	increase of 7 percent

The data shared above indicate that a culturally and linguistically relevant curriculum that offers free classes in the heart of communities does make an impact on the civic lives of Latinx elders. Because they participated in a previous civic engagement and leadership development program, there was not a significant increase. However, we identified continued rates of volunteering and their deep desire to serve and improve their community. The traditional forms of civic engagement were not initially as strong, but small increases indicate the potential of a strong impact with more participation in classes and related activities. While *Cultivando Sabiduría* was focused on honoring and further igniting the civic engagement of Latinx elders, we also discovered that the classes themselves created a sense of belonging among participants, and they developed an identity of being “students,” which had long been held out of their reach.

Inclusion and Belonging

All the participants referred to the program as “their class” and identified themselves as “students.” They came to *Cultivando Sabiduría* with low levels of formal education. Mexican immigrant elders have some of the lowest

literacy levels due in part to their limited access to formal schooling in their home country (Krause et al. 2011). Elders in *Cultivando Sabiduría* reported working in Mexico as children and adolescents and so being unable to attend school. Now, they were finally able to become students. The in-depth qualitative interviews highlighted the participants’ deep satisfaction about fulfilling a life-long dream of becoming a student.

For example, Doña Arnulfa never attended school in Mexico; she had no formal education. Forming part of an elder program has been her respite relief. She explained that she was able to leave her husband for 2-3 hours on Thursday mornings to form a community with other elder women attending the program. She drew strength from being part of that network and learned from her peers’ new art forms (e.g., knitting and bead-ing).

Doña Alicia’s participation in an elder program changed her life in positive ways. She reported learning how to write in the program. Doña Alicia shared:

“Estoy aprendiendo a leer y a escribir otra vez. Eso me hace sentir bien como nunca fui a la escuela. Me siento contenta ahí, seguir estudiando. No importa mi edad, porque yo quiero salir adelante. Para darle un

ejemplo también a los hijos y a los nietos, que uno no se rinde.” [“I am learning to read and write all over again. I feel like I never even went to school. I feel content there to continue my studies. It does not matter my age, because I want to get ahead in life. I want to be a good example for my children and grandchildren that they should never give up.”]

Doña Petra commented that participating in an elder program enabled her to learn new things. She also enjoyed it as a distraction away from her responsibilities at home. Given participants’ intensive spousal and/or family commitments, *Cultivando Sabiduría* offers a crucial respite from caretaking.

About how she felt about being part of the program, Doña Berta stated:

“Me hace feliz convivir con los demás, con mis amistades, con mis compañeros...Me hace feliz cantar, bailar, platicar, sonreír, abrazar. Soy muy sensible pero dentro de mi sensibilidad, le sonrío al día, a la vida, a la amiga, al vecino, al compañero.” [“I am very happy to be with everyone else, with my friends, with the people I know in class. I feel happy to sing, dance, converse, smile and give hugs. I am very level-headed but I smile at the day, at life, at a friend, at a neighbor, at others in class.”]

Doña Berta was still working, but on the days when she had a cancellation or was able to get off of work, she enjoyed being with her fellow students. She elaborated:

“Los días que trabajo, que son de ocho horas pero por X razón o causa me cancelan o hago lo que tenga que hacer para dejar un tiempo para mi grupo de tejido donde convivo con mis compañeras, donde intercambiamos puntadas de tejido, donde les he enseñado un poco. He aprendido de ellas también. Donde vamos y desayunamos, donde vamos a tomar alguna orientación sobre la salud...Siempre se nos habla de algo... Programas que hay en la comunidad y en la clínica (de salud comunitaria). Hay viajes. También salimos y también nos divertimos.” [“The days that I work, which is 8 hours, but because of whatever reason they cancel my shift or I finish up what I have to do and come to class for my knitting group to be with my classmates where we exchange ideas for knitting and where I teach them, too. I have

learned from them as well. It’s where we go and have breakfast, where we go to programs related to our health. They are always sharing things with us, like what programs are available to us at the community clinic. There are also trips. We go out and we have fun.”]

Cultivando Sabiduría has also connected participants to opportunities for leadership. Doña Carmen feels proud to take classes and also become a trained promotora. She explained:

“Me siento muy muy orgullosa y para que sepan mis hijas que no tuve escuela pero ahora de mis 79 años lo logró lo que me propongo. Me encanta ser promotora de EMASS porque aprendo y ayudo a mi comunidad.” [“I am very proud and for my daughters to know that I did not have any schooling but at 79 years old I am achieving my goals that I set out for myself. I love being a promotora for EMASS because I am learning and I am helping my community.”]

Additionally, the elders found and made community outside of the formal programs. For example, Doña Toña spent her time beading, knitting, and teaching women in her trailer park community her art forms. In addition to *Cultivando Sabiduría*, she discovered other community programs geared toward elders on Tuesdays and Fridays. She enjoys being around people of her same age. She describes feeling comfortable around them when she says, *“Me siento agusto.”*

For Doña Berta, being active socially connects to her well-being, which gave her a spiritual boost and positive energy.

“Hago que me sienta contenta porque siento que tengo armonía y bienestar emocionalmente, espiritualmente. Económicamente, es algo de lo que no me hace tan feliz... Me hace feliz lo más sencillo. No se, un día de ir con una amiga a comer, de ir a un convivio donde me sienta feliz, donde pueda sonreír, platicar, expresar lo que yo siento, es lo que me hace feliz. La convivencia con los demás.” [“I do what makes me happy because I feel like I have harmony and emotional well-being, spiritually. Financially, this is something that I don’t feel happy about. I am happier living more simply. I don’t know, one day

go out to eat with my friend, go to a gathering where I feel happy where I can smile, converse with others, and express myself, that is what makes me feel happy. I like to be around others.”]

Doña Magdalena also commented on how important it was to spend time with her peers. She reported:

“A veces nos, ‘Oh yo compré esto, mira. Te voy a dar.’ Así nos convivimos. Un bocadito de comida, fruta. Salimos a comer. Salimos a un desayuno. Es bonito.” [“At times someone says, ‘Oh, I bought this, come take a look. I want to give it to you.’ That is how we are together. A few bites of food, of fruit. We eat together. We are treated to a breakfast. It’s nice.”]

Doña Carmen described an active social life focused on the service of others, such as friends in the hospital. She shared:

“No trabajo, pero me gusta ayudar a personas que necesitan. Por ejemplo, ir al hospital a visitar personas que conozco o a sus casas a ayudarles en lo que puedo y por trabajar no. Pero también es un trabajo pero de voluntad y de mi corazón.” [“I don’t work but I like to help other people who need help. For example, I go to the hospital to visit people I know or go to their houses to help them as much as I can but not for a job. It is work but it’s volunteer and from my heart.”]

Overall, the women in this study found satisfaction in connecting with others but also doing so with a purpose. Each participant in the study was engaged in volunteer work—mainly consisting of informal, helpful activities related to neighbors and friends. Their participation in the community programs represented their desire to fulfill lifelong dreams of education. They also had skills, such as knitting, that they could share with others.

Conclusion

Cultivando Sabiduría responded to the needs of elders and of the community. Students shared wisdom among themselves, and they learned skills that they identified as useful, meaningful, and important to their health, daily activities, and civic life.

The baseline portrait of Latinx elders defies the

generalized research findings that Latinxs are less likely to be civically engaged. When we asked Latinxs elders about community volunteering, we began to see the vibrant activities that lead to stronger neighborhoods and schools. Our findings result in actionable and evidence-based strategies that lead to an increased understanding of political underrepresentation and pathways for civic engaged elderly Latinxs.

Karyne Jones, director of the National Caucus and Center on Black Aging, shared that her parents nurtured in her an ethos of caring, compassion, concern for community, and giving back (Senior Corps 2018). She referred to the cultural wealth developed in her family, and that carried on into her civic participation. Similarly, we see that a majority of Latinx elders in this study indicated that they volunteer because they want to help others. They care about their community. The elders draw from their cultural and life experiences to contribute their skills, passions, and wisdom. Supported by a linguistically and culturally relevant curriculum, the Latinx elders in our study had life experiences that are seen as crucial assets to build upon, and they emerged as leaders in their communities and in our region.

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Age and Roles on the Family Farm

Cassie Maria Duncan

Abstract

Age is a factor that has been analyzed in the workforce for quite some time now. The aging process is universal and found in daily lives throughout the work force or labor market, but some factors of age are different in the agriculture industry. This paper aims to acknowledge and explore the aging process specifically found in the agriculture industry. The key concepts of this paper have been broken into four different topics. These topics include youth roles on the farm, mid-adult roles on the farm, older adult roles on the farm, and public policy implications dealing with the agriculture industry. The research question that will be addressed is as follows: How does age impact the roles of those working on family farms?

Keywords: aging, rural sociology, rural development, public policy

Age is a factor that has been analyzed in the workforce for quite some time now. The aging process is universal and found in daily lives throughout the work force or labor market, but some factors of age are different in the agriculture industry. This paper aims to acknowledge and explore the aging process specifically found in the agriculture industry. The key concepts of this paper have been broken into four different topics. These topics include youth roles on the farm, mid-adult roles on the farm, older adult roles on the farm, and public policy implications dealing with the agriculture industry. The research question that will be addressed is as follows: How does age impact the roles of those working on family farms?

Before addressing the main claim of this paper, there are some key terms that need to be defined. These definitions will allow for easier comprehension of this paper and the literature that was collected. The United States Department of Agriculture (USDA) defines a family farm as “a farm in which the majority of the business is owned by the operator and individuals related to the

operator by blood, marriage, or adoption, including relatives who do not live in the operator household” (USDA 2020). The United States Bureau of Labor Statistics considers the agriculture industry as “establishments primarily engaged in growing crops, raising animals, harvesting timber, and harvesting fish and other animals from a farm, ranch, or their natural habitats” (BLS 2021). Further definitions of each age group (youth, mid-adults, and older adults) are listed in the accompanying paragraphs below. Lastly, the principal farm operator is “the person who runs the farm, making day to day decisions” (USDA 2020).

Youth Roles on the Farm

Youth often play a significant role on the family farm. For the purpose of this literature review, youth are being defined as those who are between the ages of ten and nineteen. Young adults are an important component on the family farm as “nearly a million youth are estimated to live on U.S. farms or ranches, and over a quar-

ter-million youth are hired workers on these operations” (Zagel et. al. 2019). Youth on family farms learn about farm tasks, farm expectations and farm safety from their fathers (Jinnah and Stoneman 2016). Young adults become responsible for farm tasks and chores that tend to be more dangerous than chores a child not growing up on a farm would have (Jinnah and Stoneman 2016). Male youth are expected to eventually end up with the transfer of farmland or farm ownership, which can put added pressure to perform efficiently (Conway et al. 2019). This pressure in farming expectations can often lead to youth farm injuries, as discussed below.

Youth Expectations

As children grow up on family farms, they are expected to participate in farm activities and chores. There was little research gathered about youth roles and expectations alone. However, there was a great deal of information on youth farm risk behaviors. The risk behaviors that can be used to assume the roles of youth on the family farm. Jinnah and Stoneman (2016) find that farm youth were participating in tasks such as operating a tractor and PTO (Personal Time Off) system, operating other powerful farm equipment, caring for livestock, and assisting fathers and grandfathers with other farm-related tasks. One study found that teens worked an average of 16.95 hours per week on the farm, the same as a part-time job for some children as young as ten years old (Jinnah and Stoneman 2016).

Youth Safety

A common theme from multiple studies of youth on the family farm involved youth safety. Various research studies found that there is a lack of safety on family farms when it comes to youth experiences. Zagel and others found that there were an estimated 279,279 farm-related injuries in youth between the years 2001 and 2014. They also found that the majority of these farm injuries could have been prevented had proper safety protocols been followed. "As there are no national farming safety training requirements for youth, any safety protocols are then learned from their parents." (Jinnah and Stoneman 2016). Parents make the call about what tasks the child is capable of doing and at what age, which often leads

to youth participating in dangerous farming tasks with little safety training. It is also known that youth learn from watching their parents operate or complete tasks where safety is often ignored or seen as a common-sense topic (Jinnah and Stoneman 2016). Jinnah and Stoneman (2016) also found that “youth unsafe farm behaviors increased with their exposure to farm work” or in other words, the more hours worked on the farm, the more likely youth were to engage in risky farming behaviors. Many researchers on this topic urged those in the agriculture industry to have conversations about farm safety as a way to decrease the danger and injuries in U.S. farming youth.

Mid-Adult Roles on the Farm

Middle aged adults on the family farm are often the primary operators, parents of youth, and children of older adults. Those who fall into this category within the agriculture industry are often doing the most work on the family farm, with farming being their full-time occupation (Jinnah and Stoneman 2016). Most women also worked outside of the family farm, which allows for an interesting concept of the family farm version of the ‘second shift’ experienced by women. Men in this category had an average of 25.84 years of farming experience and women in this category had an average of 18.62 years experience (Jinnah and Stoneman 2016).

Family and Work Merge

An interesting factor about family farms is that their work and home are typically in the same place. This also means that family life and work life often merge. Most farms in the United States are considered to be family farms (Paskewitz and Beck 2017). When the social institutions of both family and work begin to merge, there are three prominent outcomes. These outcomes are intragroup conflict (Paskewitz and Beck 2017), dual earner families which may also include off-farm employment (Beach and Kulcsar 2015), and the division of labor based upon gender roles (Contzen and Forney 2017).

Intragroup conflict and family communication patterns look different in family farm households than

in other households. On family farms, “shared communication patterns are created within a culture valuing privacy, competition, and independence” (Paskewitz and Beck 2017). These specific values affect communication patterns because farm families tend to prefer passive communication, nonverbal communication, and learned assumptions (Paskewitz and Beck 2017). These forms of communication lead to greater intragroup conflict between the family including conflict between spouses, conflict between parents and children, and conflict between siblings. Paskewitz and Beck (2017) found that open communication allows for less conflict in the family system. However, other research also found that when considering family farms “family members rarely bring up conflicts to the other party; rather, they keep their frustration to themselves or wait until things boil over” (Waters 2013).

Another concept to consider when work and family merge is the idea of off-farm employment. The participation in off-farm work is not uncommon in modern farming families (Beach and Kulcsar 2015). Some reasons for the incorporation of off-farm employment include “financial pressure on farmers to seek additional income” and the increase of non-traditional farmers in the United States (Beach and Kulcsar 2015). A new family farm structure is built when family members also work off-farm in a different setting. Many middle-aged adults in the agriculture industry will fall into this category of working both on the farm and having off-farm employment.

Gender Roles

The agriculture industry is heavily gendered, with most primary farmer operators in the United States being men (Horst and Marion 2019). Research by Contzen and Forney (2017) found that the division of farm labor was gendered, where men do more outside, and farm machinery work and women do more caring for livestock, produce, or offer other forms of support. The structure of family farms and the division of labor are important to consider when looking at the future of the agriculture industry. While it is still more common to find a male farmer than a female farmer, the number of female farmers is on the rise in the United States (Ball 2014). Ball (2014) cites one major reason for the gender

division in the agriculture industry: most of the labor in the agriculture industry is not controlled by the formal labor market and instead is based on self-employment on family-run farms. This reduces formal accusations of gender inequality in the agriculture industry. The increase of females in the agricultural industry is already apparent through many social media platforms such as *Farmher* and *Farm Babe*. Women who fall into the middle-aged range of farmers are in the process of reforming the structure and institution of farming through the labor process.

Older Adult Roles on the Farm

Older adults play a valuable and time-honored role on family farms, as it is likely they grew up in the agriculture industry with all the farming secrets. Many farmers in this category maintain a sense of “territoriality and shared pride in place” on the family farm as they age (Downey, Threlkeld, and Warburton 2017). This idea of territoriality and generational pride are some of the key factors that lead to older adults staying on the farm as they continue to age. The age of farmers in the United States has also been on the rise, with the average age of the U.S. farmer being 58.3 years old (Tauer 2018). Older adult roles on the farm fall into three major intertwined categories. These categories are the retirement process, the role of advisor, and the transfer of farm ownership to the next family farm owner.

Retirement

Place identity impacts older farming adult’s retirement considerations (Downey, Threlkeld, and Warburton 2017). Downey and colleagues (2017) found instances where men were attached to the farmland through patrilineal connections, which affected the retirement process for many farming couples. Similarly, the idea of “couplesness” or shared identities between farming couples was lacking. Men tended to focus on the male intergenerational lineage, whereas women were marginalized and considered passive in the retirement process (Downey, Threlkeld, and Warburton 2017). Unfortunately, there was very little additional literature available about the retirement process for women on the family farm. Conway

(2019) and others find that “most elderly farmers opt to maintain the facade of normal day to day activity and behavior instead of retiring.” This aversion towards the retirement process for older adult farmer leads into the next role: the role of advisor.

Role of Advisor

As older adults on the farm leave the laborious working phase they enter into the role of advisor on the farm. Tauer (2018) finds that there is a “concave relationship between age and productivity where there is first an increase and then a decrease in productivity as the age of the farmer increases.” This decrease in productivity, which could be due to capital not being replenished, failure to adapt to new technology, or age effects that come along with being an older person (Tauer 2018). However, this decrease in productivity allows for the next generation of farmers to transition into the role of principal farm operator, leaving the older adult farmers to take on a different leadership role. Gostin (2019) argues that there is another way to think of aging, a way which “values life’s experiences”.

Gostin (2019) also encourages others to consider “What if we empowered older people to ‘give back’ by mentoring or tutoring the young...?” This question is completely applicable within the agriculture industry. The younger and mid-adult generations, through their work on the family farm, empower the older adults to take on the mentorship role. Likewise, the youth and mid-adults benefit from the teaching of lifelong skills, trades, and expertise from older adults. This cycle helps the family farm process to succeed, allowing for healthy aging across all areas of the family farm operation.

Transfer of Farm Ownership

One of the primary roles of older adults in the agriculture industry is the transfer of farm ownership. Most older adults are interested in preserving the family farm by passing on farmland and farming operations to the next generation through male lineage (Downey, Threlkeld, and Warburton 2017). Those in the agriculture industry that fall into the older adult’s category serve as mentors “tutoring the young, using lifelong skills” (Gostin 2019). There is great value placed on the

life experiences of older farming adults as they are not only passing land, machinery, or other tangible farming items, but also skills, life lessons, and talents onto the next generation of family farmers. Approximately 10% of the farmland in the United States will be entering a transition phase in the next five years (Gasperini 2017). The transfer of farm ownership is changing due to modern implications, such as public policy, as discussed in the following section.

Public Policy in the Agriculture Industry

Public policy in the agriculture industry is currently experiencing a multitude of transitions as the next generation of family farmers is coming in. Part of this is due to the baby boomer generation making its exit out of the agriculture industry. The modern agriculture industry is also beginning to incorporate differing business models and technology. This leads to more policies around safety, discrimination, labor, and government funding. Conway and others (2019) find that it is worthwhile to “understand and acknowledge the world as farmers perceive it” so that future generational agricultural policy can be better informed for all farmers.

Conclusion

It is clear that along with age comes distinct roles on the family farm. Youth on family farms are expected to participate in weekly farm tasks. Mid-adults are responsible for the safety and most operations on the family farm. Older adults serve in an advisory role, retire, and oversee a transfer of farm ownership (Conway et al. 2019). Farm roles change as age changes. The aging experience in the agriculture industry looks different from the aging experience in an urban labor market.

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The Aged Care Crisis in Australia's COVID-19 Success Story: A Commentary

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Abstract

The world took a beating from COVID-19, with no nation spared. Australia's response to the pandemic has been recognized as particularly successful, with the comparatively small total of COVID-19 related fatalities. However, these achievements in controlling the virus and keeping the economy buoyant are contrasted by significant failures, particularly the Federal and state governments' inability to contain the outbreak within the aged care sector. This commentary forms an understanding of the COVID-19 outbreak in Australia's aged care sector, drawing from articles published in the 'The Australian' newspaper. We focus on priorities, responses and management at different levels, observing subsequent impacts, not only on elders, but also on workers and the wider community. Our findings indicate that neglect of elders is a pre-existing cultural and social tendency that was exacerbated and also made visible through this pandemic. The media articles particularly vilified what they saw to be government inaction, failing to address issues of safety and regulation that already plagued the aged care sector prior to the pandemic, all of which were intensified by COVID-19.

Keywords: pandemic, older adult, public health, media, government, aged care worker

Introduction

In early 2020, global leaders scrambled to prepare and activate existing pandemic response plans (Georgeou and Hawksley 2020). Contrasting national responses to the spread of COVID-19 resulted in starkly different outcomes. The Global Health Index rated the US as most prepared (Cameron et al. 2019), but former President Donald Trump took no urgent action, insisting the virus would simply disappear (Rieger 2020). The US suffered the most widespread community transmission and greatest death toll per capita in the world (Schis-

menos et al. 2020), while Australian authorities took health recommendations seriously and instituted swift measures to protect the community. This was generally effective and at the time of writing (29 April 2021), we have seen a comparatively small total of 910 deaths from COVID-19 in Australia (DoH 2021). Despite this national success, the aged care sector was hard hit.

There were two significant aged care sector outbreaks in Australia. The first was in Sydney, New South Wales (NSW) during Australia's first wave of COVID-19, where just one home was widely reported on at the time: Newmarch House (The Lancet 2020). The second

outbreak was in Melbourne, Victoria, where the virus spread to several aged care homes, playing a considerable part in that state's struggle to contain a second wave of COVID-19. Reportage of the aged care crisis across Melbourne gave extensive coverage to the situation at another home called St Basil's, which came to epitomize the crisis across the sector (Gailberger 2020bc).

This commentary focuses on the COVID-19 outbreak in the aged care sector in Australia, and emphasizes the responses and management at different levels, as well as impacts on elders, aged care workers, and the wider community. To develop this paper, we analyzed 203 articles published in 'The Australian' from 1 March 2020 (marking the beginning of the first wave) until 15 August 2020 (marking the turn around when case numbers started to reduce). We chose 'The Australian' as our single media platform as it is one of the most widely accessible news sources, and the only nationally distributed newspaper in Australia. The following sections present reportage pointing to failures that caused and exacerbated the outbreak. These failures were attributed to: (i) the Federal government, which manages aged care; (ii) state governments, which manage health; (iii) the aged care sector, which did not respond effectively; and (iv) aged care workers, who were caught at the center of the crisis.

How it began: Management of the COVID-19 outbreak

Early in the pandemic, aged care workers and their representatives questioned the sector's capacity to respond effectively to pandemic conditions. Phill Tsingos, President of The Nurses' Professional Association of Queensland, flagged concerns about workers' capacity to handle the COVID-19 crisis without additional training or official advice specific to aged care. Other concerns he identified included facilities not being appropriately designed for pandemics (e.g., lack of air circulation systems) and not having access to suitable personal protective equipment (PPE) (Lunn 2020d). The NSW Nurses' and Midwives' Association also raised a warning at the beginning of the pandemic about the risk of COVID-19 spreading in aged care homes, citing vulnerabilities among elderly residents, shortage of registered nurses and lack of infec-

tion control training among staff (Lynch 2020). These concerns were widely over-ridden with confident claims of capacity from Federal and state governments and peak bodies. Patricia Sparrow, CEO of Aged and Community Services Australia, claimed that annual flu preparedness meant that infectious disease measures were already in place. Sean Rooney, CEO of Leading Aged Services supported her position, identifying the 2017 influenza outbreak as a trigger for updating infection control strategies with focus on "staffing provision and protocols, to contain the spread of viruses and maintain an adequate workforce" (Lunn 2020d). Despite this, COVID-19 was poorly managed in the aged care sector, demonstrating inadequate sector management and problems in coordination between Federal and state governments and aged care facilities management.

The first substantial aged care outbreak at Anglicare's Newmarch House spread from a worker, who had worked six shifts while unknowingly COVID-19 positive, causing nine infections among residents and staff. The NSW Health Minister, Brad Hazzard, claimed the worker had not been 'doing the right thing'. This drew broad criticism with Health Services Union State Secretary, Gerard Hayes, insisting "the government should not victimize people who might test positive for COVID-19" (Norington 2020). As the death toll rose to sixteen residents, the Aged Care Quality and Safety Royal Commission threatened to revoke Newmarch House's aged care license, issuing them with a Notice to Agree, contingent upon improvement of services, and not accepting new residents (Lunn 2020c). Hazzard issued an apology to families who had lost loved ones, but attempted to absolve his government of responsibility insisting that NSW was 'leading the world' in containing the virus outbreak (Lunn and Bashan 2020). Subsequently, NSW Police Minister, David Elliott, called the outbreak a 'natural disaster', dismissing any suggestion of criminal negligence (Gair 2020a).

Management shortfalls in the Newmarch House outbreak pointed to a poorly regulated aged care system extending beyond the one embattled facility. Aged Care Quality and Safety Commissioner, Janet Anderson, accused Anglicare Sydney (the Newmarch House operating body) of failing to intervene and being unresponsive as

they had waited six days before accepting staff assistance from the privately run Aspen Medical company to control the outbreak (Lunn and Gray 2020). Further, poor communication was identified as a key problem that ultimately resulted in the demise of some residents, with relatives complaining they had not been kept abreast of deteriorating conditions and had been excluded from decisions about their treatment (Bashan and Ore 2020). The deaths at Newmarch House highlighted several apparent inadequacies in service provision at that facility where residents reportedly endured 'nightmarish conditions' (Cornwall and Reid 2020).

Aged care workers: heroes or antagonists?

Aged care workers came under public scrutiny for spreading COVID-19 to their patients, resulting in several deaths (Ritchie 2020). At least two found themselves in a prolonged media spotlight, identified as potentially having indirectly spread COVID-19. Following the case of the nurse at Newmarch House (Bashan and Ore 2020), a Queensland nurse was found to be working while awaiting COVID-19 test results. The state's Chief Health Officer, Dr. Jeanette Young, accused the worker of peddling inconsistent disclosures regarding travel as she had failed to report a trip to Kuala Lumpur, Malaysia in late March 2020. At the time of the report, she was under investigation for possibly causing Australia's youngest COVID-19 death (McKenna 2020).

Meanwhile, aged care workers' own safety was compromised with circumstances that risked contracting the virus themselves (Hannan 2020). Understaffing and casualization of the workforce within the aged care sector were exposed as associated risks became evident, including workers being employed by multiple facilities and having no access to paid leave, making it financially unviable for them to miss shifts even if they were unwell (Hannan 2020; Sainty, and Parkes Hupton 2020). Victorian Health Minister, Jenny Mikakos, acknowledged this, saying "We know that we have a transient

workforce, a casualised workforce, working across many aged care facilities" (Sainty and Parkes-Hupton 2020). Shortages of aged care staff were addressed by the Federal government through re-deployment from private hospitals and interstate entities such as the Defense Force and Australian Medical Assistance Teams (Baxendale and Lunn 2020). Government rhetoric framed this in heroic terms, with Federal Health Minister, Greg Hunt, describing aged care workers as 'wonderful human beings' (Gailberger 2020a).

Much media attention was given to inadequacy in training, particularly among carers in private homes. Almost 70 percent of nursing home care workers trying to manage the outbreak had Certificate 3 qualifications,¹ requiring just six weeks' training (Lunn and Baxendale 2020). They were referred to as 'underqualified and inadequately trained' and many were not supplied with PPE (NCA Newswire 2020; Vinall 2020c). A United Workers Union survey of 1,000 carers found two-thirds felt unprepared to deal with a virus outbreak, and almost one-third said they had received no additional training in COVID-19 safety measures or how to use PPE (Hannan 2020; Lunn et al. 2020). Finally, as a response to Fair Work Commission findings, the Federal government provided eligible residential aged care employees access to paid pandemic leave (Lyons 2020). While this provision was welcomed, it was viewed as belated and narrow in scope with strict eligibility only reaching casual employees who work on a regular and systematic basis. Other concerns were the short-term limits (maximum three months), potentially inequitable rates, based on average earnings over the previous six weeks, and limits of scope, only approved until 29 March 2021. The risk remained that the most vulnerable would still fall through the cracks, and that staffing shortages would be unresolvable unless leave entitlement was extended to all (Hannan 2020; Lunn et al. 2020).

Since the outbreak of COVID-19 in several nursing homes in Australia, there has been an apparent increase in concern about the vulnerability of the nation's

1 [https://www.tafensw.edu.au/course/-/c/c/CHC33015-02/Certificate-III-in-Individual-Support-\(Ageing\)-/.](https://www.tafensw.edu.au/course/-/c/c/CHC33015-02/Certificate-III-in-Individual-Support-(Ageing)-/.)
Protection means isolation and lack of social connectedness.

elders. In relation to this, several media articles documented a public exchange of opinions over whether visits to aged care homes should be partially or completely restricted. In response to several aged care homes completely banning visits to their residents, Prime Minister Scott Morrison alluded to the frailty of elders, cited detriment to their health and well-being, and suggested that such measures exceeded the recommendations of the National Cabinet (Lunn 2020a, f). In recommending that homes should remain open to allow short visits by a maximum of two visitors once per day per resident, the Prime Minister threatened to introduce regulations to ban home closures altogether, except where exemption is granted by application (Lunn 2020a).

Although some aged care homes adopted measures such as remote interactions over Skype to allay the apprehension of families, there were still concerns that institutions prioritized fortifying their facilities against COVID-19 over ensuring good mental health of their residents (Lunn 2020b). However, Aged and Community Services Australia chief executive, Patricia Sparrow, rebutted that the sector had worked hard at being compliant with the confusing government guidelines, restricting visitation privileges based on the residents' needs. She maintained that care providers remained committed to supporting the mental and spiritual well-being of their residents (Lunn 2020f). Other public figures, such as Mark Veitch, Acting Director of Public Health Tasmania, opposed Prime Minister Morrison's stance (Denholm 2020). Sean Rooney of Leading Aged Services suggested that Mr. Morrison's comments were confusing to nursing home providers as they seemed to contravene general recommendations for elders over 70 years to remain isolated (Lunn 2020h). Rooney's observation was based on the concern that allowing families to visit aged care homes would present a logistical blunder as they were not equipped with sufficient PPE to prevent the spread of the virus in the care facilities. Further, despite Morrison's admonitions and other dissenting opinions, peak bodies, including Aged and Community Services Australia, insisted that the aged care providers should be commended for their work (Lunn 2020a).

In contrast to such commendations, reports were

surfacing of staff in some homes providing insufficient care for residents, subjecting them to missed meals (Holland-Batt 2020; Reid, and Lunn 2020) and dirty bed linen (Cornwall and Reid 2020). These instances of neglect were compounded by poor technical knowledge of handling disease outbreaks, such as failure to properly use and dispose of PPE (Gair 2020b,c). The state of care for elders following the lockdown reportedly deteriorated with accounts of residents being malnourished, dehydrated, soiled, heavily sedated, and isolated in their room for entire days (Markson, 2020; Piovesan 2020; Vinall 2020a,b). Insensitivity in communication from aged care facilities to elders' family members was widely reported. Reportage also strongly criticized the decision made by Victoria's Department of Health and Human Services to refuse hospital admission to elders infected with COVID-19, choosing instead to sedate them (Markson 2020; Piovesan 2020).

Widespread neglect of elders has been exposed through this pandemic, indicating a culture that undervalues elders (Letters 2020; Shanahan 2020). The cultural embeddedness of this problem was highlighted by a public fracturing between Federal and state governments as the crisis in aged care peaked, with Victoria's Premier, Daniel Andrews, declaring nursing homes unsafe (Baxendale and Lunn 2020) and Federal government condemning of Andrews' lock down policies and their impact on the economy. The Prime Minister attempted to avert erosion of public confidence in the sector, insisting that aged care homes were doing a 'good job', citing that just 13 out of 430 homes across Melbourne required close monitoring (Lunn and Varga 2020). The media weighed in on this public spat, framing a rhetorical invitation for public judgement: "...whether the public believes the Victorian outbreak, the need for draconian restrictions and deaths of the elderly are Morrison's fault or Daniel Andrews's responsibility..." (Shanahan 2020), but clearly apportioning blame to the state's Labor response: "Are these hour-long daily briefings a masterclass in obfuscation or soliloquies in crisis theatre? The Premier's skill of bending words like Beckham, around a pesky press pack, to connect with the #IStandWithDan crowd is counterproductive. He simply deflects and confuses" (Editorial 2020).

Discussion

The aged care sector was sorely neglected long before COVID-19, with the pandemic only bringing to highlight the crisis. Prior to the pandemic, more than half of all aged care homes nationwide were operating at a loss, particularly those in rural and remote areas (Garcia 2020). Additionally, despite a growing demand for residential aged care, there has been inadequate expansion in the number of places available and in funding. This shortfall has been overseen by successive governments (Ergas 2020). Governmental neglect of economic losses suffered by the sector, and the growth of demand were highlighted by COVID-19, exacerbating an already critical situation (Lunn 2020g). Yet, this pattern of neglect continued throughout the pandemic with the sector continually side-lined by the government.

Although the Prime Minister announced that AU\$500 million of the AU\$2.4 billion health stimulus released by the Federal government would be allocated to support the needs of the aged care sector, aged care representatives were skeptical about the adequacy of this package given how severe the situation was. This skepticism was proved right, as the AU\$500 million financial package failed to remedy what the Royal Commission on Aged Care Quality and Safety's interim report termed 'system-wide problems' (Lunn 2020g). In a further discussion paper, the Royal

Commission highlighted the need for AU\$20 billion a year of investment in the aged care sector to implement improvements (Trincia 2020).

Some media articles indicated the need for changes in how aged care facilities are viewed if the sector is to be revitalized. Many aged care facilities are now viewed as being part of a 'highly privatized' sector, operating as large-scale organizations that prioritize profits over care (Lunn 2020g; Lunn, and Baxendale, 2020; Trincia 2020). Casualization of the workforce is also a result of this profit-driven business model. The private sector relied heavily on its workers to provide care for the elderly but did not equip them with adequate rights and resources (Lunn and Baxendale 2020; Lunn 2020g). In one instance, in the early outbreak period, care workers were asked to supply their own masks at work (Lunn

2020e; Lunn, and Baxendale 2020). There were also cases where facilities employed temporary visa holders who were paid at lower rates than other workers (Lunn and Baxendale 2020). In combination with inadequate staffing, poor infection control measures and PPE not supplied due to cost-cutting measures, it is unsurprising that the sector was rendered so vulnerable to the COVID-19 virus (Vinall 2020c).

The COVID-19 pandemic has highlighted several gaping inadequacies within the Australian aged care sector, which require a systematic and multilateral resolution. Our research at the Humanitarian and Development Research Initiative at Western Sydney University, aims to address these issues and reduce isolation-related vulnerabilities by developing innovative, locally based initiatives of care that support the ageing population. We are in the process of developing a community-driven initiative that supplements existing support structures at the local level. Having such local community connections in Australia could be particularly beneficial in activating localized support for older generations in peri and post emergencies, such as pandemics and weather extremes (Schismenos et al. 2021). This initiative could also find applications in more countries that have ill-prepared aged care sectors, and elders who experience social isolation. Importantly, adopting this approach will facilitate older people to age in their own homes and local communities in accord with their preference.

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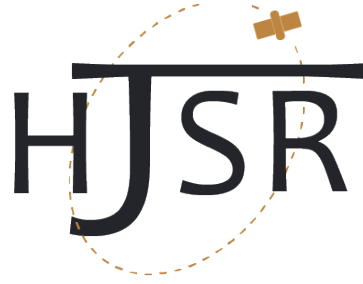
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Knowing Our History: How the Structural Context of California's Aging network Evolved

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Multi-dimensional Disaster Response for Older Adults

Donna Jensen, Ph.D., LCSW, MSW, MA, is chair and associate professor in the Gerontology Department at California State University, Sacramento. Jensen has volunteered extensively with the American Red Cross delivering Disaster Mental Health services during floods and wildland fires in northern California. She is a Licensed Clinical Social Worker. In 2014 the California Chapter of the National Association of Social Workers selected Dr. Jensen as the Social Worker of the Year. Her research agenda includes trauma, resilience and the impact of climate change on older adults.

How SWEET It Is: Fellowship and Continuity in a Church-Based Fall Prevention Program with African American Elders in Southwest Philadelphia

Dr. Michelle Ramirez, PhD, MPH, Associate Professor of Anthropology, University of the Sciences in Philadelphia. Dr. Ramirez is a feminist medical anthropologist whose teaching and research has been focused on how culture, healing, and gender intersect. She has conducted US based research on cancer survivorship and HPV vaccine acceptability among diverse Hispanic parents. She has been working for the last 8 years on a project examining Pentecostal healing in Oaxaca, Mexico and has expanded this research to include experiences of Pentecostal healing among US Latinas.

Cedric Jones, MDiv, PhD, Senior Pastor, Mount Zion Baptist Church. Pastor Jones is Mt. Zion's 4th pastor in the church's 107 year history (founded in 1914). As the Chief Ministry Officer and Senior Pastor, his responsibilities include leading the congregation into greater Christian discipleship individually and collectively, ministering to the holistic needs of the congregation and community, and fostering broad based stewardship accountability to ensure a thriving body of Christ. He is also the Chair of a Community Development Corporation that has built a \$13 million living residence for low-income seniors.

Carol Maritz, EdD, PT, GCS, Professor of Physical Therapy at the University of the Sciences in Philadelphia. As a physical therapist with a board certification in the field of geriatrics Dr. Maritz has worked extensively with the community-based older population. Her research over the past 20 years has focused on reducing falls in the elderly population through group-based exercise programs. For the previous 10 years, she has led an exercise program called SWEET (Southwest Elders Exercising Together) which has served both the community as well as students in the physical therapy program at USciences.

Cultivando Sabiduría (Cultivating Wisdom): Latinx Immigrant Elders and Civic Engagement

Dr. Marisol Clark-Ibáñez is a full professor in the Sociology Department at California State University San Marcos. She is a Latina scholar focused on the areas of immigration, education, and social justice. Dr. Clark-Ibáñez was the Faculty Director of the National Latino Research Center (2016-2020) where she worked on applied research projects in the Latinx community on such topics as civic engagement, elders, education, and incarceration. Dr. Clark-Ibáñez the author of numerous articles, book chapters, and books on education, children, and immigration. Her current projects include: collaboration with Dr. Carolina Valdivia (UC Irvine) on the Undocu-Research Project and with Dr. Youwen Ouyang on Computer Science education as it pertains to women and BIPOC college students, and the delivery of culturally sustaining CS courses at the CSU and in community colleges.

Arcela Nuñez Alvarez, PhD, is a historian, researcher, and community educator. She was the co-Principal Investigator for the AmeriCorps grant supporting *Cultivando Sabiduría*. She is one of the founders and current director of Universidad Popular.

Alicia Gonzales, PhD, is an ethnogentologist and an Associate Professor in the Sociology Department at California State University San Marcos.

Michelle Ramos Pellicia, PhD, is a socio-linguist and an Associate Professor in the Modern Language Studies Department at California State University San Marcos.

Ana Ardón, MA, is a researcher at the National Latino Research Center at California State University San Marcos. She is a co-founder of Universidad Popular and community educator.

Noemi Jara, MA, earned her Master's degree in Sociological Practice and completed a thesis on Latina elders in North County San Diego. She was a longtime volunteer for *Cultivando Sabiduría*.

Valentina Martinez-Rodriguez was a project assistant working with Dr. Clark-Ibáñez to create a video and a guidebook about *Cultivando Sabiduría*. She also helped produce a community literacy book for Latinx Spanish speaking elders with Dr. Gonzales. All these materials are free and available on the NLRC website.

Age and Roles on the Family Farm

Cassie Marie Duncan has a Bachelor of Science in Sociology with a minor in Psychology from Georgia Southern University where she is also currently enrolled in the master of Arts in Social Sciences program. She has been working as a graduate assistant at Georgia Southern for the past year doing sociological research. Her preferred areas of concentration are rural sociology with topics such as women in agriculture, aging in agriculture, farming family dynamics, SNAP and the Farm Bill.

The Aged Care Crisis in Australia's COVID-19 Success Story: A Commentary

Cymbeline Buhler has been a theatre artist for over twenty years. She has held Artistic Director positions in youth arts and developed over twenty original theatre productions that have shown in North America, Europe, Asia and Australia. Buhler's doctoral research investigates her arts practice within 'Theatre of Friendship, Sri Lanka', an ongoing peace-building arts network she founded in 2012. Her artistic and academic work has been located in spaces such as youth engagement, disability arts, cross-cultural theatre and cross-generational communication.

Nidhi Wali holds a Master's degree in Development Studies from University of Sussex, UK, and is presently pursuing her PhD research at Western Sydney University focusing on 'Child malnutrition in South Asia'. She has experience of working in India and Australia on issues of public health, nutrition and community mobilization. In India, Wali has worked with the national government, as well as with international organizations such as CARE, Public Health Resource Network and UNICEF. Her research interests include research methodologies across social sciences, public health and nutrition, aged care and immigration. Nidhi is the representative of the HADRI HDR group.

Charles Ball is a PhD fellow in the School of Psychology at Western Sydney University (WSU). He has a

background in applied linguistics and Spanish and currently conducts psycholinguistic research on the interaction between phonological awareness and native and cross-language speech perception. Charles is also an associate of the Humanitarian and Development Research Initiative (HADRI) in the School of Social Sciences, WSU and actively collaborates on multidisciplinary research topics.

Supriya Gurung is a PhD candidate at the Humanitarian and Development Research Initiative of the School of Social Science at Western Sydney University. She holds a Master of Development Studies (Research) from Kathmandu University (Nepal), and a Bachelor of Arts (International Relations) from Knox College (US). In Nepal, Gurung has worked with the national government and UNICEF on programs aimed towards disaster recovery and resilience with a focus on the use of media communication for development. Supriya's current research centers on development studies and community resilience, with a specific focus on post-disaster contexts.

Spyros Schismenos is a PhD Fellow in Humanitarian and Developmental Studies at the School of Social Sciences, Western Sydney University (Australia). He is also the Co-Founder and CEO of My Safety Approved in Los Angeles, California. Schismenos has worked as a research assistant at National Yunlin University of Science and Technology (Taiwan), and the UNESCO Chair for the Conservation and Ecotourism of Riparian and Deltaic Ecosystems, International Hellenic University (Greece). His research disciplines focus on Humanitarian Engineering, Disaster Management, Sustainable Development, Community Engagement and Planning, Social and Environmental Justice, Climate Change, Renewable Energy, Public Health, Aged Care and Immigration.

