

SUMMARY REPORT -“SHARE YOUR STORY”

February 14, 2011

Prepared by Kathy Black, Ph.D. and Suzanne Gregory

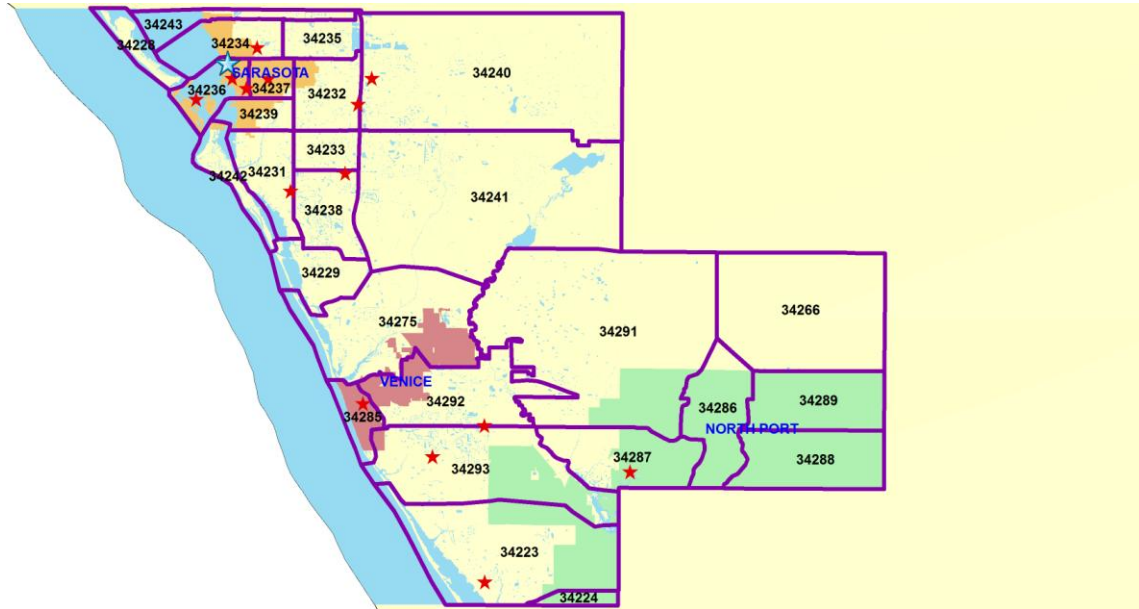
The Aging with Dignity and Independence Initiative has collected data from the community using an “Appreciative Inquiry” approach in which persons of all ages were asked to “share their story” of a positive interaction with an older adult. A data collection form (see Appendix A.) was developed and used to collect the stories in person- via community forums, and electronically, via online participation.

A total of 15 community forums were held throughout the county. Table 1 indicates the date, location, and number of attendees participating at each site. Online participation to the Share Your Story was collected from August 25, 2010 through January 23, 2011. Participants totaled 217. Map 1 depicts the locations of community forums held throughout Sarasota County.

Table 1. Community Forum Locations and Number of Participants

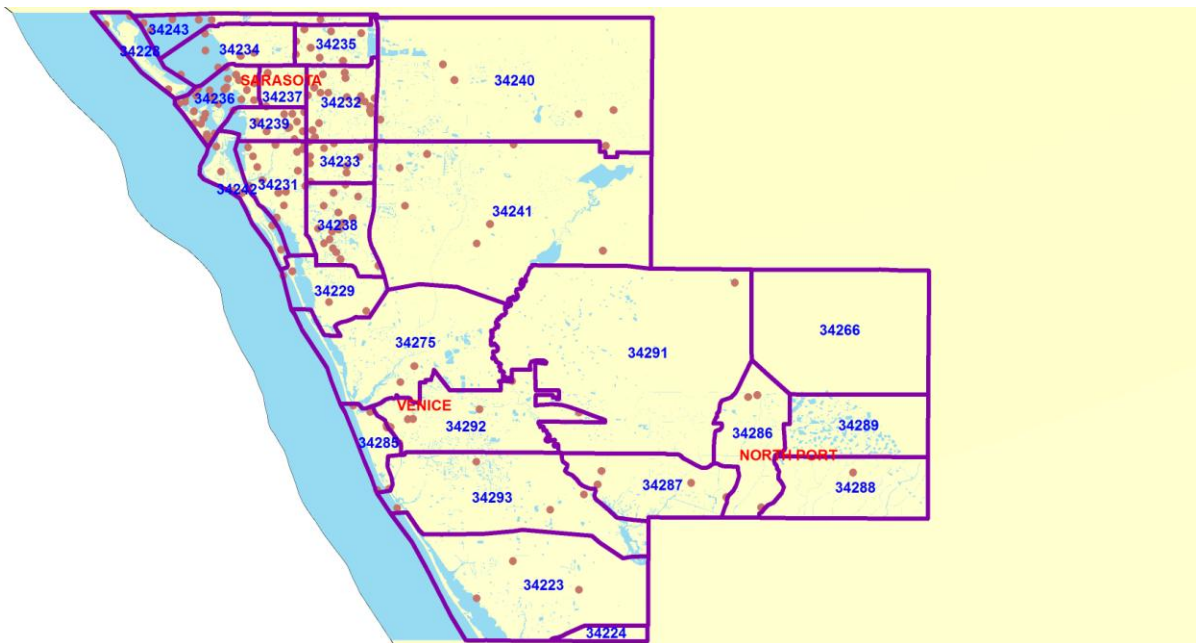
Date	Description	Participants
25-Aug-10	Aging in Place Action Team	8
30-Nov-10	Jacaranda Library, Venice	7
3-Dec-10	Selby Library, Sarasota	13
3-Dec-10	Elsie Quirk Library, Englewood	3
6-Dec-10	Gulf Gate Library, Sarasota	16
9-Dec-10	Venice Library, Venice	10
9-Dec-10	Ctr for Arts & Humanity, Sarasota	5
5-Jan-11	Fruitville Library, Sarasota	16
6-Jan-11	North Port Library, North Port	0
10-Jan-11	North Library, Sarasota	3
10-Jan-11	Red Cross Youth	24
13-Jan-11	Health Plex	1
18-Jan-11	Plymouth Harbor	26
19-Jan-11	JFCS	23
20-Jan-11	Venetian Falls	0
	TOTAL	155

Map 1. Community Forum Locations



Demographic information about the participants is as presented below. There was a wide representation of participants throughout Sarasota County, with responses received from 37 zip-coded areas. (Map 2.) There were 21 additional responses from outside Sarasota County, with the majority (14) from Manatee County.

Map 2. Respondent Location by Zip Code (n = 201)



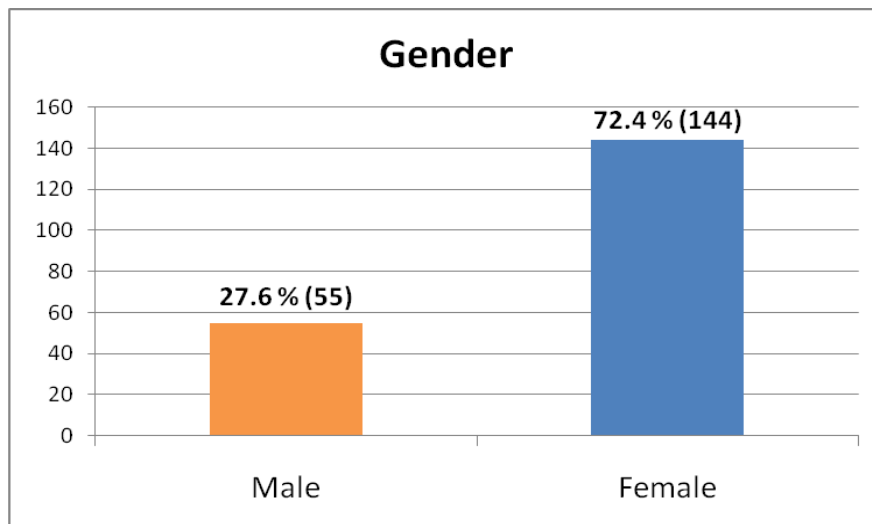
AGE: The participants ranged in age from 12 to 96 with an average age of 57. Graph 1 indicates the age of participants.

Graph 1. Participant Age (n = 190)



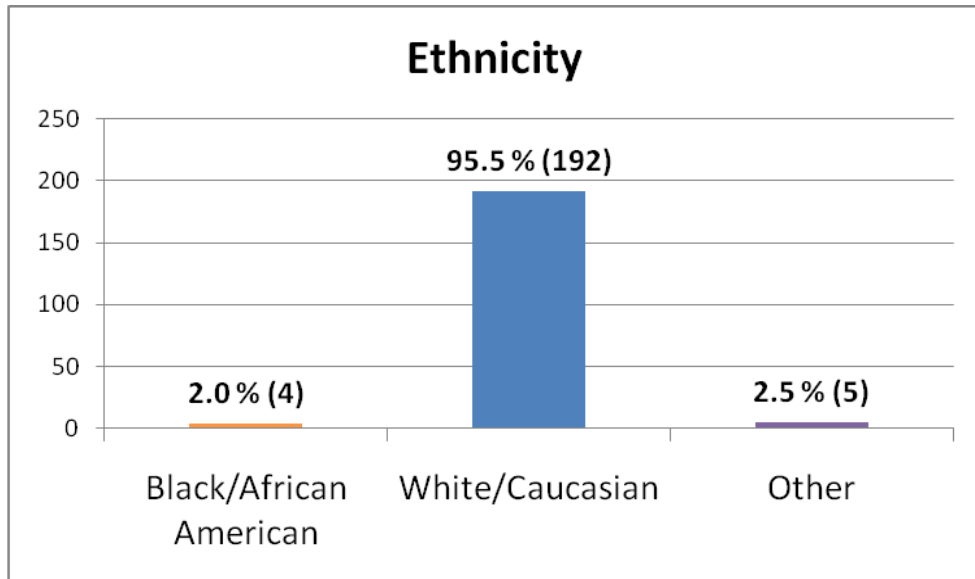
GENDER: Nearly three-fourths of the participants were female as noted in Graph 2.

Graph 2. Participant Gender (n=199)

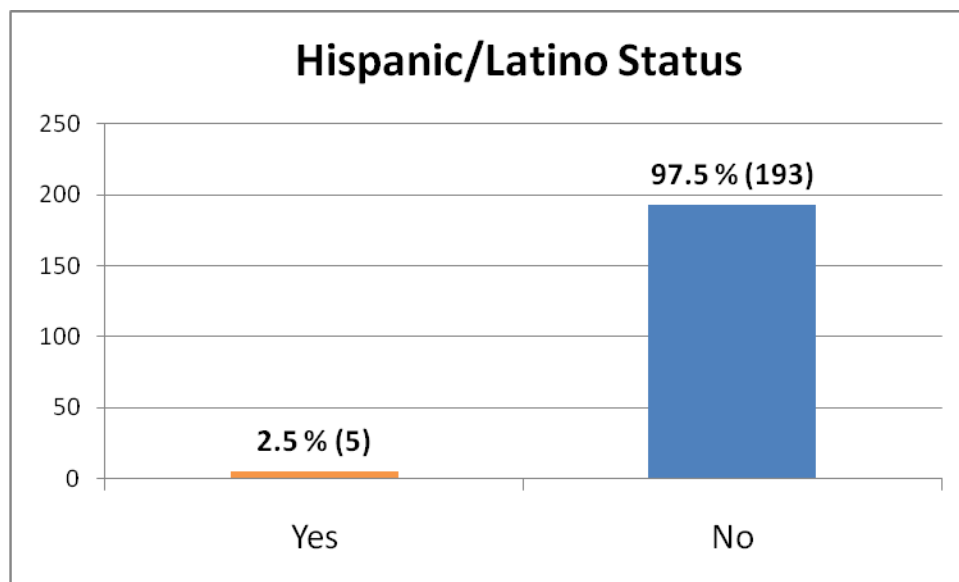


ETHNICITY: The majority of the participants were Caucasian and non-Hispanic as noted in Graphs 3 and 4 respectively.

Graph 3. Participant Ethnicity (n = 201)



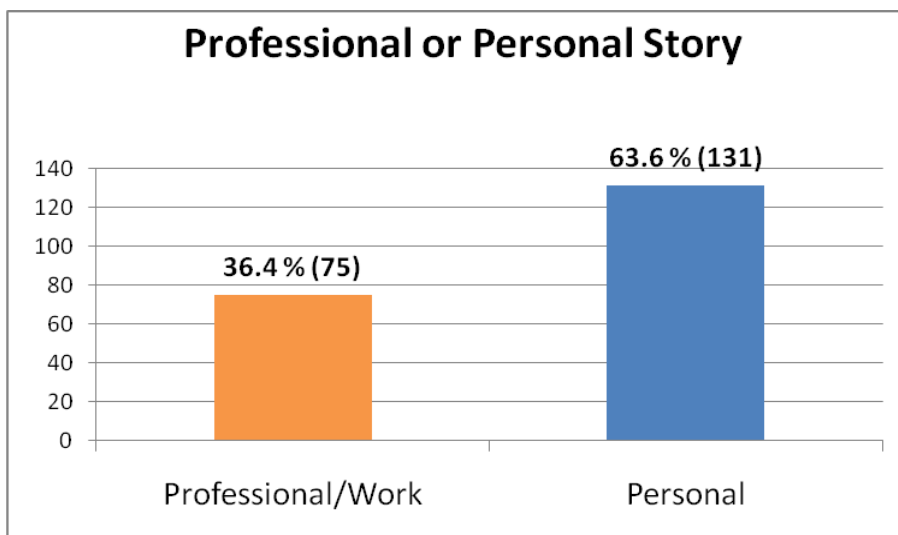
Graph 4. Participant Hispanic/Latino status (n = 198)



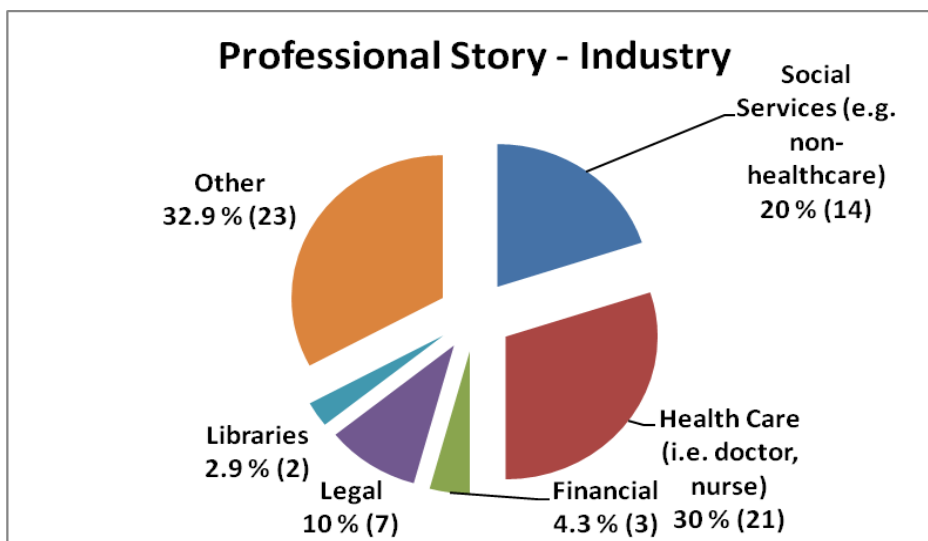
TYPES OF STORIES

The types of stories shared by participants were characterized as either personal (i.e. parent) or professional (i.e. healthcare worker). More than half of the stories reported were identified as personal (Graph 5). As noted in Graph 6, about a third of the personal relationships were reported from friends, neighbors, and social group connections while about a quarter were from spouse, adult child, and grandchildren. Among those reporting professional relationships with the older adult, one-half were from either the health care or social service industry (Graph 7).

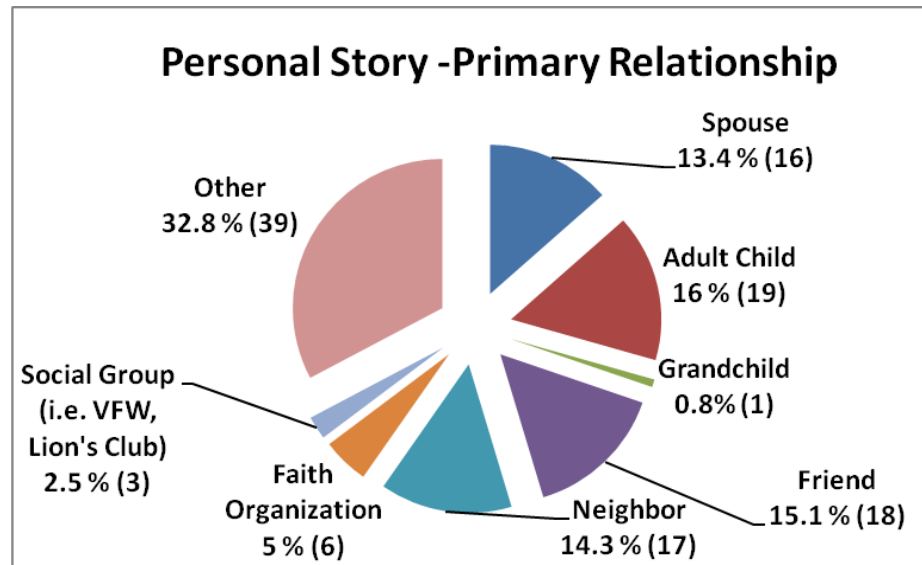
Graph 5. Type of Story (n = 206)



Graph 6. Personal Story – Primary Relationship (n = 119)



Graph 7. Professional Story - Industry (n = 70)



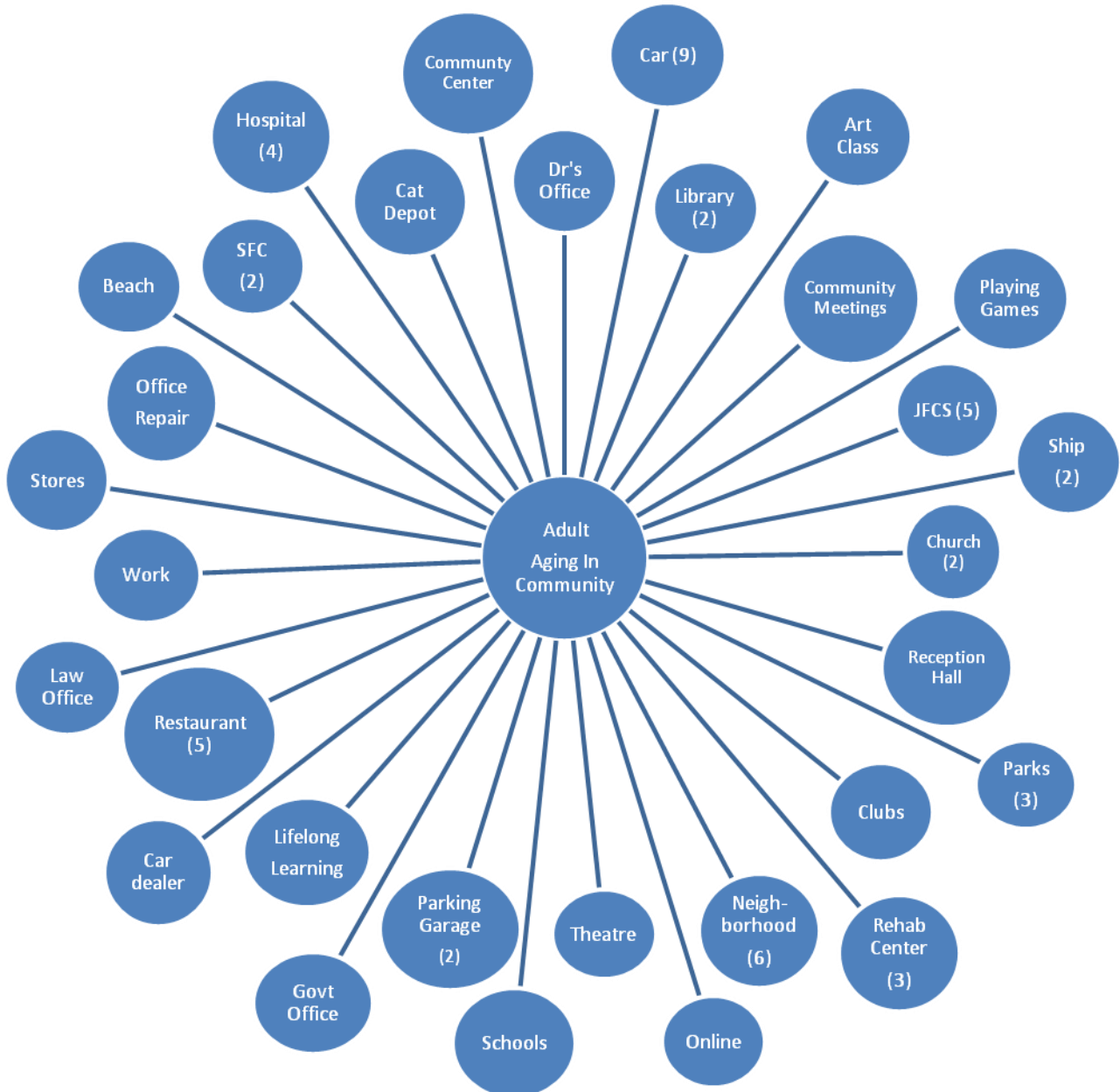
ABOUT THE STORIES

Respondents were asked to provide descriptions of the older adults involved in their stories as well as the time and location in which the “positive interactions” occurred. Overall, the stories involved:

- approximately twice as many women than men;
- representation across all older age groups (60s, 70s, 80s, 90s, and 100s) with the majority of cases among those 80 and older;
- mostly individual persons, but also couples and groups of older adults;
- relatives and strangers although most were “not related” to the story teller;
- interactions that occurred in the recent and distant past – with about one-third occurring within the past year, about one-quarter in the past 10 years, and one-quarter more than 10 years ago;
- all times of the day and night (i.e. morning, afternoon, dinnertime, midnight) and across all seasons and Holidays (i.e. summer, winter, Christmas and Easter);
- vivid time details including the exact to the minute, including stories from many years ago;
- a single episode as well as extended periods of time; a range of settings from the home, across the continuum of care, and throughout the community as depicted in Figure 1.

Sites of Story Interactions Throughout the Community

Figure 1. Sites of Interactions



Verbs Used in the Stories

The following verbs were used to describe ‘what’ people did to support the dignity & independence of the older adult. The size of the font reflects the frequency of usage in the stories shared.

listened • provided • supported
respected • connected • appreciated • spent time
assisted • encouraged • loved • informed • recognized
created • engaged • involved • offered • visited • befriended
cared • cleaned • socialized • taught
accepted • advocated • attended • contributed • conversed • counseled • empathized
escorted • explained • invited • maintained • participated • responded • shared
allowed • emulated • enjoyed • accompanied • admired • alleviated • celebrated • clarified • comforted
coordinated • demonstrated • discussed • donated • educated • empowered • facilitated • helped
included • instructed • interacted • joined • managed • partnered • prayed • preserved
prevented • promoted • relocated • refurbished • replaced • relieved • scheduled
smiled • transported • validated • valued



Table 2. Story Themes and Subthemes

Promoting Socialization	Engaging in Activities
	Teaching and Learning
	Volunteering
The Importance of Aging in Place	Staying Home
	Supports to Remain Home
	Don't Forget Transportation
Provisions from A to Z	Simple Acts of Kindness
	Extraordinary Efforts
	Coping and Emotional Support
	Connecting Through Others and Information
	Throughout the Continuum of Care
More Than First Impressions	Unexpected Finds in Casual Encounters
	Revelations for the Story Teller
	The "Youth" Intergenerational Connection
Secrets of Positive Interactions	It's All About Communication
	The Power of Relationships
	Meaning and Understanding

STORY THEMES AND SUBTHEMES

A total of five broad themes were derived from the stories and listed in Table 2. Descriptions of the themes are presented below in the order of frequency in which noted throughout the findings.

PROMOTING SOCIALIZATION

Many of the respondents reported interactions that promoted socialization by “*encouraging*” and “*inviting*” older adults to “*get out*” by participating in a wide range of social activities. Respondents noted obvious benefits to the older adults in the activities mentioned. Sub-themes include engagement in activities, teaching and learning, and volunteering.

Engaging in Activities

In many cases, engagement in activities involved simply urging the older person to resume previously enjoyable and routine activities such as “*going to church,*” “*knitting,*” and “*reading,*” while in other cases, older persons were coaxed to “*try something new*” such as “*dancing*” and “*art class.*”

“... I was working with individuals who had recently suffered a stroke or early diagnosis of Parkinson's. We were teaching them how to use the arts as a way to embrace new things that they could do as well as a vehicle for stress reduction. This individual has one good hand that was very crippled, the other had had been amputated. I thought to myself, this is going to be a challenge. Not her! After I helped her get the paint out of the tube, she was off and running. I will never forget the smile on her face and exuberance she displayed as she exclaimed "Finally, something I can do! Thanks for being here and working with people like us!"

The activities identified included physical: “*exercise,*” “*walking,*” and “*swimming;*” social: “*shopping;*” games: “*cards,*” and sports: “*softball.*”

“My grandmother tended to "control grandpa" by consistently saying, "you shouldn't do that" (implying he was too old). However, my teenage brothers, friends and I convinced him to go to the park with us, where we convinced him to participate in an informal game of softball. He hit the ball and attempted to run (or walked) the bases, making his way to first base. The look on his face showed so much happiness; he was like a kid again.”

Many activities centered on social involvement in the home setting around daily life activities such as “*cooking*” and “*meal preparation,*” as well as involvement in special activities such as “*holiday*” and “*birthday*” celebrations.

“Food is very important in our culture; it equals love. Mom's hands are arthritic and she can no longer cook as she'd like. Sooo . . . We cooked/ baked together for her future needs - packaged and froze. She can eat well with ease.”

“I was busy preparing the meal for everyone and I engaged my mom by giving her the sweet potatoes to peel so she would feel like she was participating as cooking for everyone was always

a joy for her. My mom has dementia and she cannot cook by herself anymore. She no longer felt out of control of her physical condition and became a contributor to the meal preparation. She was grateful to be included. Her face lit up with a big smile. We don't see many of them these days. It was a blessing to all of us."

Respondents reported that encouraging involvement in groups helped the older person to stay "involved in the community," along with other benefits:

"She was determined that she was not going to feel sorry for herself, and that she was going to be the best that she could be, in order to preserve her mind, her health and her lifestyle, and she was a group leader in our discussions, encouraging others to do better."

Several respondents reached out to "isolated" older adults to keep them connected. Several respondents connected the older adults with their own circle of friends:

"My (older relative) shared with me that she felt very isolated but didn't have the energy to 'start over' in her current retirement community even though she'd lived a very active and engaged life as a younger person. I racked my brain with how to 'help' her and realized the best thing I could do would be to connect her with others, starting with my own circle and what I personally love about her--her personality, experience, and great spunky spirit. I brought my friend ... to meet her, not thinking or talking about it like it was to visit my poor old (relative) ... but to come meet my awesome (older relative) They hit it off and it was a great joy for me to see the two interact,... to hear (her Aunt's) stories and appreciate like I do what a wonderful woman she is."

For others, regular "visits" ensured socialization opportunities for the older adult. In some cases, regular "visits" were created with "dogs" and "cats" to provide for an ongoing connection to animals.

"These people are enjoying the evening at the front area of the nursing home. My dog ... & I roller-bladed past them every night & stopped to chat & let them pet (dog)... they looked forward to seeing & talking with us every night. Two of the people in wheelchairs actually would make the effort to walk with us."

"I arrange for cats to be brought to the (institution)... where... residents spend one-on-one time with the orphaned cats. It's a synergetic relationship; the animals are getting human interaction, and the [elderly] residents offer the invaluable service of their time and compassion...It's win-win."

Teaching and Learning

Many respondents reported stories pertaining to "teaching" older adults as well as older adults involved in "learning." Topics included new skills such as "computers" and "e-books," as well as "sewing," and "dance."

"I teach computer classes.... More and more older adults are coming to ...learn about computers -- both to keep their minds active and for the socializing. When the students first start they are

timid with the mouse. After being in the class...It is very rewarding to see that light go on when they have figured out how to use the mouse and what they can do on a computer. It is so rewarding to see older adults ... get on a computer, check their portfolios, and connect with their families. They also have a sense of pride that technology has not left them behind."

In other cases, older adults were encouraged to further develop or share their skills such as speaking to groups about historical knowledge or other general "wisdom." There were many benefits from the exchange:

"He told (his) story...During class he was fairly negative about general remarks he made, but when he spoke about his ... work, his eyes sparkled, he became quite animated & his entire body straightened to show his pride."

"She taught me how to cook biscotti, homemade pasta and other traditional Italian food. I learned a lot and enjoyed the experience."

Volunteering

Volunteering was reported as a particular type of socialization that appeared to benefit the older adult as well as others. In the words of one respondent, volunteering was good:

"Because they were doing something they enjoyed and something that was good for their well being and they became friends with the other participants."

"We have senior volunteers I've had many positive experiences with all of them but one in particular. We have a volunteer who goes above and beyond to help out...He helps with the volunteer banquet, participates in ... activities, etc. Each holiday he makes the staff members different things..."

THE IMPORTANCE OF AGING IN PLACE

Many respondents shared stories pertaining to aging "at home." Indeed, the majority of stories reported occurred in the home setting. Sub-themes here included the primacy of staying home, supports to remain home, and transportation.

Staying Home

Respondents reported being able to "stay at home" and "age at home with family" through a variety of activities such as helping to "return home" after an institutional ("hospital," "rehab") stay.

"My mother had a series of falls ... Then we had to come up with a plan. All she wanted to do was return to her home - she could no longer care for herself."

"My Dad was able to remain in his home and life and flourish independently. His life was lengthened by not being in a facility."

Supports to Remain Home

In order to stay at home, respondents reported providing a variety of supports to remain at home. Stories included interactions of personal assistance for Activities of Daily Living (ADLs). Many persons shared stories of assisting older adult's mobility in the home setting, while others reported a sense of familial allegiance and life-changing caregiving experiences:

"My father would have considered it a betrayal to place my mother in a facility. I believe he would have ended their lives rather than do so. By moving in with them, I was able to keep them together in their own home. (I don't know that keeping her at home as long as we did was best for my mother, but it was what my father needed.) With me in the house, my father was able to regain some autonomy and socialize with friends again."

"I took a 6 month leave of absence ... to temporarily help my father get adjusted to his new home and life when my mom died. That was years ago. I'm still here. I find community resources for keep people independent and in their home..."

"My mother had Alzheimer's disease, and it had reached the stage where my father could no longer care for her by himself. They were of a generation that considered moving into a Nursing Home as worse than death, so I left my home in [another state] and moved in with them to help. I have never regretted that decision. My father and I worked as a team caring for my mother"

Respondents also reported providing assistance with a range of Instrumental Activities of Daily Living (IADLs) to facilitate aging-in-place. According to the respondents, help with IADLs for the homebound older adult was most helpful to age *"independently."* The respondents shared stories of helping the older person shop and manage their bills. Others reported assisting with *"home maintenance," "yard" maintenance, and "cleaning"*:

"People in my neighborhood don't traditionally stop working until they are about 80. They still take care of themselves and their immediate surroundings until well into their 80's. We support them by doing the "heavy lifting", helping them with the upkeep of their housing and yards. Making sure they have food, and interacting with them. The elderly remain physically and mentally active well into their 90's."

"Elderly African-American women don't usually retire until they can't walk and stand for hours (around 75). The women in my neighborhood have all outlived their husbands and still live in their own houses. The ones who can still drive help the ones who don't drive. We make sure they get the help they need to remain in their homes. Food, yard work, painting, daily visits, rides to the doctor and to shopping. There is no reason for them to leave their home until they cannot take care of themselves inside the home."

"My husband had open heart surgery. Different neighbors and friends were very supportive. But our next door neighbor & another neighbor took it upon themselves to do the lawn maintenance for us. We did not ask them to do it; they just did."

The benefits of helping older adults manage their medication independently as a means to support living at home was reported by several respondents:

“Five years have gone by and she is now 88, and still doing her own medication at home on her own. No more trips to the ER for over dosage of medication and being told about the importance of taking her medication correctly by doctors and nurses. No high cost home health medication administration so she still has money to spend and a life style. Not moved out of her home”.

Don’t Forget Transportation

Many respondents indicated that transportation was the source of their positive interactions. Many stories centered on necessary rides to such places as “*medical*” appointments and “*church,*” though others provided rides “*all over Florida*” and for “*fun*” as well:

“They could rely on this transportation every Sunday morning rain or shine...”

“My mom lives alone, has (multiple medical conditions), and walks only with a walker very carefully within her small house. She was too weak to get out of the house...She insists on living in her home and likes her privacy, but was getting “cabin-fever” and bored... got her out of the house and into the car, where we drove around Sarasota, seeing all the new roundabouts, buildings, etc. She was so, so, SO happy! A car ride was all she needed, and she had many memories of that day to fill her days with during the following week.”

PROVISIONS FROM “A TO Z”

Throughout the stories, respondents reported many interactions and experiences that represented a range of provisions that included simple acts of kindness, to connecting older adults to services through information, emotional support in coping with a range of circumstances, and in many cases, exhibited extraordinary efforts on behalf of their interactions. In addition, the stories occurred from the home setting and throughout the continuum of care.

Simple Acts of Kindness

Several of the respondents’ stories indicated simple acts of kindness. From a simple act such as taking the time to “*find a book at the library*” which saved an older adult from “*fruitlessly searching shelf by shelf,*” to “*waving,*” which acknowledged the presence of an older adult. In other cases, more selfless acts were reported, such as “*carrying*” an older stranger downstairs, and spending the time and money to purchase and replace a cherished stolen necklace for an older woman. The eloquence of such simple and caring acts are noted in the following poem-like stanza written by a 12-year-old boy:

*“I gave my seat to an older man
Supported by a walker. I saw he was
Struggling and gave him my chair
So he could sit.”*

Other respondents noted similarly simple acts:

“(encountered) ... situation when the partners were somewhat helpless & frustrated: the partners were disabled, unable to move effectively and were stranded. I merely assisted by holding a table as support; encouraging they hold onto a door and my arm to be seated.”

“Encountered 2 people in the parking garage looking lost. When I approached and offered help, they explained that they needed to be at an appointment on the opposite side of our campus. Instead of trying to give them directions and expecting them to recall all of the turns, I offered to walk with them. I also gave them the information about which garage they were parked in and what floor so that someone could walk them back to their car after their appointment. They were very grateful and thanked me repeatedly.”

Extraordinary Efforts

Many of the respondents indicated that “*helping*” in any number of ways contributed to the positive interaction. For some respondents, they simply were “*available*” to help as the need arose. Several respondents “*served as a surrogate decision maker for advance directives*” for an “*isolated older person who had no one.*”

According to another respondent:

“... he and his wife lived together for 55 years before her death. No children, only a nephew out of state. (Older person’s) attorney encouraged him to complete his advanced directives, etc. Since he trusted me as someone who knew him, he asked for my assistance. I spent several visits at his home completing the five wishes and related paperwork, taking the time to listen to all his concerns and facilitate his decision-making based on his core values.”

Other respondents reported other noble experiences:

“ Neighbor (female) called to say ... was waiting for husband to come and pick her up. he had not arrived yet and she was concerned. We went to neighbors house to check on husband, he came to the door very shaken he had cut himself on the finger and could not stop bleeding. he was trying to deal with that hence had not gone to pick up wife. Later found out he was on a blood thinner. (Respondent) Ask(ed) (her) husband to go pick up (older adult’s) wife, in the meantime applied pressure on the finger and tried to stop li suggested he go to the hospital to be checked out he was a diabetic as well. wife said she was in no state to drive my husband and i drove them to the hospital around 10p.m. at night. We stayed with the through the entire process and took them back home by 1.a.m.”

“The husband was her caregiver, but was very frail and ill himself. She was bed-ridden, not in pain, but helpless. How he loved and NEEDED to talk; to talk of his military service, his life in review, his on-going volunteerism at the hospital, his wonderful and loving wife. He also ended up in the hospital from a fall outside; he so needed us to cook for him laundry and clean, as well as my bed-side vigil with his peaceful wife.”

In other cases, respondents possessed distinct skills and interest in helping. This was particularly the case for respondents who reported stories in a professional interaction. Several reported intervening to “prevent financial abuse.” Indeed, the professionals reported interactions that demonstrated “special relationships” with the older adult that appeared to go above and beyond their role.

“(older adult) was 87 year old, living alone in her home. She was a retired... , yet was extremely isolated, depressed, and found to have limited capacity and in need of a limited guardian. She was targeted by some local scams and had stopped going to church, doctor’s, and any outside appointment. When we got involved we immediately put in some home care assistance, stopped the financial bleeding, and scheduled her back with her physician. We brought her to church, helped her connect with old friends, and parishioners picked up and began bringing her to church , meetings, and other functions. We made arrangements for her to go to the theater and see a show with a companion, an activity she used to love.”

“Went to visit (older adult) as I saw her weeping through lobby. She shared that she could not afford her insulin. County said she had too much money. I asked permission of her to have her share (her financial information). She had 1000.00 saved for her inheritance for daughter. ... I suggested she take that money after a long soft talk and buy her own funeral. More to this story however she did this and felt relieved... I also called in human services to verify it was an option and a legal move according to them. ...She was also given other options to spend it if she needed personal items and she did. A coat from a thrift store. Gloves. Hat. And a purse that was not all ripped up. We both felt good and she was so happy not to have to cry anymore and think she would die because she did not have insulin.”

Coping and Emotional Support

Many of the respondents indicated providing emotional support in their interactions. Most often, this was in response to coping with serious life challenges encountered in old age. A distinct subset of the theme focused on “loss(es)” of “spouse,” “adult child,” previous life “identity” and “status.” It was important for many respondents to “be there” for older persons, and especially couples, who were dealing with either the death and impending loss of their spouse. Several respondents reported providing support at the end of life:

“Her husband was getting progressively worse, and I was there for her; to talk and to listen. Her husband had passed away 4 weeks ago and I felt I was able to comfort her.”

“... I went to visit her for a couple of hours once a week. She resisted having anyone visit her - said she had plenty of friends, didn’t want me to come. ... I believe it made her last days (she died after several months) really fun, gave her something to look forward to, and best of all, made me feel like I was doing something for someone else to make a difference in her final days....”

“I with my husband’s help returned her to her home - I got help for her, and my husband did the food shopping - later as she aged , she became bed bound and we increased help. She also wanted a cat, which we did provide - and so she remained at home until she died, peacefully as she had hoped.”

“My father was in his late stages of life. I took him in with me. I had people stay with him during the day as I worked. At the end, we had hospice come in. He felt so at peace when they helped. It was amazing. Everyone needs to just listen to the dying person and their stories. You can’t get the time back. Please be patient and kind and respectful of them.”

Other areas of emotional support were either broadly directed “*all over support*,” or in response to mental health concerns such as “*depression*” and other emotional issues.

“I meet with him once a week and we talk about whatever is on his mind. I’m trying to encourage him to live each day to its fullest. He has [a mental health disorder] and onset of dementia. He has a poor self-image and I try to encourage him to think positively and try to work out ways to improve his own self image. We talk about whatever interests him....”

Connecting through Others and Information

The respondents indicated many instances of connecting older adults with information. In many cases, older people were connected with information that benefitted their health:

“Elderly people come in to ask for information in order to comprehend medications that are prescribed for them or surgeries that are suggested by their physicians. I make them feel comfortable with what they are doing and enhance their knowledge of their condition.”

In other cases, older persons were connected with vital resources such as “*Social Security*,” and information that led to access to lawyers for “*financial benefits*” in which they were entitled.

Many respondents indicated that they provided emotional support in conjunction with connecting older persons with others, “*self help*” groups, and information to provide further support. Several respondents who were widowed shared the following:

“Talked to each other and became friends as she was a widow and I was a widower.”

“We became good friends through mutual experiences. I was widowed for 61 years.”

Another area of emotional support and connection to information provided to older adults focused on coping with declining “*health*” and specifically, chronic conditions including “*arthritis*,” “*stroke*,” and “*dementia*.”

“(She) was frantic because her husband's metastatic prostate cancer had advanced. My husband has a more virulent form I've been dealing with the multiple issues and emotional upheaval this last year. I told her about CSCat and offered to take her. We agreed to attend together. I personally did not need to attend after the third session, but she continued because she found a "voice" for her anxieties, etc.”

According to one respondent, connecting older adults with information to access support groups was important:

“She was exposed to others with similar problems & everyone shared their thoughts & concerns in a “safe” environment with caring individuals.”

And providing information was viewed as particularly valuable:

“Because they were provided information that benefits daily life in a setting they choose and interaction was adult oriented (not talked down to because of gray hair).”

In the words of a respondent who worked in a professional capacity with older adults:

“(… made sure that they were always involved in and informed … I have been doing this a long time and know how to talk to the elderly about these subjects. I can also counsel their younger relatives. Information is key and allowing them the time to comprehend the subject is the most important aspect of what I do.)

Throughout the Continuum of Care

Respondents shared stories that were experienced throughout the continuum of care. Although the majority of stories occurred in the home setting, respondents shared positive interactions that occurred in primary care, acute care, assisted living, rehabilitation, and nursing home settings as well.

In the words of a professional who assists with outpatient procedures:

“I try to take a sincere interest in each person. In every case, I explain what the exam entails and prepare them for the worst (no sugarcoating!). From the start, they know what is expected of them and are made to feel like a crucial member of their own healthcare team. During and after the exam, they are given well-deserved encouragement and praise for a job well done. It is so gratifying to work with these older people. By getting through a difficult exam with a willing and cooperative attitude, they (older people) feel like they are contributing to their own positive healthcare outcome. This imparts a sense of control and thereby enhances their dignity and independence.”

Of particular importance, and benefit, to many respondents were interactions that promoted “home-like” care and “comfort” to institutionalized older persons.

“We made their residential living feel like home. Provided a social / recreation program, and ran field trips and made each person feel valued and enjoy living.”

“The transition has given her more independence, social interaction, freedom to enjoy life without worry of being alone - both for mother & daughter.”

MORE THAN FIRST IMPRESSIONS

Unexpected Finds in Casual Encounters

Many of the respondents shared that their positive interactions occurred during casual encounters:

"I was standing by an elevator and waiting for a friend when a gentleman stepped off looking confused as to where to go. I said 'Hello' and asked about a pin affixed to his jacket. My question led to a lengthy discussion about his life."

"...in the neighborhood - kids were exploring a street they had not checked out before and encountered a(n) (older) neighbor in her front yard..."

Other meetings occurred in unexpected places such as a "car repair shop" and "fast food" eateries. Although initial meetings might have only occurred once, in some cases, the relationship ensued with many benefits attributed to the connections:

"... Customer's car was towed over from another shop, which had diagnosed it ... The customer was very upset and concerned of the cost of the repair. Through our diagnostic procedure we identified that the problem ... and the cost to repair this was about 1/4 of that which was quoted ...Needless to say she was elated and all she could do was cry. Every year since (older adult) brings us cookies and gives a big thank you, and she is obviously a customer for life."

"Revelations" for the Story Teller

Many respondents indicated being "inspired" after their interaction, particularly when the older adult was facing a deteriorating health course.

"My mother is 84 and was to have a hip replacement and in the pre-opt they discovered Stage 4 lung cancer - after nine chemos she continues to fight with a wonderful attitude - she considers herself very fortunate when she sees so many younger people at the Hospital suffering - she wants to help them any way she can. She is thankful for the life she has lived - she has inspired me more than ever!"

"... my mother is terminal - I am available whenever needed ... (am) in awe of how my mother is handling all of this - I hope if it happens to me that I can have just a little bit of the strength she has shown."

Respondents also reported other revelations from their interactions with older adults in a range of circumstances:

"Daily I interact with (older adults). I admire their enthusiasm, their stories. They will tell me stories of their younger days, or will see that I am working hard and they give me good counsel. They offer hope, encouragement..."

"This is not a single event but rather a frequent situation. I perform common ... as well as more challenging (medical procedures)... These exams can be unpleasant for a younger, more resilient person, and so can be especially difficult for the elderly. Yet, in the vast majority of cases, it is the elder individuals who complain the least, cooperate the most and express their appreciation for the compassionate care they receive during these exams. They are truly an inspiration."

"I was visiting him and his wife. He asked me, if I had time, to help him practice putting in his hearing aids, which he hadn't been wearing regularly. I asked him if he would wear his hearing aids more, and why he wanted to do so. He said it would not only enable him to hear better, but that he thought it was inconsiderate of him not to wear them. When I asked why, he said "So other people in our conversation wouldn't have to keep asking me to repeat things. I couldn't believe at his age he was more concerned about others!"

"The arts are a gentle way in which we can connect not only with each other, but a way in which we can learn more about ourselves. The art was simply the vehicle of expression. It did not see that she was "crippled" and therefore, there were no limitations on what we accomplished together that day. She learned how to do new things and as an artist/teacher, I learned that I will never underestimate the process or the human spirit."

"Taught me a lesson - that dignity is important"

"Our friendship has made life more meaningful. Each day is a precious one."

The "Youth" Intergenerational Connection

The respondents shared many intergenerational connections in their stories. It is noteworthy that the majority of respondents (39%) were middle-aged (age 45-64), 13% young-adult (age 20-44), and approximately 10% were adolescent (age 12-19); thus the preponderance of the stories shared WERE intergenerational in nature.

Of particular interest however, is the "youth" intergenerational connection of which the following is noted. Among the 20 respondents, only one involved a grandparent while all others were non-kin. The majority of the interactions occurred throughout the community in a range of settings including: local hospitals, bookstore, rehab setting, neighborhood, yard, home, school, church, businesses and library. Note the following excerpts, from the mouths of babes:

"Elder friend enjoyed teaching me. She felt needed as well. We became good friends. She was in her 80's and I was 10 years old."

"She was kind of going blind, and was not able to sign the back of her cards (credit/bank), So I helped to see, by finding an old pair of my grandmas glasses which worked for her, I also used to visit her home about 3 times a week. It was fun!"

"I helped her find a book in the library, because she couldn't read the fine print (she left her glasses at home)."

And from the perspective of some middle-aged respondents:

“My (older relative) was recognized for what makes her unique, interesting, important and valuable. She was not treated like someone who needed pity or who was 'needy' overall, but as someone with something to share. She shared her gifts and also made a genuine personal connection with someone of a generation that often doesn't connect much with older adults.”

“It is valuable to continue to exercise one's mind and at the same time great fun to interact with young people and make even a small difference in their development and appreciation of history.”

“The conversation was about how much wisdom and experience she had in life that she could be a help to young people. She stated that many times people don't want to hear older people. I shared that God had blessed her and she should share the wealth of knowledge that she had learned through her life. She could help the single and married women.”

SECRETS OF POSITIVE INTERACTIONS

Respondents were asked to cite specifically what they did to make the interaction positive. Analysis of the stories revealed dimensions of interpersonal communication and connection as well as meaning that transcended the experience.

It's All About Communication

Many of the respondents identified specific communication skills noted in the interactions. Foremost, the respondents cited *“listening”* as most important.

“Because we LISTENED, with interest and no agenda, no time schedule. And his wife so wanted him to be OK that as she saw her husband and home cared for, her courage and strength for her final journey was supported.”

“I was by her side. I was an effective listener in that I heard her unspoken words..... I brought her special comfortable clothes that I knew she would want to wear.”

According to the respondents, taking the *“time”* to listen allowed the older person to *“express”* him or herself. For some, this expression, in turn, led to some additional insight:

“(older adult) understood that I was listening with respect and without judgment to his wishes and decisions, and took the time we needed. He stated that he felt comfortable because he felt that I knew him as an individual.”

“Simply made the effort - made the time when there were lots of other demands.”

“I created opportunity for him to tell about his experiences and gave him ample time & respected his situation.”

"Gave them peace of mind, listened to their story, acknowledged fears."

Other qualities in communication were also apparent:

"Stayed positive, gave encouragement when she had temporary doubts about her ability to get out of the house. Kept things simple so she could have quick successes."

"... positive personality and outlook ... fun. My sincerity and knowing that someone genuinely cared."

The Power of Relationships

Many respondents indicated the importance of relationships in their positive interactions:

"She felt, I think, as if we were equal partners in the conversation, learning from one another, enjoying one another"

"Life is give and take and we both were enhanced. Constant re-enforcement and treating them as valued members of our community add to their dignity. Having convenient, meaningful opportunities of them gives them reason to get up in the morning and know they will be appreciated today gives them independence. A community of people of the same, general age adds to the comfort level and the independence because there is someone that understands and is willing to help when needed and someone with whom to socialize."

Other respondents reported on deeper connections through relationships:

" I think that sharing life stories enhances dignity and awareness. It helps them know each other better and they are rewarded with an appreciative audience."

"I believe she gained some dignity by having something to talk about with her family (who lived far away) besides the progression of her disease. She felt independent even though she was in a wheel chair and otherwise house-bound. We disagreed about a lot of things, and discussed them at length."

"We became mentors for each other."

Other respondents recognized how the relationship was able to progress:

"Because he felt so comfortable with me that he started talking to me about his experiences"

"I held the "sacred space" for her to be able to trust in herself. It was an honor."

"(I)Understood. Suggested she could trust me never to tell anyone and that I could find a way to help her. I talked softly and with souls loving care of her. I gave her options and no one would ever know from me she cried. I sat close to her and listened. She trusted me and that is way it was successful to have her open up and talk."

Meaning and Understanding

Many of the respondents' stories indicated a deeper understanding about how the older adults' life benefited from the interaction. A wide variety of understanding was exhibited, including 'why' and 'how' the respondent's interaction helped boost the older person's confidence in self and others:

"Helped to complete task and maintain confidence."

"She realized she could do something she hadn't done in quite awhile. Her memory skills were better than she anticipated and her "sense of play" was activated... So much better than hours in front of the TV."

"I let him do things for himself when he was capable of doing it."

"When we clear up a situation for someone it renews their faith that there are people around who will help them without even a fee..."

"... enhanced as a stranger showed interest ..."

"empathized with them and imagined how I'd feel if the situation were reversed. I'd just want someone to care enough to help."

Several respondents reflected on their interactions with non-related older adults:

"I feel that , them doing for my husband was like a son would do for a father. Later when my husband was feeling better, he would reciprocate in kind."

"She was able to take some of her memorized recipes and give them to me since she has no children to pass them down to. She also got me to teach something and didn't feel like I had to take care of her."

"...they were thrilled beyond belief that a neighbour would go the distance we did, they have been concerned about lack of family and resources nearby. Kids live out of state. This made them feel they have neighbours that care enough to lend a hand as needed to help them remain independent in their home."



Appendix A.

**Aging with Dignity and Independence Initiative
Community Forum *Share Your Story***

Date _____

Gender M _____ F _____ **Age** _____

Ethnicity Black/African American _____ White/Caucasian _____ Other _____

Do you consider yourself Hispanic or Latino? Yes _____ No _____

Zip code (where you live) _____

Is your story related to your professional work/experience or a personal experience?

Personal _____

- _____ Spouse
- _____ Adult Child
- _____ Grandchild
- _____ Friend
- _____ Neighbor
- _____ Faith Organization
- _____ Social group (i.e. VFW, Lion’s Club)
- _____ Other (please specify)

Professional/Work _____

- _____ Social Services (i.e. non-health care)
- _____ Health Care (i.e. doctor, nurse)
- _____ Financial
- _____ Legal
- _____ Grocery
- _____ Home Maintenance
- _____ Hair/ Beauty Services
- _____ Mail
- _____ Libraries
- _____ Other (please specify)

Aging with Dignity and Independence Initiative
Community Forum *Share Your Story*

Date _____

The Story

- *Think of a time, a particular instance or episode, when you experienced a positive interaction with an older person (65+).*
- *This was a time when you felt successful and proud of what you were doing.*
- *The older person's dignity and independence was enhanced.*
- *Respond to the following questions with as much detail as you can recall.*

Who was involved? (Identify age, gender)

Where did it occur? (Identify setting such as home, etc.)

When did this occur? (Identify year, time)

What was the situation or context? What happened?

In your opinion, why was their dignity and independence enhanced?

What did **you** do that made it so successful?