



**GSA 2019**

**ANNUAL SCIENTIFIC MEETING**

Strength in Age: Harnessing the Power of Networks

**NOVEMBER 13–17, 2019**  
**AUSTIN, TEXAS**



**TRANSPORTATION IS  
THE DRIVER TO VISIT**

Does community connectedness effect  
depression symptoms of residents?

**Presenter: VIVIAN J. MILLER, Ph.D., LSW**  
Thursday, November 14, 2019

## OLDER ADULTS IN NURSING HOMES

- Older adults who live in nursing homes are at an increased risk for **depression**<sup>1</sup>
- Residents of nursing homes often experience an **acute loss of control**, which may **exacerbate** any existing symptoms and signs of **depression**<sup>2</sup>
- Older adults may experience **isolation** and lack strong **social connectivity**<sup>3, 4</sup>
- **Maintaining connections** among community members is accomplished via **transportation**<sup>5</sup>



## OLDER ADULTS IN NURSING HOMES

- **Travel time** and **access to transportation** are two of the **main barriers** experienced by family members to visit their loved one in the nursing home<sup>6</sup>
- Connection among community members **maintained** through **transportation** including nursing home residents<sup>7</sup>
- Ongoing involvement of family members may **help resident mental well-being**

**Social Determinants of Mental Health** framework<sup>5</sup>



## THE STUDY

- Explore the **effect transportation** has on depression-symptoms of residents
- Sequential **mixed-methodological** study design
  - **Phase 1:** Quantitative
    - Mediation model
    - Non-probability purposive sample
  - **Phase 2:** qualitative



## PHASE ONE – inclusion criteria

### Resident

- Age 55+
- Alert & Oriented x 3 (MMSE)<sup>8</sup>
- Did not intend to return to community
- Family member visited
- English speaking

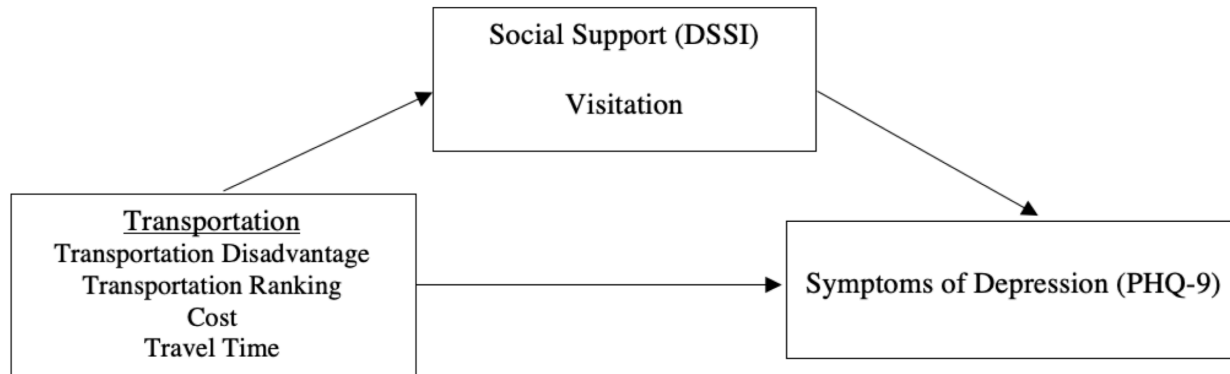
### Family Member

- Age 18+
- Visit resident
- English speaking

- $N = 86$  resident-family member dyads in 11 CMS-certifiable Nursing Homes across North Central Texas



## PHASE ONE – variables



- Transportation Disadvantage Assessment Tool<sup>7</sup>
- Transportation-ranking\*<sup>7</sup>
- Cost
- Travel Time
  
- Social support (DSSI)<sup>9</sup>
- Visitation frequency
  
- Depression symptoms (PHQ-9)<sup>10</sup>



## PHASE ONE – study results

### Residents

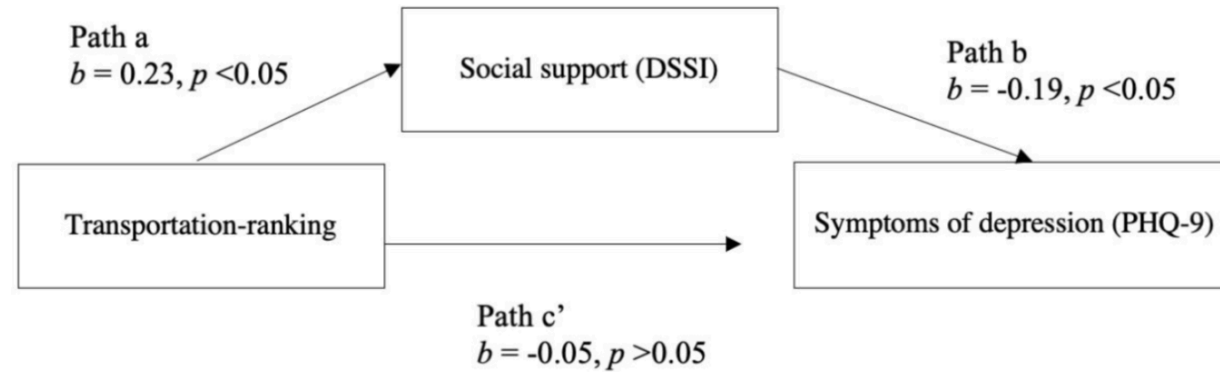
- 73.3% Female
- 37.2% aged 65-74 years old;  
27.9% aged 75-84 years old
- 86% Non-Hispanic White; 11.6%  
Black or African American; 2.3%  
Hispanic or Latinx
- 36% Health was 'Good'; 24.4%  
Health was 'Fair'

### Family Members

- 65.1% Female
- 29.1% aged 50-59 years old
- 88.4% Non-Hispanic White; 9.3%  
Black or African American; 2.3%  
Hispanic or Latinx
- 58.1% Child of Resident; 15.1%  
Aunt/Uncle or Other



## PHASE ONE – study results



- Transportation-ranking is significantly associated with higher levels of social support
- Higher levels of social support are significantly associated with lower levels of depressive symptoms among residents.





## PHASE ONE – implications

- Transportation measurement tools have **continued to fall short** in US
- Transportation is a **multi-dimensional** concept warranting further research
- Professions, including transportation planners, civil engineering, and social workers each have a vested interest in **promoting social equity** and **enhancing the lives** of marginalized, vulnerable populations<sup>11</sup>



## PHASE TWO

- **Qualitative follow-up** with 11 family members ( $n=11$ ) of residents
- Purposively sampled sub-set of 86 family members
  - Extreme cases
- Multiple **case study** approach
- Conventional content analysis approach was used to analyze qualitative data<sup>12, 13</sup>

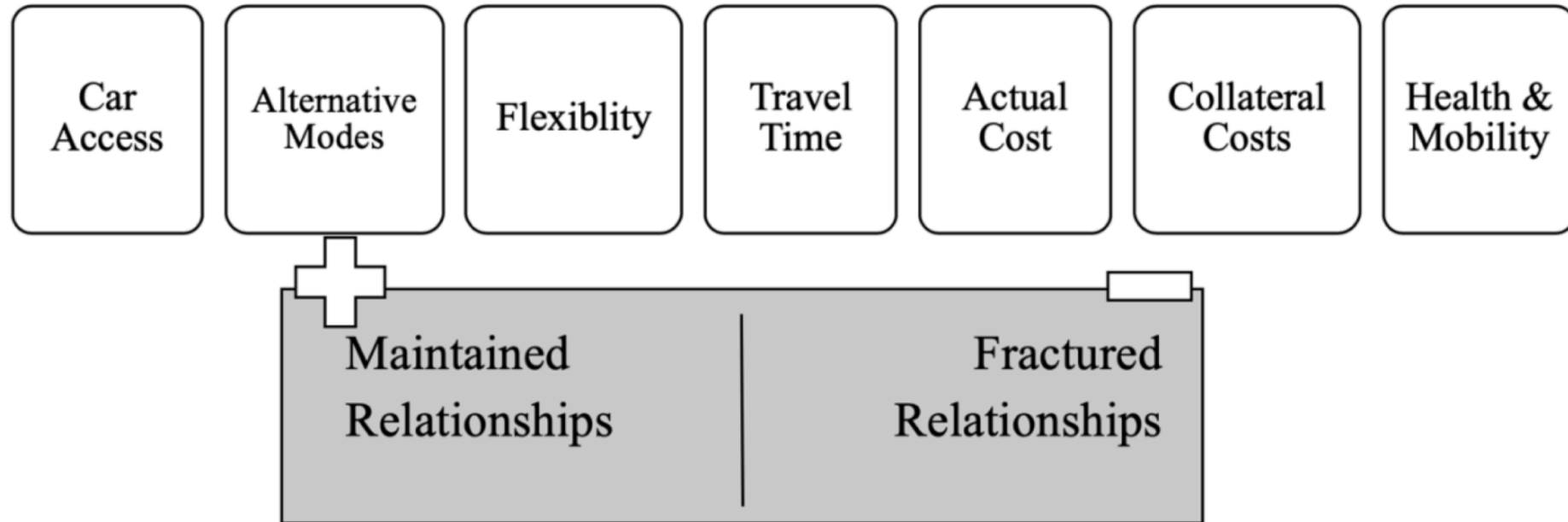


## PHASE TWO - study results

- 63.6% Female
- 72.7% Non-Hispanic White; 27.3% Black or African American
- 72.7% Car as primary mode of transportation; 1.2% bicycle; 2.3% other



## PHASE TWO – study results



## PHASE TWO – study results

- **Car Access**

- “So having this new car, it just opened the door for possibilities...” (P2086)
- “I don't have any problems even with one car because of the way we schedule things together to be able to have access to my mother. I don't have any disabilities so, therefore, I don't have any issues regarding getting to my mother” (P2008)

- **Alternative Modes**

- “passenger trains. I don't know. They don't up in this part of the country, but maybe they do central and southwestern trains. I think they still run. That would be the only way I could get there, yeah” (P2133).
- “When I took the Greyhound? Okay, that was a truly terrible experience.”
- “Very limited access that was very disappointing and disgusting is that I didn't always have transportation available to go see him. That was a big downer for me” (P2123).



## PHASE TWO - study results

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## PHASE TWO – study results

- **Flexibility**

- “Well I own my own vehicle. So if I get on a whim and I just really want to go visit her, I can do it at any point in time. I don't have to wait on a set schedule. I can leave at any point in time during the day. So that's nice, and then getting over there to the facility. They don't have a set, specific hours that you can't or can come in, usually. You can go in at any time. So, I mean, that helps” (P2516)
- “Well, it wasn't bad, because, like I said we stay right across the freeway, on the other side of the freeway. So, there was no problem getting there” (P2128)



## PHASE TWO – study results

- **Travel Time**

- “May I just say stressful drive, like I said it's three and a half hours on a very busy highway on I35” (P2025)
- But I do live six hours away from there. So the problem would be the time travel...” (P2086)
- “Just that ... the distance, and then once you get there, you're just like okay now I'm here and I gotta spend time with my family ... and usually you're tired after four and a half hour trips, so tired and just ready to get moving. Yeah” (P2516)





## PHASE TWO - study results

- **Actual Cost**

- “Of course there's a cost related to gasoline and car maintenance and those types of things as well, so that would be a couple negatives” (P2025)
- “So, like I said, I am in school, and I don't have a dependable ... I have a job. But it's not enough money for me to make trips like that, so I haven't really been able to go down there and see my mom”. She also shared, “I think that money would be a challenge” (P2086)
- “I have been going about once every four weeks trying to extend that out to every five or six weeks at this point because of the cost of the nursing home went up ten dollars a day, so that equates to about \$300 more a month out of pocket for us. So I have tried to offset some of that expense by going a little less often or not staying quite as long” (P2025)



## PHASE TWO – study results

- **Collateral Cost**

- “Probably a mix of the time and the cost. I mean gas isn't super expensive, but there's more with it than just the gas to get there ... we actually had to find a place to stay and have the money to be able to do that” (P2516)
- “And then I guess a third would be somewhat of a monetary restriction. I have to stay in a hotel room when I'm there so that costs anywhere between \$150-\$200 a night. And my visits are shortened because of that restriction too” (P2025)
- “Trying to reduce the cost of the hotel by a night or so when I do go. Coming home late in the afternoon instead of staying over a night and coming home the next morning, that type of thing.”



## PHASE TWO - study results

- **Health & Mobility**

- “The fact is I'm 78 years old. I've had three back operations. I'm going to have a knee replacement Friday...I can't really walk...So, I'm not really in a position to travel, you know, at the moment” (P2133)
- “Well, at this point in time, I'm not sure I could complete a trip...You know, physically” (P2133)



## PHASE TWO – study results

- **Maintained & Fractured Relationships**

- M: “It’s positive on the days that I can go” (P2312)
- M: “I’m able to spend the one-on-one time with her that is so wonderful. That has made this huge difference in my life, in our lives. So as far as I’m concerned that’s the biggest benefit for me regarding being able to have the mobility and the transportation that I can do that” (P2008)
- F: “Just if I lived a lot closer, I would probably visit a whole lot more frequently, like at least once a week. But it’s so far away that’s obviously just can’t happen, so unfortunately. I wish” (P2516)
- F: “The outcome would have been real great, that way I could have had more chances to gone and seen, visit with him. Which is what he was needing as well. That would have been the greatest outcome of it is if I could have had more times of transportation of being able to go visit him more often” (P2123)



## PHASE TWO - implications

- Prohibitive costs and **transportation disadvantage**
- Persons of minority status are at greater risk for transportation barriers and challenges, and overall transit disadvantage<sup>14</sup>
- The relationship between family members visiting their loves in nursing homes is a **social justice** and **social work** issue



## OVERALL IMPLICATIONS

- Transportation is **complex**
  - Age-friendly communities and **equity** in transportation solutions
- As the landscape of the nursing home population changes, the importance of **family visitation** may become increasingly important
- **Social workers** can leverage their community connectedness to find vouchers or assistance (transportation) to increase family members' ability to visit the nursing home



## DISCLOSURE(S)



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**THANK YOU**

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