ABSTRACT

SENIOR CONNECTIONS: A TRANSPORTATION PROGRAM FOR SOCIALLY ISOLATED AND DEPRESSED OLDER ADULTS:

A GRANT PROPOSAL

By

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Depression is a prevalent problem within the elderly population and the problem is expected to increase with the projected growth of this population. Depression is often caused by inevitable losses related to aging including retirement, moving out of the family home, loss of a spouse or other loved one, and loss of mobility. Depression that is left untreated can put an older adult at risk for suicide and a higher mortality risk due to physical illness. Social support and social contact are important factors in quality of life and mental health outcomes for older adults. Lack of reliable transportation and loss of driving privileges can lead to social isolation and can be a barrier to attending social events and maintaining contact with friends and family members. The purpose of this project was to create a transportation program intended to decrease depression in older adults by reducing social isolation and connecting them to community activities. A search of funding agencies was conducted using the Internet and personal contacts. Archstone Foundation was chosen as the most suitable funding source based on the

project goals. Actual submission and/or funding of this grant were not required for successful completion of this project.

SENIOR CONNECTIONS: A TRANSPORTATION PROGRAM FOR SOCIALLY ISOLATED AND DEPRESSED OLDER ADULTS: A GRANT PROPOSAL

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CHAPTER 1

INTRODUCTION

Depression is a prevalent problem with the elderly population (Aakhus, Granlund,, Odgaard-Jensen, Wensing, Oxman, & Flottorp, 2014; Acharyva, 2012; Tong, Lai, Zeng, & Xu, 2011). This problem is expected to increase as the number of people over age 65 grows. According to the National Alliance on Mental Illness (NAMI) of the 35 million adults over 65 years of age, 6.5 million are affected by depression (2014). It is estimated that 5% of the U.S. population over 55 years of age experience major depression (Fulbright, 2010).

Although there is a high prevalence of depression in older adults, depression is not a normal part of aging (Center for Disease Control [CDC], 2014). Depression is often caused by inevitable losses related to aging (Acharyya, 2012). Depression can be caused by changes such as retirement or moving out of the family home (NAMI, 2014). Loss of significant others, such as a spouse or friends, has been found to increase the risk of depression in older adults. Physical changes such as mobility problems or a disabling disease can lead to depression in a once active adult (NAMI, 2014). The many losses that occur with old age can lead to sadness, loneliness, decreased self-esteem, and social withdrawal (Acharyya, 2012; American Psychological Association [APA], 2014).

One of the major factors that can trigger depression in older adults is social isolation. Grundberg, Ebbeskog, Dahlgren, and Religa (2012) found that social contact

can reduce social isolation which can lead to increased mental health outcomes. Another study concluded that lack of a strong social network was associated with depression (Canbal et al., 2012). Aakhus et al. (2014) found that regular social contact, such as participation in group activities, helps to manage symptoms of depression. Older adults who have access to senior centers experience less loneliness and depression. The activities and social interaction provided at these centers reduce isolation by helping seniors develop support systems (Fulbright, 2010). Acharyya (2012) studied older adults who experienced loneliness due to social losses and inability to participate in community activities, and found higher levels of depression.

Access to transportation has been shown to be a factor in enabling older adults to maintain contact with social contacts (Thomas, O'Connell, & Gaskin, 2013). One of the factors that can be a barrier for older adults seeking treatment for depression is lack of transportation services (Nyunt, Ko, Kumar, Fones, & Ng, 2009). Another study found that access to transportation was a factor in lower-income adults seeking psychotherapy for depression (Choi, N.G., Hegel, Marinucci, Sirrianni, & Bruce, 2012).

Purpose Statement

The purpose of this project was to write a grant to provide funding for a transportation program to connect older adults to needed social and cultural resources. Some older adults find themselves in living situations that disconnect them from their social, cultural or ethnic groups. The inability for the elderly to be involved with those who speak their primary language or participate in cultural or spiritual practices can lead to isolation and depression. Staff social workers and Master's of Social Work (MSW) interns would refer clients who would benefit from the transportation program to a case

manager, who would make arrangements with a contract agency for services. Transportation services are currently available for medical appointments at the host agency, however, there is need for transportation to connect older adults to community resources, religious services, cultural events and other activities that reduce social isolation and enhance social contacts.

Definition of Terms

Depression–A mental illness that can manifest in the following symptoms: feelings of sadness, loss of interest or pleasure in all activities, change in appetite or weight, disturbances in sleep, agitation, fatique, feelings of low self-worth or guilt, difficulty concentrating or suicidal thoughts or intentions (NAMI, 2014).

Paratransit Services–Specialized, door-to-door transport service for people with disabilities who are not able to ride on a regular fixed-route system due to disability (Amputee Coalition of America, 2015).

Religion–The visible execution of beliefs expression through rituals, symbols, liturgies, doctrines and creeds that identify one as a member of a particular denomination (Burton, 1992).

Social Isolation–An individual lacking a sense of belonging, social engagement, and quality relationships. (Dury, 2014)

Loneliness–Feelings related to lack of companionship (Dury, 2014).

Spirituality–The search for personal meaning and mutually rewarding relationships among human beings, the non-human environment and/or a higher power (Canda, 1988).

Social Work Relevance

Social workers perform a vital role in connecting older adults to resources in the community. As the number of older adults increases worldwide, social workers have the opportunity to make an impact on the lives of this population. Social workers who interface with older adults as case managers, counselors, friendly visitors and other helping roles are in a prime position to identify depression and isolation in this population and to offer tools and options for alleviating these conditions. The National Association of Social Workers (NASW) Code of Ethics provides a mandate that social workers uphold core values, which include providing service and respecting the dignity and worth of the person (2008). Social workers serve the community by discovering the needs of its members and facilitating the delivery of resources to meet those needs. By connecting older adults to resources that enhance their independence and promote their wellbeing, social workers support the dignity of their clients and recognize their worth as members of their communities (NASW, 2008).

Cross-Cultural Relevance

Depression is a common problem among older adults over age 65. Older women are twice as likely as men to suffer from depression (NAMI, 2014). Factors that can cause depression in women are caring for a spouse or loved one, hormonal changes related to aging, and becoming a widow (NAMI, 2014). The problems related to social isolation and depression affect older adults of various racial and ethnic cultures. The number of older adults (65+) of all minority groups in the United States is expected to increase. The number of elderly African Americans is projected to rise 7.1 million by 2030 and to comprise 11% of the population by 2050. The largest Asian/Pacific Island

population in the United States resides in California. There were 1.3 million elderly Asian/Pacific Islanders in 2008, which is anticipated to rise to 7.6 million (8.6 % of the population) by 2050. It is projected that by 2019, older adults of Hispanic heritage will be the largest racial/ethnic minority group in the United States. In 2008 elderly Hispanics comprised 6.8 % (2.7 million) of the population and the numbers are expected to rise to 19.8 % by 2050 (Administration for Community Living [ACL], 2014b). There is a high rate of depression in the elderly Hispanic population due to economic factors and lack of access to healthcare (Sadule-Rios, 2012). It was found that Korean immigrants with limited social support experience greater isolation, which can put them at greater risk for depression (Kim, Sangalang, & Kihl, 2012).

CHAPTER 2

LITERATURE REVIEW

Introduction

Depression is a common problem in the growing older adult population (APA, 2014). Depression is often caused by biological problems, genetic factors, and losses related to aging (NAMI, 2014). Loneliness due to social isolation is a major factor in the development of depression in older adults (Acharyya, 2012). Engaging older adults in senior centers and community activities can help reduce social isolation and depression (Fulbright, 2010). Loss of driving privileges and lack of reliable transportation have been found to contribute to social isolation and depression in older adults (Peel, Westmoreland, & Steinberg, 2002). This review of literature will highlight the problems of depression, social isolation, and lack of reliable transportation, and explore possible solutions for better mental health outcomes in the older adult population.

Older Adult Population

The population of older adults in the United States has been increasing and this trend is projected to continue. The number of people 65 years and older reached 43.1 million in 2012, which is 1 in every 7 persons in the United States (ACL, 2014b). This represents an increase of 7.6 million people, a 21% increase, since 2002. The percentage of Americans over 65 years old has tripled since 1900, growing from 3.1 million to 43.1 million citizens. Data from 2012 showed seniors aged 65-74 numbered 24 million,

seniors 75-84 numbered 13.3 million, and those over age 85 reached 5.9 million (ACL, 2014b). More recent data show the number of adults 60 and older increased by 24.6% between 2000 and 2010, while the number of adults 85 and older increased by 29.6% during this same period (U.S. Census Bureau, 2014). Some of the increase in the older adult population can be attributed to the increase in life expectancy, which rose by 4.2 years between 1960 and 2007 (AgingStats.gov., 2012). The racial and ethnic breakdown of all older adults in the United States shows a projected increase in all groups by 2050. In 2010, 80% of the older population (age 65 and over) identified as White, 9% identified as Black, 7% identified as Hispanic, and 3% identified as Asian. The Hispanic older adult population is projected to be the fastest growing minority group and in 2050 is projected to be 20% of the population, while the elderly White population is expected drop to 58%. The number of older adults in other minority groups is expected to increase by 2050 with Blacks reaching 12% and Asians reaching 9% of the population (U.S. Census Bureau, 2014).

Depression

There is a high prevalence of depression in the elderly population and the incidence of depression increases with age (Aakhus et al., 2014). Older adults who are experiencing depression are at risk for deterioration in cognitive functioning and developing medical illness. Depression that is left untreated can put an older adult at risk for suicide and a higher mortality risk due to physical illness (NAMI, 2014). Depression in older adults may remain untreated due social stigma associated with mental health and older adults' negative perceptions of psychological treatment. Other barriers to mental

health access for seniors are lack of transportation, lack of financial resources, and family attitudes (Hartlaub, Biedenharn, Brouillard, & Seidel, 2014).

There are many factors that can cause depression in the older adult population, ranging from biological and genetic factors to psychological make-up and environmental stresses (NAMI, 2014). The emotional well-being of older adults is undermined by the effects of aging such as loss of physical health, loss of family and friends, and inability to participate in desired activities. These losses can lead to sadness, anxiety, feelings of lowered self-esteem, and depressed mood (APA, 2014). Older adults who have less education and limited economics resources have higher levels of depression (Choi, K., Stewart, & Dewey, 2013). Zauszniewski et al. (2004) reported that negative feelings can lead to increased mental health problems in older adults. Dai, Zhang, and Li (2013) found that older adults' level of activity had a direct effect on their subjective well-being. Problems with depression can affect the daily activities of older adults. One study found that because of depression older adults had difficulty with personal hygiene, household cleaning tasks and organizing their personal affairs (Choi, N.G., et al., 2012). For some older adults levels of support and/or living arrangements can be related to depression. N. G. Choi et al. (2012) found that older adults who reported problems with housing/living arrangements and with family and other relationships had higher depression scores than others in the study. Zhang and Li (2011) found that older adults who suffer the loss of a spouse lose a source of material and emotional support, which can lead to feelings of inadequate family support and increased levels of depression. This same study found that older married adults who perceive an inadequate level of support by friends can experience high levels of depression, however the levels of depressive symptoms were

higher in widows than in married couples. Acharyya (2012) found that elderly people that live in nursing homes have higher levels of depression. Older adults who have the opportunity to work or participate in other activities outside the home may have different mental health outcomes than those that must stay at home to give care to loved ones. K. Choi et al. (2013) reported that older adults that are involved in paid work, informal helping, and volunteering were at lower risk of depression, while those that were caregivers had a higher risk of depression.

Gender and Depression

Gender is an indicator for depression with female seniors experiencing depression at higher rates than male seniors (Choi, K., et al., 2013; Cummings, 2002; Timalsina, Sherpa, & Dhakal, 2014). Older women are twice as likely to become depressed as older men. Factors that are attributed to higher levels of depression in older women are hormonal changes; stress related to maintaining relationships and caregiving, which traditionally fall on women; and being unmarried or widowed (NAMI, 2014). Boen (2012) found psychological problems three times higher in women than in men. Some of the factors associated with depression in women are age, religious belief, level of education, chronic illness and social support (Lin & Wang, 2011). The authors also found that women 85 years and older reported lower levels of social support which was linked to high levels of depressive symptoms. This same study revealed that elderly women who live alone have higher levels of depression than men that live alone. A study from Ireland explored the prevalence of depression and gender differences in a large sample of older adults. The authors found an association between cardiovascular diseases and depression, and that current smoking was more strongly associated with

older women than with older men. The authors concluded that depression in older woman can lead to smoking, which can then put them at risk for cardiovascular disease, and that smoking did not lead to depression (Regan, Kearney, Savva, Cronin, & Kenny, 2013). Depression puts older adults at risk for suicide. While both senior men and women have high rates of suicide, men are more likely to take their own life (APA, 2015).

Comorbidity with Physical Health

A common problem of older adults with depression is comorbidity with at least one medical condition (CDC, 2014). One study found that 75% of depressed older adults were diagnosed with at least one other medical condition (Morrow-Howell, Proctor, Rubin, Hi, & Thompson, 2000). Lin and Wang (2011) found that older adults with chronic illness were more likely to have symptoms of depression. Physical illnesses that are associated with risk of depression are stroke, cardiac arrest, hip fracture and macular degeneration (NAMI, 2014). Tong et al. (2011) found that problems in executing instrumental activities of daily living (IADL), and illness, are related to more depressive symptoms. Some older adults, who because of physical impairment are no longer able to drive, experience a loss of independence that can lead to depression (Peel et al., 2002). Mui (1996) found that assessing depression in the older adult population is complicated due to reported somatic symptoms, use of multiple medications and actual physical problems. Boen (2012) reported that somatic health problems, in conjunction with lack of social support, can lead to increased psychological distress.

Cross-Cultural Considerations for Depression

Depression in older adults is a global problem that touches different racial and ethnic groups. Mui (1996) discovered that medical problems were a significant factor in reported depression among elderly Chinese immigrants. Another study of Chinese elders found that activities added to feelings of happiness and positive subjective well-being, which can decrease levels of depression (Dai et al., 2013). Hinton et al. (2012) found that older Mexican-origin men were less likely to be diagnosed with depression than older White men and that Mexican-origin men were less likely to report a diagnosis of depression. This same study also found that the majority of both Mexican-origin and White older adult men did not receive effective treatment for depression. In a review of research on depression among Hispanics in the United States, Sadule-Rios (2012) found that there was a high level of depressive symptoms in the older Hispanic population. It was found that one of the main factors contributing to depression among older Hispanics was stress associated with acculturation. In a study of attitudes about mental health treatment Hispanic seniors had a less favorable attitude toward seeking treatment for depression than Anglo seniors (Hartlaub et al., 2014). Korean immigrants face problems with acculturation, low socioeconomic status, and lack of English proficiency, which affect their general well-being. One study found that Korean elders with limited English skills were more likely to experience depression and anxiety (Lee, H. K., & Yoon, 2011). A Turkish study showed that older adults that live alone experienced high levels of depression. The highest rates of depression were attributed to those that live alone in their own homes. A major factor that was shown to contribute to depression was

loneliness, which was attributed to living alone, lack of visitors, and lack of social support (Parlar Kilic, Karadag, Kocak, & Korhan, 2014).

Loneliness

Older adults are especially susceptible to feelings of loneliness (Heravi-Karimooi, Anoosheh, Foroughan, Sheykhi, & Hajizadeh, 2010). Loneliness due to social isolation is a major factor in the development of depression in older adults. Loneliness related to the many losses experienced by older adults can affect their mood (Acharyya, 2012; APA, 2014). Fokkema, Gierveld, and Dykstra (2012) conducted a cross-national study on the causes of loneliness in the elderly population. Being unmarried, female and having a higher age are primary causes of loneliness. Other findings from the study determined that perceived health problems and lower income levels were positively related to feelings of loneliness, while frequent social gatherings with family members, higher levels of social contact and higher levels of education were negatively related to loneliness. Parlar-Kilic et al. (2014) found that seniors living with their spouses reported less loneliness than seniors that live alone. Loneliness was associated with such emotions as sadness, despair, desolation, emptiness and anxiety.

Alienation from family members and other important relationships, lack of emotional support, divorce, death and feelings of abandonment can cause loneliness in older adults (Heravi-Karimooi et al., 2010). Moyer, Coristine, Jamault, Roberge, and O'Hagan (1999) found that lack of a strong social network can lead to feelings of loneliness and isolation. Wu et al. (2005) found that group affiliation creates an opportunity for older adults to contribute to their communities, which in turn decreases loneliness and social isolation, and increases feelings of self-worth. A study of older

adults in Spain found that loneliness was a significant factor in mental health problems in this population (Losada et al., 2012). A study of older adults in Iran revealed that a deficit of support systems, reduced access to intimate relationships, and experiencing neglect and abuse can lead to loneliness. In a qualitative study of 13 older men and women living alone in Tehran, the participants reported that loneliness caused intense emotional problems in their lives (Heravi-Karimooi et al., 2010). In a comparison study of the oldest old of China and the United States, it was discovered that Chinese elders have less opportunity to form group affiliations than U.S. elders due to lack of transportation and cultural factors, leading to increased social isolation and loneliness (Wu et al., 2005).

Social Contact

Social support and social contact are important factors in quality of life and mental health outcomes for older adults (Boen, 2012; Canbal et al., 2012). Lang and Baltes (1997) discovered an association between amount of social contact and level of daily satisfaction reported by elderly people. Older adults who have regular social contact, physical activity, and optimism are more likely to have better mental health outcomes (Grundberg et al., 2012). Older adults that volunteer are found to have lower levels of depression due to their affiliation to social groups and increased social contact. Helping others and feeling needed increases self-esteem and decreases loneliness, which can lower levels of depression (Choi, K., et al., 2013) Cummings (2002) studied assisted living residents and found that satisfaction with social contacts and perceived social support were negatively related to depression and social activities were positively related to overall life satisfaction. Older adults who frequently attended religious services were

also shown to have increased levels of social support (Correa, Moreira-Almeida, Menezes, Vallada, & Scazufca, 2010).

There is a prevalence of social isolation in the older adult population which leads to decreased physical and mental health. Elderly people who are depressed are at an increased risk for deterioration in their social contacts (Canbal et al., 2012). Older adults who have limited social activities and barriers to social engagement with others lack a sense of belonging (Nicholson, 2009). It was noted in that same study that female seniors were more interested in socialization than their male counterparts. One study found a significant association between social support and psychological problems and found that women reported less social support than men (Boen, 2012). The oldest older adults experience a reduction in the size of their social networks which can lead to loneliness (Pinquart & Sorensen, 2001). It was found that seniors who experienced low levels of social support suffered increased isolation and loneliness, and exacerbated problems with IADLs (Moyer et al., 1999).

Seniors who live in neighborhoods with high crime rates and poorly maintained housing can experience barriers to social interaction (Moyer et al., 1999). Peel et al. (2002) explored the problem of transportation safety and available transportation options for older adults. The study found that loss of driving privileges and lack of good public transportation can lead to social isolation and loss of social contacts and community activities for seniors. Lack of transportation for older adults was reported as a barrier to attending social events and maintaining contact with friends and family members (Thomas et al., 2013).

Senior Centers and Community Activities

Fulbright (2010) found that community activities and senior centers provided social support that reduced depression in older adults. The results of this study showed that senior centers impacted the participants' lives in the areas of social support and reduced depressive symptoms, with 94% reporting that attending senior centers had improved their lives. N. G. Choi and McDougall (2007) found that older adults who are homebound are at a higher risk for depression than those who are able to utilize senior centers for social contact. Boen (2012) found that factors related to gender, age, and marital status predicted senior center usage. Older seniors were more consistent users of senior centers. Single women preferred senior centers over married women, while married men preferred these services over single men.

Engaging seniors in creative activities in their communities can strength their social networks and improve their mental health (Grundberg et al., 2012). One study recommended that primary care physicians who treat older adults with depression explore their patient's level of social contact and encourage social interaction such as group activities (Aakhus et al., 2014). Fisher and Gosselink (2008) advise those professionals who work with the older adult population to aid in connecting older adults in creative group activities in the community in order to promote empowerment, social engagement, and well-being. Rizzo and Toseland (2008) reported the benefits of group participation for older adults, as it provides mutual aid, social support and the opportunity for a wider social network. Zauszniewski et al. (2004) found that seniors expressed a need for human interaction and that church and club activities are an avenue for fulfilling that need. Seniors in this study also reported the value of having an opportunity to share

emotions and thoughts with others in a group. Cohen-Mansfield, Dakheel-Ali, & Jensen (2013) explored the importance of group activities for seniors in independent-living apartments. Their study showed interest in group activities was related to increased loneliness, higher educational level, and younger age.

Dai et al. (2013) found that family relations, good health and economic status contributed to the ability of older adults to participate in community activities. For instance, good health would allow older adults to attend exercise classes and economic resources would allow them to purchase related clothing or equipment for those classes. Family members could support seniors in their daily tasks, which would allow them more time to participate in social activities in their community.

Heo, Stebbins, Kim, and Lee (2013) in a study of Senior Olympics participants, discovered a link to serious leisure and higher mental health outcomes. Serious leisure involves activities that encompass six qualities: unique ethos, strong identification, durable benefits, career development, significant effort, and perseverance. Serious leisure provides older adults with substantial social benefits such as formation of friendships, increased social networks, increased self-esteem, and stress reduction; which enhance psychological well-being.

Cross-Cultural Considerations and Social Contact

Social contact is an important factor in older adult mental health across cultures and countries. A study of elderly Chinese in Singapore found that living alone can make these seniors more prone to social isolation. Changes that occur with modernization of the culture in Singapore, such as adult children living in separate dwellings, lead to cultural isolation and causes older adults to feel disconnected from the community (Wong

& Verbrugge, 2009). In another Chinese study, older adults that live alone were found to be vulnerable to social isolation and increased levels of depression (Mui, 1996). Kim et al. (2012) found that the elderly Korean immigrants who have limited social support are more socially isolated and are at greater risk for depression. A Canadian study of older adults in acute psychiatric units found that living alone, divorce, separation, and loss of a spouse put participants at increased risk for social isolation, and at risk for suicide and repeated hospitalization for psychiatric and medical issues (Seitz et al., 2012).

Older adults that have social contact report better mental health outcomes. A recent study showed that African American older adults strongly identified with religious institutions, where they received social support from their congregations and increased quality of life (Williams, Keigher, & Williams, 2010). In a study of supportive communities in Israel it was reported that older adults found satisfaction in social activities and felt that they enhanced their ability to make social contacts (Billig, 2004). A study conducted in Taiwan, found that social support reduced the risk of depression in older adults, with family support being a major factor (Lin & Wang, 2011). A study in Singapore of seniors using public transportation revealed that visiting family and friends was their most important reason for utilizing that service, with shopping being the least important (Krishnasamy, Unsworth, & Howie, 2012). A Chinese study discovered that strong relationships with family members are a strong indicator of reporting positive subjective well-being (Dai et al., 2013). In a study of elderly Chinese immigrants, it was discovered that family support was a significant factor in their quality of life (Mui, 1996). H. K. Lee and Yoon (2011) found that social support especially that supplied by family members, had a positive effect on anxiety, depression and general well-being among

Korean older adults. Another study found that elderly Koreans who have a larger social network are more likely to receive assistance in adjusting to the new culture, which can help in reducing psychological strain (Kim et al., 2012).

Religion and Spirituality

Spirituality is a major factor in understanding culture, which can impact mental health in older adults (Ellor, 2013). In a 2011 study, a significant amount of older adults reported that religion/spirituality was an important part of their lives (73%), that it helped them deal with emotional challenges, and that religion/spirituality should be included in therapy (Stanley et al., 2011). Correa et al. (2010) reported a significant level of religious participation, with 90% of older adults affiliating themselves with religious practice. This study also concluded that religiosity has an important impact on mental health in older adults.

Religion and spirituality are important components of the treatment process for many older adults. In an article exploring religion and spirituality in the *Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5)* and its implication in treating older adults, the author discussed the importance that spirituality can play in the mental well-being of that population (Ellor, 2013). In a study of social workers on the topic of spirituality in group work, Gilbert (2008) found that discussing spirituality was vital in making culturally competent assessments, and for helping clients cope with life challenges. Elderly adults who are able to share their religious and ethnic pride in group settings are likely to have more resiliency in dealing with losses and health problems; and that group leaders should find ways of including spiritual topics when appropriate (Rizzo & Toseland, 2008).

Cross-Cultural Considerations for Religion and Spirituality

Religion and spirituality have been found to provide a source of social contact and psychological well-being for older adults. Williams et al. (2010), in a study of African American older adults in Milwaukee, found that religious participation and connection to God was a source of strength and aided this population in coping with life challenges. Respondents reported that attending a religious service was one of the factors that helped them cope with work, family, or other personal problems. Spiritual/religious practices have a positive effect on the well-being of immigrant older adults. H. K. Lee and Yoon (2011) found that religiousness aided in decreasing anxiety and depression in elderly Korean immigrants. Another study of Korean immigrants revealed that membership in a Korean church is a vital part of their acculturation to a new country (Lee, E. O. & An, 2013). Korean churches provide a safe and familiar environment, a social network that provides needed assistance, people who share a common language, and a connection to social services. For elderly Koreans there is a stigma in seeking mental health services and they are more likely to turn to their faith community for help with mental health issues (Lee, E. O. & An, 2013). In a study of older adults who live alone, Lin and Wang (2011) found that men who held religious beliefs were less likely to report symptoms of depression that those that did not hold religious beliefs. Park and Roh (2013) discovered that older adults who participate in daily spiritual experiences (DSE) are less likely to experience depression. This study concluded that DSE and social support were negatively related to depression with social support being the mediator between the relationship between DSE and depression.

Transportation

Lack of transportation for the older adult population is a growing problem in the United States (Rosenbloom, 2009). N. G. Choi and Kimball (2009) found that lack of transportation was a problem that put older adults at risk for depression. One study found that seniors who have access to transportation are more likely to be treated for depression (Nyunt et al., 2009). McCrae et al. (2005) reported that lack of transportation can contribute to social isolation. Pinquart and Sorensen (2001) found that providing transportation to older adults can increase social interaction and decrease loneliness. Yen and Anderson (2012) identified that community resources, such as the availability of transportation, help older adults to maintain emotional and mental health.

Some seniors have difficulty maintaining contact with long-term friends due to limited access to transportation. In an article on "aging in place," many seniors stated that they would participate in activities outside their residential facility if there were more access to transportation (Thomas et al., 2013). Pekmezaris et al. (2013) found that non-driving older adults living in suburban communities had difficulty accessing transportation to vital services such as grocery stores, pharmacies, medical appointments, worship services, and family and friends. The authors found that women in the study reported more problems reaching these services than men. One study found that older adults expect to have more access to transportation services with the ability to make more trips to more varied locations than available at present. Seniors expect more flexible and reliable transportation that operates on time, takes them door-to-door, does not leave them waiting outside in bad weather conditions, and provides a broader range of available days and times for travel (Sterns, Burkhardt, & Eberhard, 2003). Rizzo and Toseland

(2008) found that older adults who participated in group meetings are often connected to community resources, such as transportation, which enable them to continue to participate in group activities. Morrow-Howell et al. (2000) found that older adults hospitalized for psychiatric care were highly in need of transportation services. One study found that the most consistent users of transportation services were seniors that were older and frailer and had less education (Cohen-Mansfield, Dakheel-Ahi, & Jensen, 2013).

Loss of Driving Privileges

Seniors are growing more dependent on their vehicles for transportation and the number of seniors who continue to drive into their 80s continues to increase. Despite this trend more funding will be needed to provide a wider range of special demand paratransit type services for non-disabled older adults and more flexible and reliable public transportation (Rosenbloom, 2009). Research on transportation needs for aging passengers found that traditional public transportation and special demand services will not likely meet the needs of seniors who choose to or are no longer able to drive. Peel et al. (2002) found that some older adults were less likely to resist giving up driving if they had reliable alternative transportation options. This study reported that some of the consequences of losing the ability to drive were isolation, loss of social contacts, change of lifestyle, and depression. Alexander (2005) maintained that seniors who could no longer drive could remain self-sufficient and independent by using alternate transportation such as trains, buses, vans, taxis and walking. Sterns et al. (2003) propose that seniors must be assisted in the transition from driving, to driving and using public transportation, and eventually cease driving to rely only on public transportation services.

This same report found that seniors that used public transportation in their youth were more likely to use these services as older adults.

Barriers to Transportation Services

There are several barriers for transportation use for older adults. These barriers include location, routes and timetables, distance from service, and length of time per trip (Peel et al., 2002). A transportation study conducted in Singapore reported a large number of senior participants used public transportation options which allowed them to be engaged in community activities, however, some participants reported barriers to using these transportation options, including lack of seats, long waiting lines, and congestion (Krishnasamy et al., 2012). The prevalence of automobile usage in the United States is a barrier to both the use and the creation of better public transportation systems. Residing in a place with limited transportations options, such as a rural area, can be a mobility problem for seniors who no longer drive (Sterns et al., 2003). One study of older adults aging in suburban communities showed that a majority drove to get around and those that did not drive were disadvantaged. Paez, Scott, Potoglou, Kanaroglou, and Newbold (2007) discovered that adults 65 years and older reported increased trip making in comparison to other age groups. This increased mobility is related to having a license and access to a car. This study suggested a serious mobility problem for those older adults who are unable to drive. In addition, the elderly in poorer health have increased difficulty obtaining transportation to necessary services such as shopping, medical appointments, and social gatherings (Pekmezaris et al., 2013).

Senior Transportation Ministry

Navarro, Siciliano, and Saucer (2013) reported on the Senior Transportation Ministry (STM) developed by All Saints Episcopal Church in Pasadena, California. This congregation recognized a need to provide transportation services to their older adult parishioners based on the increase in this population, economics issues, and the number of older adults who are no longer able to drive. Volunteers in the parish provide safe and reliable transportation to medical appointments and church services to senior members, a resource that was reportedly lacking in their communities.

The STM was found to be beneficial to both the older adult participants and the volunteer drivers. One participant who was forced to give up her driver's license had difficulty with paratransit services and was pleased to have a reliable alternative option. Another rider who had used the services for three months reported that STM had reduced her stress by getting her safely to church services and giving her a sense that the church community cared about her. The volunteer drivers expressed that they benefitted from the sense of connection and community they experienced as they performed the service. They expressed that the time spent socializing with the rider had equal significance to the act of providing the ride. Although there was general agreement about the success of the program one rider reported the need for more drivers and more flexibility in scheduling rides (Navarro et al., 2013).

Cross-Cultural Considerations for Transportation

It has been globally recognized that lack of adequate transportation affects the quality of life for the older adult population. In a study conducted in Israel exploring supportive communities, Billig (2004) found that seniors who lived in neighborhoods

near public transportation could continue to stay in their neighborhoods and age in place. Participants in an 2013 Australian study of older adults in residential aged care (RAC) facilities reported problems with maintaining contact with long-time friends due to lack of transportation options (Thomas et al., 2013). These seniors also reported that they preferred social activities outside their RAC facilities, which required increased access to public transportation (Thomas et al., 2013). In an Iranian study, older adults reported a lack of transportation prevented them from getting to medical appointments, family members, religious services and cultural activities, and contributed to feelings of loneliness (Heravi-Karimooi et al., 2010). H. K. Lee and Yoon's (2011) study of Korean older adults found that lack of transportation was a factor in negative outcomes in both mental and physical well-being, especially anxiety and general health. The importance of linking older adults to religious/spiritual organizations and activities has been explored in several studies. Another study found that elderly Koreans who were affiliated with immigrant Korean churches found access to vital resources, such as transportation, that helped to decrease their isolation (Lee, E. O. & An, 2013). A study of older adults in Singapore reported that problems using public transportation increased social isolation (Wong & Verbrugge, 2009). A deficit of transportation for older adults in China inhibits their ability to contribute to their communities, as compared to older adults who have access to transportation services in the United States, where they are able to volunteer in their communities (Wu et al., 2005).

CHAPTER 3

METHODOLOGY

Program Purpose

The purpose of this program is to provide transportation services to depressed older adults in the Long Beach and West Orange County areas. The program would identify older adults who are experiencing symptoms of depression due to isolation from community activities, senior centers, religious/cultural institutions or same-language speakers and provide regularly scheduled transportation to connect them to those services. The aim of this program is to provide transportation to connect seniors to meaningful activities in order to reduce depression.

Identification of Potential Funding Sources

There are numerous foundations that provide funding for agency projects. The search began by accessing federal government websites that include grants.gov and Administration on Aging, which directs inquiries to the Administration for Community Living, operated under the Department of Health and Human Services. Both sites offered exhaustive lists of funding sources provided by federal agencies. The internet search engine Google was utilized for identifying additional funding sources. Some of the key words/phrases used were "grant funding for older adults," "transportation," "transportation programs," and "foundations."

Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation (RWJF) was considered because of the size of the organization and at the suggestion of a contact at the host agency. RWJF is the largest philanthropic organization in the nation devoted solely to public health. RWJF is dedicated to promoting change through collaboration and partnerships in order to create a healthier nation. The foundation was created by Robert Wood Johnson, who as the head of the family firm, Johnson & Johnson, developed one of the largest medical products companies in the world. RWJF supports tax-exempt public organizations, charities and universities (almost exclusively those with 501(c)(3) status) in areas such as public education, research, health-related statistics, policy analysis, and community activities (RWJF, 2014). After examination of its goals and list of the supported projects, this foundation was not considered an appropriate funding source due to the lack of previous funding to older adult programs.

Weingart Foundation

The Weingart Foundation was established in 1951 and provides grant funding to non-profit agencies for the purposes of education, health, and social services programs. Ben Weingart, who died in 1980, was born poor, was raised by a foster mother, and attained an eighth grade education. Through hard work and ingenuity he acquired vast holdings of real estate, including hotels, apartment buildings and shopping centers. Weingart led the development of the City of Lakewood; a planned community that includes Lakewood Shopping Center, one of the first shopping malls in Southern California (Weingart Foundation, 2014).

Motivated by his desire to give back to and benefit society Weingart established his foundation to provide help to those that are economically disadvantaged and underserved. The Weingart Foundation is a private non-profit foundation for the purpose of providing grants to serve older adults, children and youth, the homeless, and the disabled. This foundation funds agencies in the counties of Los Angeles, Ventura, Santa Barbara, Orange, San Bernardino, and Riverside. Since its inception, the Weingart Foundation has granted 950 million to human services, educational and community programs (Weingart Foundation, 2014). Another reason for considering this agency is that, like National Association of Social Workers, the Weingart Foundation holds itself to a strong Code of Ethics.

Despite its compatibility of priorities with some key areas of this project, the Weingart Foundation was not chosen as the funding organization for this grant. The lack of access to information regarding past programs that were funded by the foundation was a primary concern. It was not clear that this foundation would support a transportation program for older adults. In addition, the Weingart Foundation requires a letter of inquiry and does not provide access to a copy of their grant application.

Archstone Foundation

The primary mission of the Archstone Foundation is to prepare society for an aging population. The Archstone Foundation is headquartered in Long Beach and gives first consideration to projects in the Southern California region. In order to be considered for funding, organizations must have 501(c)(3) status. This organization is being considered as a potential funding source due to past older adult mental health programs that it has funded, including Healthy IDEAS (Identifying Depression, Empowering

Activities for Seniors) and PEARLS (The Programs to Encourage Active and Rewarding Lives for Seniors). Healthy IDEAS is a program that promotes mental health in older adults by identifying depression, providing education, linking seniors to appropriate care, and empowering them to seek out meaningful activities (Archstone Foundation, 2014).

The Archstone Foundation was chosen as the funding agency for this project for several reasons. The Archstone Foundation is based in Long Beach and gives preference to programs located in Southern California. Past programs that the Archstone Foundation has supported have focused on the problem of depression in older adults, helping to promote social interaction, and linking them to activities in the community. The foundation is also dedicated to direct support services for older adults, including transportation needs, which it has previously funded. The proposed project would tie into a number of the Archstone Foundation preferences and goals (Archstone Foundation, 2014). This grant would serve the clients of JFCS, a non-profit agency in Long Beach, California. This project would provide transportation to older adults needing to connect to senior centers, cultural/religious organizations, and community activities that will promote social interaction and decrease isolation. Further, the goal of this project is to decrease depression in older adults by linking them to community activities, which is a stated goal of the Archstone Foundation.

Host Agency

The Jewish Family and Children's Services (JFCS) was chosen as the host agency for this project. The JFCS is a non-profit social services agency that serves the communities of Long Beach and West Orange County. The mission of the JFCS is to provide counseling and other support services to the community regardless of religion,

sexual orientation, race, ethnicity or disability. The JFCS serves the senior population through its Older Adult Services program by offering their clients counseling, case management, money management and Friendly Visits. The JFCS accepts self-referring clients from the community and offers counseling on a sliding scale (Jewish Family and Children's Services [JFCS], 2015). Older adult clients are referred through contracted social service agencies and local hospitals, such as Long Beach Memorial Hospital and St. Mary's Medical Center. In addition the agency serves holocaust survivors in conjunction with The Conference on Jewish Material Claims Against Germany (Claims Conference, 2015).

The JFCS is a good fit for this grant because of the alignment of the goals of its Older Adult Services program and goals of the proposed project. The mission of Older Adults Services is to promote independence and dignity for this population. The agency provides services to ensure that older adults are able to age in place while providing opportunities to increase socialization (JFCS, 2015).

Target Population and Needs Assessment

The target population for this grant is older adults, 60 years and older, that utilize services at the JFCS. The JFCS is located in Long Beach, California and serves the greater Long Beach and West Orange County communities. The target population is served through JFCS's Older Adult program. A majority of clients are provided services at home due to mobility and health problems that prohibit them from receiving services at the agency. These older adults seek help individually or are referred for services such as psychotherapy, financial management, financial assistance, food assistance and transportation. The population that could utilize this grant program is older adults who

are isolated from important social and cultural contacts; such as family, friends, senior centers, religious/spiritual gatherings, and cultural institutions. The population also includes holocaust survivors, many of whom have language barriers.

There is a need for specialized transportation services for this target population. Many older adults experience decreased physical mobility and lack of transportation, which can lead to social isolation (McCrae et al., 2005). Seniors who are able to utilize community resources, such as senior centers have lower levels of depression (Fulbright, 2010). Lack of transportation is an obstacle that prohibits seniors from attending social events and connecting with family and friends (Thomas et al., 2013). Seniors that have relocated to the United States may have difficulties with acculturation and those that can develop a social network with those of the same culture and language have better psychological outcomes (Kim et al., 2012). Spirituality can be an important factor in the lives of seniors that can enable them to cope with emotional challenges (Ellor, 2013) and religious participation can lead to increased mental health (Correa et al., 2010). A program that provides access to transportation for the purpose of connecting older adults to senior centers, community events, cultural activities and spiritual/religious services can improve the emotional well-being of this vulnerable population.

CHAPTER 4

GRANT PROPOSAL

Executive Summary

Senior Connections is a transportation program for socially isolated and depressed older adults. The purpose of the Seniors Connections project is to provide transportation services to older adults in order to decrease their social isolation, reduce their depression, and enhance their quality of life. This project will focus on connecting older adults to senior centers, cultural events, and religious/spiritual events that will provide much needed social interaction. Jewish Family and Children's Services (JFCS) has been chosen as the host agency for the project because of its commitment to older adults. The mission and goals of the agency are congruent with those of the project.

Archstone Foundation Goals

The Archstone Foundation was chosen as the funding agency for this project for several reasons. The Archstone Foundation is based in Long Beach and gives preference to programs located in Southern California. Past programs that the Archstone Foundation has supported have focused on the problem of depression in older adults, helping to promote social interaction, and linking them to activities in the community. The foundation is also dedicated to direct support services for older adults, including transportation needs, which it has previously funded (Archstone Foundation, 2014). The proposed project would tie into a number of the Archstone Foundation preferences and

goals. This grant would serve the clients of JFCS, a non-profit agency in Long Beach, California. This project would provide transportation to older adults needing to connect to senior centers, cultural/religious organizations, and community activities that will promote social interaction and decrease isolation. Further, the goal of this project is to decrease depression in older adults by linking them to community activities, which is a stated goal of the Archstone Foundation.

Background of the Problem

There is a high prevalence of depression in the elderly population and the incidence of depression increases with age (Aakhus et al., 2014). This is becoming a more pressing problem with the increase in the population of older adults in the United States, a trend that is projected to continue. The number of people 65 years and older reached 43.1 million in 2012, which is one in every seven persons in the United States (ACL, 2014). Depression that is left untreated can put an older adult at risk for suicide and a higher mortality risk due to physical illness (NAMI, 2014). The emotional well-being of older adults is undermined by the effects of aging such as loss of physical health, loss of family and friends, and inability to participate in desired activities. These losses can lead to sadness, anxiety, feelings of lowered self-esteem, and depressed mood (APA, 2014).

Depression in older adults is a global problem that touches different racial and ethnic groups. Research involving Chinese elders found that activities added to feelings of happiness and positive subjective well-being, which can decrease levels of depression (Dai, Zhang, & Li, 2013). Older Mexican-origin men were less likely to be diagnosed with depression than older White men and Mexican-origin men were less likely to report

a diagnosis of depression and both Mexican-origin and White older adult men are at risk for not being connected to effective treatment for depression (Hinton et al., 2012). There is an increased need for mental health treatment as an increasing number of older adults of Hispanic origin suffer from symptoms of depression (Sadule-Rios, 2012). Korean immigrants face problems with acculturation, low socioeconomic status, lack of English proficiency, which affect their mental health and Korean elders with limited English skills were more likely to experience depression and anxiety (Lee & Yoon, 2011).

Social support and social contact are important factors in quality of life and mental health outcomes for older adults (Boen, 2012). There is a prevalence of social isolation in the older adult population which leads to decreased physical and mental health (Canbal et al., 2012) and older adults who have regular social contact, physical activity and optimism are more likely to better mental health outcomes (Grundberg et al., 2012). Senior centers provide social support that reduces depression in older adults. Studies have shown that senior centers impact participants' lives in the areas of social support and reduced depressive symptoms and improve the quality of their lives (Fulbright, 2010). Older adults benefit from participating in groups activities which provide mutual aid, social support and the opportunity for a wider social network (Rizzo and Toseland, 2008).

Spirituality is a major factor in understanding culture, which can impact mental health in older adults (Ellor, 2013). Older adults who frequently attended religious services were also shown to have increased levels of social support (Correa et al.,2010). It was found that seniors expressed a need for human interaction and that church and club activities are an avenue for fulfilling that need (Zauszniewski et al., 2004). It was found

that elderly adults who are able to share their religious and ethnic pride in group settings are likely to have more resiliency in dealing with losses and health problems (Rizzo & Toseland, 2008). Religion and spirituality are important factor in the lives of seniors in that it helps them deal with emotion challenges in their daily lives (Stanley, 2011).

Lack of transportation for the older adult population is a growing problem in the United States (Rosenbloom, 2009). Lack of transportation is a problem that puts older adults at risk for depression (Choi, N. G., & Kimball, 2009) and social isolation (McCrae et al., 2005). Seniors are more dependent on their vehicles for transportation and the number of seniors who continue to drive into their 80's is growing. Some studies found that some older adults were less likely to resist giving up driving if they had reliable alternative transportation options (Peel et al., 2002).

In order to meet the growing demand for transportation, more funding will be needed to provide a wider range of special demand paratransit type services for non-disabled older adults and more flexible and reliable public transportation (Rosenbloom, 2009). Research on transportation needs for aging passengers found that traditional public transportation and special demand services will not likely meet the needs of seniors who choose to or are no longer able to drive. Non-driving older adults living in suburban communities had difficulty accessing transportation to vital services such as grocery stores, pharmacies, medical appointments, worship services, and family and friends; with women reporting more problems reaching these services than men (Pekmezaris et al., 2013). Research indicates that older adults expect to have more access to transportation services with the ability to make more trips to more varied locations than available at present. Seniors expect more flexible and reliable

transportation that operates on time, takes them door-to-door, does not leave them waiting outside in bad weather conditions, and provides a broader range of available days and times for travel (Sterns, Burkhardt, & Eberhard, 2003).

Barriers to use of transportation services are location, routes and timetables, distance from service and length of time per trip (Peel et al., 2002). Some seniors used public transportation options which allowed them to be engaged in community activities, however, others reported barriers to using these transportation options, including lack of seats, long waiting lines, and congestion (Krishnasamy, Unsworth, & Howie, 2012). The prevalence of automobile usage in the United States is a barrier to the use of, as well as the creation of, better public transportation systems. Residing in a place with limited transportations options, such as a rural area, can be a mobility problem for seniors who no longer drive (Sterns, Burkhardt, & Eberhard, 2003).

Background of Organization

Jewish Family and Children's Services was established in January of 1957 in Long Beach. The National Council of Jewish Women recognized a need for counseling, financial assistance and housing, creating what was then called Jewish Family Services of Long Beach (JFS), for the residents of the community. Some early accomplishments of JFS was to provide support groups to women and adolescent girls, to open its services to all residents of the City of Lakewood, and to become a constituent of United Neighbors Community Chest, which is currently known as United Way (JFCS, 2015).

In its current incarnation Jewish Family and Children's Services (JFCS) is a non-profit social services agency that serves the communities of Long Beach and West Orange County. The agency's motto, "Healing the world , one person, one family at a

time" is tied directly to its mission, which is to provide counseling and other support services to the community regardless of religion, sexual orientation, race, ethnicity or disability (JFCS, 2015). The JFCS has built a reputation for providing counseling and financial services to the greater Long Beach community for more than 50 years. The JFCS serves the senior population through its Older Adult Services program by offering their clients counseling, case management, money management and Friendly Visits. This agency offers transportation resources for senior clients who demonstrate need. The JFCS accepts self-referring clients from the community and offers counseling on a sliding scale.

The JFCS is a good fit for this grant because of the alignment of the goals of its Older Adult Services program and goals of the proposed project. The mission of Older Adults Services is to promote independence and dignity for this population. The agency provides services to ensure that older adults are able to age in place while providing opportunities to increase socialization. One of the resources that are provided to JFCS clients are transportation services. Transportation resources are provided by connecting clients to transportation providers and direct financial assistance for rides. Older adult clients are referred to transportation services in the community such as Access, Dial-a-Lift, and Yellow Cab Taxi Company. Agency staff can provide taxi vouchers, on a case by case basis, to clients with limited financial resources. Older Adult Services contracts with a limousine service that provides services on an ongoing basis. This program would refine and enhance those services already in place.

Program Description

The Senior Connections program is intended to address the problem of social isolation and depression in the older adult population. Lack of mobility can leave senior isolated from social contacts and community activities that provide needed emotional support. By providing transportation to older adults, the Senior Connection program's primary goals are to reduce social isolation and symptoms of depression. The intent of this program is to identify senior clients that are depressed and socially isolated, and through providing transportation services, connect them to social activities and community events that will enhance their well-being.

Senior Connections would be administered by a Transportation Coordinator, staffed by a part-time MSW. Older adults with transportation needs would be identified and referred by JFCS office staff, social workers, and administrative staff that provide counseling, money management, financial assistance and other services to older adult clients. Clients would also be referred by the Senior Outreach Coordinator of the Alpert Jewish Community Center, who facilitates such activities as the weekly senior luncheon.

The Transportation Coordinator would set up an initial intake visit either in the client's home or at the agency, and conduct a needs assessment. Since one goal of Senior Connections is to reduce depression in older adults, during the initial assessment a Geriatric Depression Scale (GDS) will be conducted to obtain a baseline depression score. A GDS will be repeated at six month intervals in order to assess the efficacy of the program. The GDS will test for need and assist in measuring the effectiveness of the program.

As part of the initial intake the Transportation Coordinator will evaluate the older adult client's need for social interaction. A survey of client's interests and patterns of social contact will be conducted in order to identify community activities and events that will assist the senior in making social connections. Possible activities may include visits to senior centers, park and recreation classes, religious/spiritual services, activities that connect the client to their ethnic community, or meetings with a group of friends. The client will make a choice of the activity or event that is most meaningful to them. The Transportation Coordinator will then assist in linking the client with transportation services.

The Transportation Coordinator would determine the most effective transportation services by determining need and eligibility for various transportation programs and assist the client in accessing those services. Transportation companies and services used by the agency are Access paratransit service, Yellow Cab, King Limousine, and Dial-a-Lift. Use of these agencies is based on the client's need and financial resources. The Transportation Coordinator would provide assistance to clients in accessing transportation services by providing detailed information, taking them to Access for an evaluation, or helping them with making the initial telephone call. Currently JFCS older adult clients are provided transportation funding for medical appointments and the Senior Connections program will expand these services to include trips to senior centers, cultural events, and religious/spiritual activities and services with the purpose of increasing social contact.

Program Goals and Objectives

Goal 1: Identify older adults who are depressed or are vulnerable to depression.

Objective 1: To conduct outreach to identify older adults who are depressed or vulnerable for depression.

The Transportation Coordinator (TC) will identify and recruit older adults from JFCS and AJCC through staff workshops, presentations at senior luncheons, and flyers and agency bulletins.

The TC will conduct outreach programs at Long Beach and West Orange County senior centers and senior residences, including presentations to seniors groups; and posting printed materials such as flyers, posters and brochures.

Objective 2: To assess the psychological well-being of older adult client.

The TC will meet with older adult client and assess level of depression using a depression screening tool.

The TC will conduct a GDS screening to assess the client for depression (Nyunt et al., 2009).

The TC will score GDS and assess client's mental well-being.

Goal 2: Connect older adults to social support and community events and activities to reduce social isolation.

Objective 1: To assist older adult client in identifying events, activities, or social contacts that are meaningful to them.

The TC will conduct a meaningful activities survey with the older adult. A California Older Person's Pleasant Events Schedule (COPPES) will be conducted and reviewed with the older adult client (Older Adult and Family Center, 2015). The survey will assist older adults in finding pleasant activities that will assist in reducing social isolation and making a meaningful connection with others in the community.

The TC will partner with the older adult to identify activities that are meaningful, feasible, and are available in their community.

Goal 3: Connect older adults to transportation resources to assist in getting them to social and community events.

Objective 1: To determine the client's transportation needs and the most appropriate resources.

The TC will assess client need for transportation services. The client may choose to be connected with senior centers, religious/spiritual services, community organizations, arts events, or to friends or family members.

Objective 2: To determine the best transportation resources for the client.

The TC will assess the transportation needs of the client by identifying the client's financial resources. The most appropriate transportation service with be identified and client will be assisted in accessing the service. For example, the TC may take the client to obtain a screening for Access services, sit with client while they call for Dial-a-Lift, or provide client with taxi vouchers and provide them with the telephone number of Yellow Cab.

Objective 3: To assess the effectiveness of the transportation program on client well-being.

The TC will conduct the GDS screening tool at six month intervals to determine if there has been a decrease in depression symptoms.

Budget Narrative

The total budget for the Senior Connections program is $76,680.00. This includes salary for a part time Transportation Coordinator, program expenses, travel expenses, and in-kind donations.

Salaries and benefits:

The total cost of salary and benefits for one staff position is $26,180.00. The salary for the part time Transportation Coordinator is $22,000.00, which is 50 percent of a $44,000.00 FTE MSW position. Fringe Benefits include healthcare, Worker's Compensation and unemployment insurance, and are paid at 19 percent of salary for a total of $4,180.00.

Program expenses:

The total cost of program expenses is $7,500.00. This will include printing expenses totaling $2,500.00 for printing such materials as flyers, brochures, Geriatric Depression Scales and resource materials. Office supplies are estimated at $1,500.00 for such items as copier paper, pens, stapler, paper clips, binders, notebooks, and Post-its. The cost of $1,000.00 is required for a laptop computer for communicating by e-mail, web searches, and creating reports and other correspondence. The amount of $2,500.00 is allotted for a cell phone, which includes the monthly service plan and cost of the phone.

Travel expenses:

The total cost of travel expenses is $4,000.00 The Transportation Coordinator will make in-home visits to older adult clients that have been referred to the program. This amount reflects an estimated 8 trips per week for 52 weeks at .55 cents per mile, or

$3,432.00. Included in the cost is an additional $568.00 to cover travel to trainings workshops or community meetings.

In-kind donations:

The total cost of in-kind donations is $39,000.00. The budget includes $7,000.00 for general administrative overhead costs. The host agency will provide office space and office equipment as in-kind donations for the project. The Transportation Coordinator, while usually in the field, may need to meet with clients or consult with staff at the agency and use offices or conference rooms. The host agency will also provide office equipment, such as copy and fax machines. Rent and utilities are estimated at $30,000.00 and office equipment is estimated at $2,000.00.

Expected Results

It is expected that the Senior Connections program will reduce depressive symptoms in JFCS's older adult clients. It is projected that up to thirty seniors will participate in the Senior Connections program. By assisting older adults with transportation to community activities, arts events, senior centers, and religious/spiritual services, they will have more social support and experience less social isolation. It is anticipated that increased social interaction by seniors in the program could reduce symptoms of depression by fifty percent. With the assistance of the Transportation Coordinator, seniors will be connected with cost-effective and convenient transportation resources, which will facilitate more trips into the community than are currently available. The expected outcome is that with the increased awareness within the agency of the importance of connecting seniors with community-based activities in conjunction

with efforts of the Transportation Coordinator linking seniors with these activities, there will be a fifty percent increase in seniors connected to the community.

Program Evaluation

The proposed project will use evaluation tools to assess if it is meeting participant's transportation needs and reducing symptoms of depression. A pre-post test evaluation will be used initially and at six month intervals throughout the program. A GDS will be used at the first assessment meeting and every six month thereafter in order to evaluate the efficacy of the program in reducing depression.

Strategies for Sustaining the Project

It is anticipated that Senior Connections will reduce social isolation and provide seniors with meaningful activities in their community by linking them with transportation. The project is likely to produce positive outcomes and be continued by the agency by either integrating the program into other client services or seeking additional private funding sources. After the completion of the one year funding period, GDS scores of seniors using transportation services will be evaluated for reduced levels of depression. The program is expected to decrease symptoms of depression and to receive positive feedback by senior clients. The Transportation Coordinator would conduct workshops educating the agency staff on the available transportation program and the importance of connecting seniors to activities in the community. Staff social workers and the Senior Outreach Coordinator at AJCC could integrate this transportation program as part of their services to older adults. An additional strategy to sustain the program would be for the agency to seek additional funding from the Jewish Federation Foundation and/or other private sources.

CHAPTER 5

LESSONS LEARNED

The Grant Writing Process

The writing of this grant proposal was a growth experience that taught the grant writer valuable information about grant funding, the subject of the proposal, and her own skills and working style. The author had never written a thesis or a grant proposal. The idea of this project was intimidating and caused a certain amount of anxiety due to the uncharted academic territory. Over the course of the project the author found that she was able to tackle the project by focusing on one chapter at a time. As each chapter took shape, the author would venture into the next one. This was not a conscious choice, but rather an observation that was made as the project unfolded. The realization was that if the author contemplated the entire project, anxiety would take over and focus would be lost. Taking one small piece of the project at a time proved to keep the author from becoming overwhelmed and scattered. This important self-observation will serve the author in future academic and professional endeavors.

The author enjoyed the research process and found it educational and inspiring to see the abundance of studies relating to older adults. She was surprised to discover the scope of research that was available on topics of depression, social isolation, and lack of transportation for the elderly population. The author originally discovered that social isolation and lack of transportation were pervasive issues for older adults during an

internship at JFCS. It was not until conducting research for this project that the universal scope of the problem became apparent.

The grant writer found the process of writing the literature review section to be challenging and rewarding. At first the author had difficulty in locating a satisfactory number of journal articles. Through the process of searching the CSULB library website the author's research skills were strengthened and it became easier to refine the search with more targeted keywords and locate additional journal articles. Reading journal articles, usually in their entirety, was a fun and enriching experience that was not necessarily shared by some others in the author's cohort. In writing the literature review, the citation requirements proved to be restrictive for the author and made it difficult to connect the ideas and create a flow of information throughout the chapter. This problem was resolved over time, through the process of working with the material, and especially with the coaching and feedback of the thesis advisor. As the grant writer's skills improved, the process became less difficult and more enjoyable. Arranging the articles in a logical and coherent manner became like putting together the pieces of a puzzle.

The author took the opportunity to participate in a grant writing workshop that was held on the CSULB campus. The presenter reviewed the general required elements of a grant proposal including executive summary, program description, methodology, timelines, objectives, outcomes and budgets. There were several key points that the author took away from the workshop. The presenter reviewed a standard budget providing such details as in-kind services and benefits calculations, which aided the authors understanding of the process. The importance of including methods of measuring outcomes was particularly helpful to the author. In the end, however, the most important

lesson learned from the grant writing workshop was the importance of forming relationships with people at the foundations and their boards of directors. The presenter also enlightened the participants by sharing the concept of discretionary funds, ranging up to $25,000.00 that can be allocated by those in foundations with authority to distribute them. By having contact key players at foundations, funding can be attained in a more direct and immediate manner. This should not be surprising for those in the field of social work, who know the value of relationships.

Identifying Funding Sources

My search for a funding source was a fairly brief and painless experience. It was expedited with the help of my contact from JFCS and my thesis advisor. They both suggested the Archstone Foundation, which was found to be the most appropriate choice for this proposal. It was a valuable experience to conduct an internet search for additional funding organizations. I explored grants.gov and the Administration for Community Living for government funding sources, and performed a Google search for identifying additional funding sources such as private foundations. Some of the key words/phrases used were "grant funding for older adults", "transportation", "transportation programs", and "foundations". The search revealed an abundance of foundations that issues grants for social service and community programs.

As the grant writer explored several foundations in depth it became evident that Archstone Foundation was an excellent fit for the Senior Connections program. Archstone Foundation is based in Long Beach and has as one of its priorities serving the older adult population. The grant writer was excited to see that the foundation had developed programs that were directly in line with the goals of the proposed project, which include Healthy IDEAS (Identifying Depression, Empowering Activities for

Seniors) and PEARLS (The Programs to Encourage Active and Rewarding Lives for Seniors). Healthy IDEAS is a program that promotes mental health in older adults by identifying depression, providing education, linking seniors to appropriate care, and empowering them to seek out meaningful activities. The Senior Connections program would realize these goals by providing older adults transportation to meaningful activities in their communities. The appropriateness of the choice of the Archstone Foundation as the funder of this project was validated when the author discovered during the course of the grant writing process that the host agency had previously received an Archstone Foundation grant for a transportation program.

Implications for Social Work

The Senior Connections program fits with the skills and values inherent in the field of social work. The program utilizes mental health assessment, case management, and connecting seniors to resources. The Transportation Coordinator will screen older adult participants for depression, assist them in finding appropriate transportation for their needs, and conduct follow-up screening and needs assessment. This project is also in line with the NASW core values of "service" and "dignity and worth of the person" (NASW, 2015). This project provides needed assistance to older adults, which is a vulnerable and underserved population. Providing transportation services to seniors assists them in staying in their community and promotes dignity by allowing them to age in place. Improving the quality of life for the older adult population promotes empowerment and increases their sense of self-worth.

Acquiring the skills of grant writing is valuable for those in the social work profession. A key component of social work is our work with clients and agencies, providing them with resources and services in the community. While doing the important

tasks of empowering clients, providing mental health interventions, advocating for underserved populations and linking clients to services are at the heart of the profession, the ability to obtain grant funding for agencies and community organizations is an immeasurable skill for a social worker to master; and a concrete way to advocate for our clients.

Cross-Cultural Implications

While in the research phase of the project, the grant writer found that the problems of depression, social isolation, and lack of transportation for older adults exists across different cultures and countries. The conditions that come with aging, such as loss of mobility and support systems, are human conditions rather than just national or cultural ones. The problem of depression touches older adults of different races, ethnicities, and nationalities. The authors found numerous articles exploring depression and social isolation in Asians countries, especially China and Korea. The author was surprised to find social isolation a problem with these older adults as Asian cultures are known to be collectivist, where children are expected to take care of their elders (Lin & Wang, 2011). However several studies found that Westernization in these cultures, both in U.S. immigrant communities (Kim, et al., 2012 & Lee, et al., 2013) and in their countries of origin, is causing social isolation because of the rise of the nuclear family and more elders living on their own (Lin & Wang, 2011 & Wong & Verbrugge, 2009). The author was also interested to find that the need for more and better transportation was an issue in other countries. Transportation studies from Canada, Australia, and Israel explored the need for more and better public transportation for seniors who must give up their driving privileges (Paez, et al., Peel, et al., & Billig, 2004). The author was

galvanized by the pervasiveness of the problems of depression, social isolation and lack of transportation and the need for funding to alleviate these problems.

APPENDIX

LINE ITEM BUDGET

LINE ITEM BUDGET

Expenses	
Salaries and Benefits	
MSW Transportation Coordinator – FTE Salary @ 50%	$ 22,000.00
Fringe benefits @ 19%	$ 4,180.00
Total Salary and Benefits	**$ 26,180.00**
Program Expenses	
Printing	$ 2,500.00
Office Supplies	$ 1,500.00
Laptop computer	$ 1,000.00
Cell phone	$ 2,500.00
Total Program Expenses	**$ 7,500.00**
Travel Expenses	
Mileage	**$ 4,000.00**
In-Kind Donations	
Administrative Overhead	$ 7,000.00
Rent and Utilies	$ 30,000.00
Office Equipment	$ 2,000.00
Total In-Kind Donations	**$ 39,000.00**
TOTAL PROJECT BUDGET COSTS	**$ 76,680.00**

REFERENCES

REFERENCES

Aakhus, E., Granlund, I., Odgaard-Jensen, J., Wensing, M., Oxman, A. D., & Flottorp, S. A. (2014). Tailored interventions to implement recommendations for elderly patients with depression in primary care: A study protocol for a pragmatic cluster randomized controlled trial. *BioMed Central*. doi:10.1186/1745-6215-15-16

Acharyya, A. (2012). Depression, loneliness and insecurity feeling among the elderly female, living in old age homes of Agartala. *Indian Journal of Gerontology*, *26*(4), 524-536.

Administration for Community Living. (2014a). *Funding opportunities*. Retrieved from http://www.acl.gov/Funding_Opportunities/Index.aspx

Administration for Community Living. (2014b). *The older population*. Retrieved from http://www.aoa.acl.gov/Aging_Statistics/Profile/2013/3.aspx

AgingStats.gov. (2012). *Older adults 2012: Key indicators of well-being*. Retrieved from http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf

Alexander, K. J. (2005). Getting there: A personal perspective from two coasts. *Physical and Occupational Therapy in Geriatrics*, *24*(2), 63-69.

American Psychological Association. (2014). *Aging and depression*. Retrieved from http://www.apa.org/helpcenter/aging-depression.aspx

American Psychological Association. (2015). *Depression and suicide in older adults*. Resource Guide. Retrieved from http://www.apa.org/pi/aging/resources/guides/depression.aspx

Amputee Coalition of America. (2015). *Paratransit services fact sheet*. Retrieved from http://www.amputee-coalition.org/fact_sheets/paratransit

Archstone Foundation. (2014). *Who we are*. Retrieved fromhttp://archstone.org/howeare

Billig, M. (2004). Supportive communities, an optimum arrangement for the older adult population? *Journal of Sociology & Social Welfare*, *31*(3), 131-151.

Boen, H. (2012). Characteristics of senior centre users – and the impact of a group programme on social support and late-life depression. *Norsk Epidemiologi*, *22*(2), 261-269.

Burton, L. A. (1992). A hermeneutical approach to religion and family therapy. in L. A. Burton (Ed.). *Religion and the family: When God helps*. (pp 13-37). New York, NY: The Haworth Press.

Canbal, M., Sencan, I., Sahin, A., Kunt, S., Cavus, U. Y., & Tekin, O. (2012). Effects of depression and life factors on social network score in elderly people in Cankaya, Ankara. *Turkish Journal of Medical Sciences*, *42*(4), 725-731.

Canda, E. R. (1988). Spirituality, religious diversity, and social practice. *Social Casework: The Journal of Contemporary Social Work, 64*(4), 238-247.

Centers for Disease Control and Prevention. (2014). *Depression is not a normal part of growing older*. Retrieved from http://www.cdc.gov/aging/mentalhealth/depression.htm

Choi, K., Stewart, R., & Dewey, M. (2013). Participation in productive activities and depression among older Europeans: Survey of health, ageing and retirement in Europe (SHARE). *International Journal of Geriatric Psychiatry*, *28*, 1157-1165.

Choi, N. G., Hegel, M. T., Marinucci, M. L., Sirrianni, L., & Bruce, M. L. (2012). Association between participant-identified problems for low-income homebound older adults. *International Journal of Geriatric Psychiatry*, *27*, 491-499.

Choi, N. G., & Kimball, K. (2009). Depression interventionneeds among low-income older adults: Views from aging service providers and informal caregivers. *Clinical Gerontology*, *32*, 60-76.

Choi, N. G., & McDougall, G. J. (2007). Comparison of depressive symptoms between homebound older adults and ambulatory older adults. *Aging & Mental Health*, *11*(3), 310-322.

Claim Conference. (2015). *What we do*. Retrieved from http://www.claimscon.org/what-we-do

Cohen-Mansfield, J., Dakheel-Ali, M., & Jensen, B. (2013). Predicting service use and intent to use services of older adult residents of two naturally occurring retirement communities. *Social Work Research*, *37*(4), 313-326.

Correa, A. A. M., Moreira-Almeida, A., Menezes, P. R., Vallada, H., & Scazufca, M. (2010). Investigating the role played by social support in the association between religiosity and mental health in low income older adults: Results for the Sao Paulo Aging & Health Study (SPAH). *Revista Brasileira de Psiquiatria*, *33*(2), 157-164.

Cummings, S, M. (2002). Predictors of psychological well-being among assisted living residents. *Health & Social Work*, *27*(4) 293-302.

Dai, B., Zhang, B., & Li, J. (2013). Protective factors for subjective well-being in Chinese older adults: The roles of resources and activity. *Journal of Happiness Studies*, *14*, 1225-1239.

Dury, R. (2014). Social isolation and loneliness in the elderly: An exploration of some of the issues. *British Journal of Community Nursing, 19*(3), 125-128.

Ellor, J. W. (2013). Religion and spirituality among older adults in light of DMS-5. *Social Work & Christianity*, *40*(4) 372-383.

Fisher, B J., & Gosselink, C. A. (2008). Enhancing the efficacy and empowerment of older adults through group formation. *Journal of Gerontological Social Work*, *51*(1-2), 2-18. http://dx.doi.org/10.1080/01634370801967513

Fokkema, T., Gierveld, J. D., & Dykstra, P.A. (2012). Cross-national differences in older adult loneliness. *The Journal of Psychology*, *146*(1-2), 201-228.

Fulbright, S. A. (2010). Rates of depression and participation in senior centre activities in community-dwelling older persons. *Journal of Psychiatric and Mental Health Nursing*, *17*, 385-391.

Gilbert, M. C. (2008) Spirituality in social work groups: Practitioners speak out. *Social Work with Groups*, *22*(4), 67-84. doi: 10.1300/J009v22n04 06

Grant.gov. (2014) Retrieved from http://www.grants.gov/web/grants/homehtml;jsessionid =s4tGT88h7LmpY6GZpchYhqCjy6yZhzhMvWhyTbTvQSs58cJpdzJm

Grundberg, A., Ebbeskog, B., Dahlgren, M. A., & Religa, D. (2012). How community-dwelling senior with multimorbidity conceive the concept of mental health and factors that may influence it: A phenomenographic study. *International Journal of Qualitative Studies on Health & Well-being*, *7*, 1-13.

Hartlaub, M. G., Biedenharn, P., Brouillard, P., & Seidel, S. (2014). Attitudes toward treatment and potential barriers to access of mental health in a sample of elderly Hispanic and Anglo adults. *Texas Public Health Journal*, *66*(3), 18-20.

Heo, J., Stebbins, R. A., Kim, J., & Lee, I. (2013). Serious leisure, life satisfaction, and health of older adults. *Leisure Studies*, *35*, 16-32.

Heravi-Karimooi, M., Anoosheh, M., Foroughan, M., Sheykhi, M. T., & Hajizadeh, E. (2010). Understanding loneliness in the lived experiences of Iranian elders. *Scaninavian Journal of Caring Sciences*, *24*, 274-280.

Hinton, L., Apesoa-Varano, E. C., Gonzalez, H. M., Aguilar-Gaxiola, S., Dwight-Johnson, M., Barker, J. C., R., Unutzer, J. (2012). Falling through the cracks: Gaps in depression treatemtn among older Mexican-origin and White men. *Journal of Geriatric Psychiatry*, *27*, 1283-1290.

Jewish Family and Children's Services. (2015a). *About us*. Retrieved from http:// jfcslongbeachca.org/about us/

Jewish Family and Children's Services. (2015b). *Programs and services*. Retrieved from http:// jfcslongbeachca.org/programs and services/

Kim, B. J., Sangalang, C. C., & Kihl, T. (2012). Effects of acculturation and social network support on depression among elderly Korean immigrants. *Aging & Mental Health*, *16*(6), 787-794.

Krishnasamy, C., Unsworth, C. A., & Howie, L. (2012). Exploring the mobility preferences and perceived difficulties in using transport and driving with a sample of healthy and outpatient older adults in Singapore. *Australian Occupational Therapy Journal*, *60*, 129-137.

Lang, F. R., & Baltes, M. M. (1997). Being with people and being alone in late life: Costs and benefits for everyday functioning. *Journal of Behavioral Development*, *21*(4), 729-746.

Lee, E. O., & An, C. H. (2013). Faith-based community support for Korean American older adults. *Social Work & Christianity*, *40*(4), 446-459.

Lee, H. K., & Yoon, D. P. (2011). Factors influencing the general well-being of low-income Korean immigrant elders. *Social Work, 56*, 269-279.

Lin, P., & Wang, H. (2011). Factors associated with depressive symptoms among older adults living alone: An analysis of sex differences. *Aging & Mental Health*, *15*(8), 1038-1044.

Losada, A., Marquez-Gonzalez, M., Garcia-Ortiz, L., Gomez-Marcos, M. A., Fernandez-Fernandez, V., & Rodriguez-Sanchez, E. (2012). Loneliness and mental health in a representative sample of community-dwelling Spanish older adults. *The Journal of Psychology*, *146*(3), 277-292.

McCrae, N., Murray, J., Banerjee, S., Huxley, P., Bhugra, D., Tylee, A., & Macdonald, A. (2005). 'They're all depressed, aren't they?' A qualitative study of social care workers and depression in older adults. *Aging & Mental Health*, *9*(6), 508-516.

Morrow-Howell, N. L., Proctor, E. K., Rubin, E. H., Li, H., & Thompson, S. (2000). Service needs of depressed older adults following acute psychiatric care. *Aging & Mental Health*, *4*(4), 330-338.

Moyer, A., Coristine, M., Jamault, M., Roberge, G., & O'Hagan, M. (1999). Identifying older people in need using action research. *Journal of Clinical Nursing*, *8*, 103-111.

Mui, A. C. (1996). Depression among elderly Chinese immigrants: An exploratory study. *Social Work*, *41*(6), 633-645.

National Alliance on Mental Illness. (2014). *Depression in Older Persons Fact Sheet*. Retrieved from http://www.nami.org/Template.cfm?Section=By _Illness&template=/Content management/ContentDisplay.cfm&ContentD=7515

National Association of Social Workers. (2014). *Code of ethics*. Retrieved from http: //www.socialworkers.org/pubs/code/code.asp

National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers.*Washington, DC. NASW Press.

Navarro, A. E., Siciliano, M., & Saucer T. (2013). Evolving pastoral care: A congregant's transportation ministry. *Social Work & Chrisitianity*, *40*(4), 479-488.

Nicholson, N. R. (2009). Social isolation in older adults: An evolutionary concept analysis. *Journal of Advanced Nursing*, *65*(6), 1342-1352.

Nyunt, M. S. Z., Fones, C., Niti, M., & Ng, T (2009). Criterion-based validity and reliability of the Geriatric Depression Screening Scale (GDS-15) in a large validation sample of community-living Asian older adults. *Aging and Mental Health, 13*(3), 376-382.

Nyunt, M. S. Z., Ko, S. M., Kumar, R., Fones, C. C., & Ng, T. P. (2009). Improving treatment access and primary care for depression in a national community-based outreach programme for the elderly. *International Journal of Geriatric Psychiatry*, *24*, 1267-1276.

Older Adult and Family Center (2015). *California Older Person's Pleasant Events Schedule.* Retrieved from http://oafc.stanford.edu/coppes.html

Paez, A., Scott, D., Potoglou, D. Kanaroglou, P., & Newbold, K. B. (2007). Elderly mobility: Demographic and spatial analysis of trip making in the Hamilton CMA, Canada. *Urban Studies*, *44*(1), 123-146.

Park, J., & Roh, S. (2013). Daily spiritual experiences, social support, and depression among elderly Korean immigrants. *Aging & Mental Health*, *17*(1), 102-108.

Parlar Kilic, S., Karadag, G., Kocak, H. S., & Korhan, E. A. (2014). Investigation of the old age perceptions with the loneliness and depression levels of the elderly living at home. *Turkish Journal of Geriatrics*, *17*(1), 70-76.

Peel, N., Westmoreland, J., & Steinberg M. (2002). Transport safety for older people: A study of their experiences, perceptions and management needs. *Injury Control and Safety Promotion*, *9*(1), 19-24.

Pekmezaris, R., Kozikowski, A., Moise, G., Clement, P. A., Hirsh, J., Kraut, J., & Levy, L. C. (2013). Aging in suburbia: An assessment of senior needs. *Educational Gerontology*, *39*, 355-365.

Pinquart, M., & Sorensen, S. (2001). Influences on loneliness in older adults: A meta-analysis. *Basic and Applied Social Psychology*, *23*(4), 245-266.

Regan, C. O., Kearney, R. M., Savva, G. M., Cronin, H., & Kenny, R. A. (2013). Age and sex differences in prevalence and clinical correlates of depression: First results from the Irish Longitudinal Study on Ageing. *International Journal of Geriatric Psychiatry, 28*, 1280-1287.

Rizzo, R. W., & Toseland, V. M. (2008). What's different about working with older people in groups? *Journal of Gerontological Social Work*, *44*(1-2), 5-23.

Robert Wood Johnson Foundation. (2014). *About RWJF*. Retrieved from http://www.rwjf.org/en/about-rwjf

Rosenbloom, S. (2009). Meeting transportation needs in an aging-friendly community. *GENERATIONS – Journal of the American Society on Aging*, *33*(2), 33-43.

Sadule-Rios, N. (2012). A review of the literature about depression in late life among Hispanics in the United States. *Issues in Mental Health Nursing*, *33*, 458-468.

Seitz, D. P., Vigod, S. N., Lin, E., Gruneir, A., Newman, A., Anderson, G.,…Herrmann, N. (2012). Characteristics of older adults hospitalized in acute psychiatric units in Ontario: A population-based study. *Canadian Journal of Psychiatry, 57*(9) 554-563.

Stanley, M. A., Bush, A. L., Camp, M. E., Jameson, J. P., Phillips, L. L., Barber, C. R.,…Cully, J. A. (2011). Older adults' preferences for religion/spirituality in treatment for anxiety and depression. *Aging & Mental Health*, *15*(3), 334-343.

Sterns, H. L., Burkhardt, J. E., & Eberhard, J. W. (2003). Moving along the mobility continuum: Past, present, and future. *Generations, 27*(2), 8-13.

Thomas, J. E., O'Connell, B., & Gaskin, C. J. (2013). Residents' perceptions and experiences of social interaction and participation in leisure activities in

residential aged care. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, *45*(2), 244-254.

Timalsina, R, Sherpa, P. D., & Dhakal, D. K. (2014). Factors associated with depression among elderly living in old age homes in Kathmandu Valley. *Journal of Institute of Medicine, 36*(1), 90-96.

Tong, H. M., Lai, D. W. L., Zeng, Q., & Xu, W. Y. (2011). Effects of social exclusion on depressive symptoms: Elderly Chinese living alone in Shanghai, China. *Journal of Cross-Cultural Gerontology*, *26*, 349-364.

U. S. Census Bureau. (2014). *Population*. Retrieved from http://www.census.gov /newsroom/releases/archives/2010_census/cb11-cn125.html

Weingart Foundation. (2014). *About us*. Retrieved from http://www.weingartfnd.org /foundation-overview

Williams, G. L., Keigher, S., & Williams, A. V. (2010). Spiritual well-being among older African Americans in a Midwestern city. *Journal of Religion & Health*, *51*, 355-370.

Wong, Y., & Verbrugge, L. M. (2009). Living alone: Elderly Chinese Singaporeans. *Journal of Cross-Cultural Gerontology*, *24*, 209-224.

Wu, B., Yue, Y., Silverstein, N. M., Axelrod, D. T., Shou, L. L., & Song, P. P. (2005). Are contributory behaviors related to culture? Comparison of the oldest old in the United States and in China. *Aging International*, *30*(3), 296-323.

Yen, I. H., & Anderson, L. A. (2012). Built environment and mobility of older adults: Important policy and practice efforts. *Journal of the American Geriatrics Society*, *60*, 951-956.

Zauszniewski, J. A., Eggenschwiler, K., Preechawong, S., Chung, C., Airey, T. F., Wilke, R. A.,…Roberts, B. L. (2004). Focused reflection reminiscence group for elders: Implementation and evaluation. *Journal of Applied Gerontology*, *23*, 429-442. doi: 10.1177/0733464804270852

Zhang, B., & Li, J. (2011). Gender and marital status differences in depression symptoms among elderly adults: The role of family support and friend support. *Aging &Mental Health*, *15*(7), 844-854.