

Meeting the Public Health Challenge of Pain in Later Life: What Role Can Senior Centers Play?

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■ ABSTRACT:

Interest in nonpharmacologic approaches for managing pain continues to grow. The aim of this study was to determine the types of pain-relevant programs offered by senior centers and whether the programs varied by clients' race/ethnicity status and center size. A telephone survey was conducted. Respondents were presented with a list of 15 programs and the option to choose "other" and asked (1) whether the activity was offered and, if so, how often; (2) if they believed the programs had value for seniors with pain; and (3) whether the classes were advertised as a means of achieving pain relief. Of 204 center staff contacted, 195 (95.6%) participated. The most common programs offered were movement-based, including exercise (by 91.8% of the centers), dance (72.3%), walking clubs (71.8%), yoga (65.6%), and Tai Chi (53.3%) classes. Creative arts programs were also frequently offered, including music (58.5%) and fine arts (47.7%). Programs such as stress management (27%) and relaxation (26%) classes were less commonly offered. Most respondents identified movement-based programs as helpful for seniors with pain, but few identified creative arts classes as potentially beneficial. The programs/classes offered were infrequently advertised as a means of helping seniors manage pain and varied by clients' race/ethnicity status and center size. Programs that have potential utility for older adults with pain are commonly offered by senior centers. Future research should determine optimal strategies for engaging older adults in these programs in the senior center setting.

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INTRODUCTION

A recent Institute of Medicine (IOM) report estimated that more than 100 million individuals in the United States experience chronic pain (IOM, 2011). Advancing age and minority status constitute important risk factors for underassessment

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and undertreatment of pain (Green et al., 2003), providing strong support for efforts to improve pain care among older populations and older minority populations in particular. The IOM report conceptualized pain as an important public health problem that must be addressed using a variety of programs, practices, and policies (IOM, 2011).

Given mounting concerns about the safety of pharmacologic treatments, particularly among older adults (Solomon et al., 2010; Swayer, Bodner, Ritchie, & Allman, 2006; Trelle et al., 2011), increasing attention has focused on the use of nonpharmacologic therapies for chronic pain (Brukenthal, 2010; Reid et al., 2008; Shengelia, Parker, Ballin, George, & Reid, 2013). Movement-based programs (e.g., exercise classes, walking clubs) have been touted as safe and effective methods of pain management (Haaz Bartlett, 2011; Hayden, van Tulder, & Tomlinson, 2005; Mannion, Muntener, Taimela, & Dvorak, 2001; Naugle, Fillingim, & Riley, 2012). In addition, self-management educational programs such as the Arthritis Self-Help Program (Lorig, Lubeck, Kraines, Seleznick, & Holman, 2005), as well as use of individual self-management strategies such as use of relaxation and mediation techniques, have been found to be helpful methods for managing pain (Baird Sands, 2004; Morone, Greco, & Weiner, 2008; Munk, Kruger, & Zanjani, 2011). Furthermore, evidence suggests that the perception of one's pain experience can be altered with creative stimulation, and the process of pain modulation and quality of life can be improved through creative expression by means of music and art therapy (Guetin et al., 2005; McCaffery Freeman, 2003; Mitchell, MacDonald, & Knussen, 2008), as well as creative writing and drama (Baker Mazza, 2004; Tooth, 1990).

Meeting the public health challenge of pain will require programs/initiatives that extend beyond physicians' offices and other typical health care settings (IOM, 2011). In prior work, we have shown that older adults are willing to (and do) participate in pain programs offered in senior centers (Townley et al., 2010; Parker et al., 2011). Since the creation of congregate nutrition programs by the U.S. Administration on Aging in 1972, senior centers have emerged as places where adults ages 60 and above can receive a nutritious meal on a daily basis and engage in health promoting activities, such as exercise classes, as well as psychological and social support programs. Nearly 10 million older Americans access services provided by more than 15,000 senior centers nationwide (California Commission on Aging [CCOA], 2007).

Although senior centers may constitute an appropriate venue in which to offer programs to address

seniors' pain management needs, the types of programs currently offered at these sites remain unknown. The current study sought to address this gap by determining the types and prevalence of pain-relevant programs offered by New York City–based senior centers. We also evaluated center staff knowledge regarding possible pain-related benefits of programs provided at the participating senior centers and ascertained whether the programs were advertised as a means of helping seniors manage pain. Finally, considering that the study was conducted in the multicultural environment of New York City, we determined whether the programs varied by senior center clients' race/ethnicity status and the total number of clients served annually.

METHODS

Sample

We partnered with the Council of Senior Centers and Services (CSCS) of New York City. CSCS is an independent nonprofit advocacy organization whose membership at the time of the study included 232 senior service agencies located in New York City (New York City Council of Senior Centers [CSCS], 2013). CSCS distributed an announcement about the study to all of its member agencies via email. Before conducting the actual survey, research assistants called each agency to identify the most appropriate staff member to interview regarding the programs offered at each facility (e.g., agency director or program activity coordinator). All 232 CSCS member agencies were contacted by phone and a final list of 207 centers (along with contact names) was constructed. Twenty-five organizations were excluded because they were not senior centers. The study was approved by the Weill Cornell Institutional Review Board.

Data Collection

A survey instrument was created by the New York City Persistent Pain Advisory Group (PPAG), a community-researcher partnership that seeks to improve pain care for older adults residing in New York City. PPAG members include senior center and elder services agency directors, home-care agency staff, physicians, and other health care providers who have experience working with older adults with diverse chronic pain disorders. A list of programs/classes perceived by PPAG as potentially helpful to older adults with chronic pain was created based on the group's collective knowledge, their direct experience delivering programs to seniors with pain problems in the community, and a review of the published literature. The survey was piloted with three senior center directors whose

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