

# REQUIREMENTS OF THE COURSE

HLTH 487 – Fall 2006  
THE ADULT HEALTH & DEVELOPMENT PROGRAM (AHDP)  
Raquel Peat, Director (formerly Dr. Dan Leviton), (301) 405-2528, Rm. 2379, HHP Bldg.  
Web Site: [www.AHDP.org](http://www.AHDP.org)  
Email: [rpeat@umd.edu](mailto:rpeat@umd.edu) or [Raquel.Peat@fda.hhs.gov](mailto:Raquel.Peat@fda.hhs.gov)

**This is the official syllabus for the class. The one in the Manual is outdated and is only an example.**

## **Human Cultural Diversity**

You have chosen this course as part of your CORE Liberal Arts and Sciences Studies Program, the general education portion of your degree program. CORE Human Cultural Diversity courses are designed to insure that you will examine experiences, perspectives, and values different from those that are dominant in the United States or Europe. A faculty and student committee approved this CORE Human Cultural Diversity course because it will introduce you to ideas and human experiences often overlooked in the curriculum. Please take advantage of the opportunities this course offers you.

### **The goals of all AHDPs are to:**

1. Positively affect the health, sense of well-being, physical activity, and health knowledge status of the older adult.
2. Allow the student and other staffers to learn of aging, old age, history and different cultures in our particular environment.
3. Have the AHDP serve as a catalyst integrating various age, ethnic groups, the University, and community to work toward the common purpose of goals numbers one and two.
4. Contribute to world peace and global cooperation by integrating a variety of individuals into a mutually supportive and purposeful group.
5. Allow the student and other staffers to apply gerontological health theory and research into practice.
6. Have fun!

**The eight keys to the AHDP are:**

1. The unique use of physical activities, and health education as a *means* to improving physical fitness, self-concept, subjective and objective health, sense of well-being, health knowledge, control over one's own health, and friendships.
2. The *special bond* which develops between staffer and member as they work in a **one-to-one relationship** for 9 Saturdays each semester. While the staffer is helpful to the member, the member, in turn, may be helpful to the staffer. *Because of the member's experience he or she may be of help to the staffer in resolving some of his or her problems. Also, the member may serve as a teacher of history (members have **lived through** historical events such as World War I and II, and the Great Depression which are only concepts to younger staffers). Finally, staffers have the opportunity to learn of different cultures and languages.*
3. The *systematic education, training, and supervision of staffers* by “senior staffers,” faculty, AHDP alumni, and experts in their field.
4. Honoring the wishes and expressed needs of the member rather than "telling" him or her what is "best".
5. The *loyalty* of staff and members to the AHDP, and visa versa.
6. An environment of camaraderie, fun, and mutual respect.
7. The return of a large number of participants (i.e., senior staffers, staffers, faculty and other specialists, and members) who return semester after semester resulting in the transmission of the program's joyous atmosphere, methods, and traditions, that is, culture.
8. The 20-30 senior staffers who serve as mentors and supervisors to the staffers, and participate in all administrative aspects of the program in collaboration with the director.

**The Course Objectives are to:**

- A. Train students and volunteers to apply gerontological health and well-being theory and data into practice by working, individually, with an older institutionalized or non-institutionalized adult to positively affect his or her health and well-being.
- B. Motivate students to become advocates for improving intergenerational health and well-being, and/or enter gerontological-geriatric professions such as medicine, social work, law, etc.

- C. Allow students and volunteers to learn of aging, old age, history and different cultures in our particular environment.
- D. Serve as a catalyst bringing together older institutionalized and non-institutionalized adults, staffers, university community, and private and public sectors of the community to work towards common purposes (A and B above).
- E. Contribute to peace, social harmony and well-being by bringing people together of diverse backgrounds, ethnic/racial roots, health and well-being and socio-economic status, to enjoy one another while reducing the probability of violence.
- F. Positively affect the health, sense of well-being, physical activity status and fitness, and health knowledge of the older adult “member” enabling him to gain greater control over his health and well-being.

**Text:**

Leviton, D., & Millar, M. (Spring or Fall 2006. AHDP Manual for Staffers (6<sup>th</sup> rev.). College Park, MD: University of Maryland. **Be sure to get the Spring or Fall 2006 version.** Purchase at Rm 0127. Reckord Armory

**ALL STUDENTS MUST HAVE A COMPUTER WAM ACCOUNT, AND ACCESS TO A COMPUTER SINCE SOME COMMUNICATION WILL BE BY EMAIL.** I will often send messages to the entire class via a “course reflector.” For more information on the program, visit our website at: [www.ahdp.org](http://www.ahdp.org).

**The Format of the AHDP:**

Staffers will be trained about AHDP theory and methods to work on an individual basis, as a “friendly coach,” with an older adult for 9 consecutive Saturdays preceded by two Saturdays of training. **All potential staffers must take the two Orientation training sessions. If either session is missed the course must be dropped.**

Each Saturday will consist of the phases of: training; activity, health education, and follow-up training.

**Requirements for credit earning students (5)**

- 1) **Clinical work with member - 50%:** Components are as follows:
  - a) contributions and involvement in training sessions
  - b) ability to translate AHDP theory and methods into practice
  - c) completion of your member's Individual History Form (IHF) and other data
  - d) participation with your group and Group Leader(s)(GL) in small group sessions.

- 2) Life Review Interview (LRI), due on session 6 in Small Group (see below).  
**Note: Since the clinical is grade is determined primarily by subjective evaluation by your GL/AGL you should insist upon their feedback beginning with the 3<sup>rd</sup> session with your member and periodically thereafter**
- 3) **Quizzes - 10%:** Quizzes are based on material covered in the formal Training Hour, and assigned reading from the Manual. They are administered **promptly** at 8:30 a.m. on Saturdays.
- 4) **Project and Visits Guidelines - 10%:** See attached Project and Visits Guidelines.
- 5) **Attendance and punctuality:** No unexcused absences are allowed. For every unexcused absence one letter grade value will be deducted from the final grade. For example if the student ordinarily would have earned an "A," and had one unexcused absence, his/her grade would be a "B." If he or she had two unexcused absences the final grade would be a "C." Also, arriving late to the AHDP three times deducts one letter grade. Every subsequent late over three deducts another letter grade.
- 6) **The Final Analysis Paper (FAP) - 30%: Due on last (9<sup>th</sup>) session to your instructor in lecture (see below). Paper must be submitted on time. FAPs will be discarded one week after the graduation date. You have until then to review your grade.\* A "C" or lower on the FAP negates an "A" for the course.**

### Paper Requirements

#### **A. Life Review Interview - The LRI is due on session 6 to your group leaders. The LRI will be 3 pages, typewritten, double-spaced, and stapled.**

The purpose of The Life Review Interview (LRI) is allow you to learn from your member keeping in mind that he or she is a repository of *living history*. Thus you are interested in the following questions (these are just samples, and you may come up with your own):

1. What was it like growing up?
2. What historical era and events did you experience? World War I, II, or other wars? The Great Depression? The Holocaust? Jim Crowism or racial prejudice? Immigration? Political oppression and/or revolution?
3. How did you member cope with any of the above?
4. What did you learn from the LRI?
5. Discuss and evaluate your member using the AHDP theories and methods (i.e. observations)?

#### **B. Final Analysis Paper (FAP) - Due on Session 9 in lecture. The FAP will be between 8-10 pages, typewritten, double-spaced, page-numbered, and stapled. A minimum of 6 references (journals and books are preferred) including your Manual must be INTEGRATED into your paper. Use definitions (e.g., health, stress, etc.) in your Manual. Integrate THEORY into your paper remembering that the ACAEM model is not a theory. You must also submit a copy on a floppy 3½" disk or CD, formatted for Microsoft Word.**

**Check for viruses, spelling, grammar, and syntax. Do not use examples of the FAP in the Manual – they are outdated.**

The paper should integrate theories (again, the ACAEM model is not a theory), research (data) and other information in The Staffers Manual and **other sources (cite these data in your References using an appropriate citation format e.g., APA Style Manual)**, and discussed in the Training Sessions. **Include a bibliography of 5 or more references other than the Staffer's Manual. Suggest that you list these questions to create the format of your paper.**

1. What was the physical activity (including physical fitness), psychological, social (emphasize social integration), medical and health, economic, and educational status of your member upon entering the AHDP? What medications was the member taking and for what purpose? Give me a good **“feel”** for your member.
2. How did the member's health, physical fitness, social and psychological well-being change while in the AHDP if at all? **What were the member's goals? Were they achieved? Analyze how and why. Describe the process.** [A very important section]. Use the AHDP Paradigm.
3. What **distresses** affected your member? What is his or her coping style? How does he or she view the future? How **resilient** is your member? What **regrets** concerning the past and future does your member have? Why? **Need a good analysis using our Stress Model.**
4. What did **you learn** as a staffer? Your growth and perception toward **your** aging and old age, and attitudes toward older people with special reference to our four groups of members? **As of now what regrets do you have if any? What will contribute to your resiliency in later life? Be insightful. Describe the process.**
5. How did the AHDP experience affect, if at all, your **career aspirations**? Do they include being an **advocate for or a professional** working in geriatrics or gerontology? In what ways? If not, say so. Keep short.
6. How well did the **theory and data** presented in training and your Manual fit with your clinical work with your member? Analysis should be **integrated** throughout paper. Pertinent Theories: Symbolic Interaction, Stress, Reference Person, The AHDP Behavioral Change Model, Horrendous Death, and Activity.
7. Evaluate your **group and Group Leader(s)(GLs)**. What made the group and GLs successful or less than successful? Why? How could the group and GLs improve? Keep short.
8. Evaluate the AHDP as a whole. Compare it to other UMCP experiences. Keep short.

Be concise – all meat, and no potatoes. I am interested in **insight, analysis and creativity**, and not merely description. Be honest. If any one factor contributes to a final grade lower than expected, it is a poor paper. **BE SURE TO FOLLOW THE ABOVE FORMAT FOR THE PAPER!!!**

**\*Again, an example of the importance of the FAP: A “C” for your FAP, and “A” for your clinical work results in a “B” or lower (depending on other inputs) for the final grade.**

## Final Examination

At the instructor's discretion a Final Examination *may* be given. It would cover material from the quizzes, training lectures, The Manual, and your experience - (value for Hlth 487 students is 15%). **If it is a take home exam, information from the Manual and other sources must be included and cited (this is crucial. 5 or more citations are required).** Date will be announced. In taking all of the above into consideration, **the instructor awards the final grade.**

## Appeal of Grade

Students may review and/or appeal their grade with the instructor no later than one week after graduation.

**AHDP Dates and Reading Assignments for Fall 2006 - reading assignments are to be read by the following dates.** Assigned articles will be distributed before reading assignments are due.

Date	Session	Reading Assignments – Due Dates
Sept 9	Training Day 1	Chapter 1-3
Sept 16	Training Day 2	Chapter 4 (starting pg. 33-to the end of chapter 5), Appendix I, F, G, J
Sept 23	Session 1 <b>First Day Party</b>	<b>Project Proposal Due in Small Group</b> Chapter 4, pg 24-32, Appendix N
Sept 30	Session 2 <b>Fitness Pre-Test</b>	Chapter 6 to pg. 61, Appendix H, S,T
Oct 7	Session 3	Chapter 6 pg 62-end of chapter, Appendix C and R
Oct 14	Session 4	Appendix P and W
Oct 21	Session 5	Assigned articles: TBA
Oct 28	Session 6	Assigned articles: TBA; <b>Life Review Interview due in Small Group</b>
Nov 4	Session 7	Assigned articles: TBA, Appendix B, O, Q
Nov 11	Session 8 <b>Fitness Post-Test</b>	Appendix E, Review of everything
Nov 18	Session 9 Last Day Party	Program ends; <b>Final Analysis Paper due in lecture</b>

Attachments: AHDP semester schedule and Project/Visits Guidelines

**ADULT HEALTH AND DEVELOPMENT PROGRAM (AHDP)  
Fall 2006**

DATE	STAFF TRNG.	HEALTH ED.	SPEC. EVENTS	COURSE ADMIN.
9/9	Orientation Raquel Peat	None	Football (6 pm)	New Member Orientation-10am
9/16	AHDP Theories Raquel Peat	None		New Member Orientation-10am Keen Participation
9/23	ACAEM Jason Mollica	Senior Care 101 and Senior Housing Options Alisa Scheiner	First Day Party; Football (6 pm)	New Member Orientation- (12pm) Matchups; Projects GL/AGL Feedback
9/30	Health and Physical Fitness Raquel Peat	Successful Aging – Mary Millar	Matchups; PFT	
10/7	Normal Physiology of Aging Christopher Lim	KEEN Presentation*	Massage	
10/14	Culture and Aging Kevin Mungin	Mental Health and Aging Jeanne Scammon	Massage	
10/21	Medications and Older Adults – Julie Caler, PharmD*	Wise Use of Medications – Julie Caler, PharmD	Massage (Football)	Mid-Semester Review GL/AGL Feedback
10/28	Intimacy and Sexuality – Daniel Leviton or Center for Aging*	What's New in Nutrition? Dr. Mark Kantor	Massage (Football)	LRI due
11/4	Cognitive Changes in Aging – Center for Aging or Mental Health Association		Massage	
11/11	Disengagement – Raquel Peat	Wiz Quiz –Senior Staff	PFT (Football)	GL/AGL Feedback
11/18	Evaluation	None	Last Day Party	Grading

\*To be confirmed

## **PROJECT and VISITS GUIDELINES - FALL 2006**

**The Purpose of the Project is to provide Staffers the opportunity to develop an idea into an appropriate activity to benefit the other Staffers and Members in the Program. Ideally Staffers should choose topics they are familiar with and enjoy.**

**The Purpose of the Visits is to provide Staffers the opportunity to visit DC or VA Members at their group or nursing home to help foster their Staffer – Member relationship.**

### **Grading**

The overall project/visit grade is worth 10% of your final course grade. Your grades are recommended by your group leaders to the instructor, who makes the final grade determination. **See the Project/Visits Evaluation Form for the breakdown of each grade component.**

#### **Project Components:**

**20 points = Proposal**

**10 points = Advertising**

**50 points = Implementation**

**20 points = Evaluation**

#### **Visits Components:**

**20 points = Proposal**

**30 points = Visit 1**

**30 points = Visit 2**

**20 points = Evaluation**

If you are paired with a VA or DC Member it is mandatory that you complete 2 visits in lieu of the Project Advertising and Project Implementation. Group visits will be coordinated for anyone with transportation issues. It is your option to also participate in a project - no extra credit will be available.

### **Project and Visits Clarification**

**ALL STAFFERS WILL WRITE A PROJECT PROPOSAL, regardless of whether or not they eventually do VA/DC Visits.** The purpose of the proposal is to go through the process of developing a project idea to begin building an awareness of AHDP Members and making appropriate considerations for the diversity of our Members. Questions for the Project Proposal are below.

When planning your project ideas and discussing with your Group Leaders take into consideration any costs that may be associated with your plan to implement. If there are costs associated with implementing an idea consider alternative ideas that require minimal or no costs or you may modify your implementation to significantly reduce costs. The AHDP is not responsible for any costs incurred for projects.

All Staffers will also write an individual Evaluation (Project or Visit). Questions for the Project and Visit Evaluations are below.

# Project Overview

## Goals

- **S-imple to implement** – A topic that can be done at **minimal or no cost**, successfully in 45 minutes.
- **A-ppropriate** – Making modifications taking into consideration the diversity of Members and Staffers.
- **F-un** – No explanation needed!
- **E-ducational** – Give something to the Members and Staffers they may be able to use in the future.

## Guidelines

1. Projects are done by **three or more Staffers** within Small Groups.
2. **All project ideas are to be approved by your group leaders** before a project proposal is written and submitted to your group leaders (See the AHDP Project Questions).
3. Project proposals are due on the day of the First Day Party, **in** Small Group.
4. All project advertisements are to be posted the Saturday before and the day of your project. Staffers need to take ads home or they can be stored in the Equipment Locker, between Saturdays.
5. Total project time is 45 minutes (Intro/Demo, Activity, and Closing).
6. Everyone who attends your project should be able to participate at the same time.
7. It should be interactive (not lecture based).
8. **Create a handout to be available for attendees (See Getting Started...).**
9. At least one of your Group Leader/Associate Group Leaders will be present during your project to provide any assistance needed.
10. Staffers running the project are responsible for cleaning up.
11. You and your Group leaders must make arrangements if your Member does not want to participate in your project.
12. Your individual **Project Evaluation is due the week after your project is implemented**, to your Group Leaders (See the AHDP Project Questions).

## Project Proposal (20%)

**ALL STAFFERS WILL WRITE A PROJECT PROPOSAL, regardless of whether or not you end up doing DC/VA Visits. The purpose of the proposal is to go through the process of developing a project idea to begin building an awareness of AHDP Members and making appropriate considerations for the diversity of our Members.**

**Consider that you should be able to give your Project Proposal to other Staffers and they should be able to do your project.**

- 2 or more typed pages

## Proposal Questions

- a. Project Name
- b. Staffers' names
- c. Desired Date (Ex: Is there a related holiday or other special occasion?)
- d. Location Request? If you have special accommodations or room arrangements

- e. What are the Objective(s) of your project and the possible benefits for the Members and the AHDP? Consider how this may help the Members Socially, Psychologically, and Physically
- f. How do you plan to implement your project? **See Special Consideration/Modifications below, and integrate into your project implementation.** Create a timeline/activity flow and fill-in what you plan to do to implement your project:
  - Intro – topic background and delivery
  - Setup
  - Demonstration/explanation
  - Action plan
  - Close/cleanup

**Special Considerations/Modifications.** What modification are you making to accommodate the diverse population of Members? We know you haven't met them yet, so get started by referring to these (and more) sections in the Course Packet: Aging and Old Age, The Members Safety. Taking the following into consideration, what are there safety consideration will you incorporate into your project? (i.e. safety announcement, included in handout, etc.):

- a. Materials- scissors, glue, balls, etc.
- b. Movements- falling, bumping into each other, etc...
- c. Environment- chairs, lighting, hearing, etc...

\* Reminder: The AHDP is not responsible for any project costs incurred.

If you have any questions or concerns when writing your project proposal contact your Group Leaders.

### **Implementation (50%)**

You will be evaluated on how you implement your project in terms of your enthusiasm, interest, and appropriate preparation, how you implemented the project according to the proposal procedures, and how you make appropriate adjustments during the project to handle diversity (different members needs, change of pace, less/more than expected participation). How you perform as a team member with your co-project implementers will be graded within the above components. And of course the basics of the project implementation are being prepared to begin on time, cleaning up after the project and ending on time. If you are not fully prepared or there are last minute circumstances preventing the project from being implemented on the scheduled day, all attempts must be made to contact your group leaders. Your group leaders will be available during the project to provide assistance and guidance as needed, but remember the project is yours so be creative and have fun!

### **Project Advertisement and Handout (10%)**

1. At least one "poster" size advertisement with the following information and it should be posted outside the volleyball gym. Don't forget to remove the poster at the end of the day and take it home or ask a Sr. Staffer to store it in the equipment room.
  - a. **Name of the Project**
  - b. **Date**
  - c. **Time**
  - d. **Room**
2. At least one small project sign at the location of your project.
3. You may also have additional smaller advertisements, 8 ½ x 11 sheets, bookmarks, or business cards, etc...

4. **Provide a handout for the implementation** (at least one page) with the following information:
- Description of the Project
  - Basic Project Instructions
  - Resources, where can more be learned about this Project topic? Web site(s), books, special interest groups, community classes, etc.

### **Project Evaluation (20%)**

**Each Staffer will write an individual project evaluation.** Consider your project implementation, what went as planned, what ad-hoc modification were made, what were the contributions of you and your team.

- Due to your Group Leaders the week after your project is implemented
- 1 or more typed pages

#### *Evaluation Questions*

1. Were the project proposal objectives met? Explain why or why not? ***Attach your project proposal.***
2. How did the project help the AHDP in terms of the Goals and program objectives? How did the project help participants, especially the Members?
3. Assess the level of assistance provided by the Senior Staff. Was it fair, minimal, etc.?
4. Outcomes
5. What have you learned from this project?
6. Did project implementation come off as planned? What modifications did you make and how did these help the implementation?
7. What recommendations and/or suggestions can you provide others interested in implementing this project?
8. Staffer Contribution
9. Describe your contribution to the project? Please indicate a grade you deserve for the project. Why?
10. Please indicate grades that your partners deserve for the project. Why?

## **DC or VA VISITS GUIDELINES**

If you are eventually paired with a DC or VA Member you will do visits as an alternative to the Project Implementation and Project Advertising. You are required to write a Project Proposal and a Visit Evaluation paper.

### **Project Evaluation (20%)**

For Project Proposal information see the appropriate section above.

### **Visits (30% x 2 = 60%)**

- 2 visits are required. Group visits will be coordinated for anyone with transportation issues.
- At least 1 visit should be completed before the 4<sup>th</sup> session.
- The VA or DC Advocates will be the main point of contacts for coordinating visits or answering related questions.
- The VA and DC care personnel may also be coordinated with as appropriate.

### **Visit Evaluation (20%)**

For the Visit Evaluation consider any insights gained, how your relationship with your Member may have been affected and the overall experience. Please be specific and use examples.

- The Visit Evaluation is due to the VA/DC advocates AND your Group Leaders the Saturday prior to the last day of the AHDP.

### **Evaluation Questions**

1. When did the visits occur?
2. Was your visit a continuation of your established goal?
3. What did you learn about your member that you did not already know?
4. What did you and your member do during the visit?
5. Did your interactions with you member differ during the visit compared to a Saturday session at AHDP?
6. What would you suggest to a future staffer working with your member?
7. Describe what benefits were gained by doing visits (if any).

## Project/Visits Grading Form

Staffer: \_\_\_\_\_ GL/AGL: \_\_\_\_\_

Project/Member Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

### Proposal (20%) – Project and Visits

**Out of: Max**

Proposal idea approved by Group Leaders		4
Proposal follows guidelines, addressed appropriate modifications, etc...		10
<b>Would you be able to carry-out the project with just this Proposal?</b>		6
Submitted late		-50%

### Advertisement and Handout (10%) – Project Only

**Out of: Max**

Advertised the week before		2
Advertised the week of		2
Advertisements followed guidelines and are creative		4
Handout followed guidelines		2

### Implementation (50%) – Project Only

**Out of: Max**

The project started on time		5
Staffers showed enthusiasm, interest, and appropriate preparation		10
<b>Implemented the project according to the proposal procedures</b>		15
<b>Staffers made appropriate adjustments during the project/handled diversity (different members needs, change of pace, less/more than expected participation)</b>		15
Staffer(s) cleaned up after their project and ended on time		5
<b>Not implemented on the scheduled day/no prior notification</b>		-25%

### Visits (20%) – Visits Only

**Out of: Max**

Performed 1 <sup>st</sup> visit prior to the 4 <sup>th</sup> session		30
<b>Performed 2<sup>nd</sup> visit</b>		30
1 <sup>st</sup> visit performed late		-15

### Evaluation (20%) – Project and Visits

**Out of: Max**

Evaluation follows guidelines		4
<b>Addressed implementation modifications</b>		6
Addressed project outcomes		10
Submitted late		-50%

Comments: