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Social & Behavioral Sciences
Senior Capstone Seminar

Undergraduate Capstone

Capstone Advisor Dr. Arias

Analysis of Social Services Available to Seniors in Monterey County

By
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Social & Behavioral Sciences, Sociology

Introduction

As America's geriatric population increases due to the Baby Boomer generation getting older, it is crucial for sociologists to investigate the current social services available to the aging population. Increasing longevity of older adults means focusing promoting health, wellbeing and independence through different services and promoting a positive perspective of seniors by general society. The focus of this research is to examine the current geriatric resources available to seniors in Monterey County. My research question is: "To what extent are the current social services available to seniors fulfilling the needs of the community?" I would like to assess the current state of access to social services that promote overall positive health and wellbeing of seniors. Specifically, I would like to analyze the need and use of mental health programs that were created specifically for adults over the age of 65. I chose this topic because of my grandfather; he did not have access to mental health resources at the end of his life. There are currently not enough programs for aging adults to address their mental health and I want to bring awareness to that.

This past semester, I completed SBS 404S, a service-learning capstone, and partnered with the Alliance on Aging in Monterey County to conduct my research. The Alliance on Aging is an organization that provides referrals seniors to a variety of services and programs based on individual needs. The Alliance on Aging (AOA) is the largest nonprofit to provide senior services in Monterey County and serves over 7,000 individuals every year. The overarching purpose of this capstone is to promote age-friendly communities, which aim to serve all people and alleviate or stop discrimination by age, lack of access to healthcare, and language/accessibility barriers. This can only be done by researching what currently is available, analyzing the programs being used, and planning for the impact of those social services due to the growing senior population.

Literature Review

Introduction

Health-related behaviors are influenced by income, class, gender, ethnicity and social networks. Due to behavioral health being influenced by social structures, it is vital to acknowledge the different aspects that influence an individual's wellbeing and the entire population's inequality of access to services. Stable mental health is essential to good overall health, but is often an overlooked aspect of wellbeing in the aging population. The aging population is composed of adults over the age of 65 living in the United States, a continuously-growing population that does not have adequate support services. Many studies have researched mental health in older adults internationally in order to address the needs of the population. Although there is an abundance of literature about the mental health issues that seniors face, there is a lack of services and programs for seniors in America today. In a recent study conducted in 2012 in a retirement community, negative mental health issues were examined within a sample of 314 residents. Overall, the most commonly reported negative emotions "were sadness (29.0%), loneliness (28.7%), nervousness (26.4%), worry (24.5%), and anxiousness (23.9%)" (Bekhet, Abir., & Zauszniewski, J. pp. 217). Even in facilities where social programs are organized, there is constant care, and the seniors are active, there is still a high amount of negative emotions, which creates poor mental health.

Behavioral health is a factor that greatly influences adults. For example, suicide disproportionately affects older Americans. "According to the CDC, although people 65 and older represent 13.7 percent of the population, they accounted for 16.2 percent of suicide deaths in 2013." (pg. 4) Substance abuse affects up to 17% of older adults, but healthcare providers often fail to recognize the symptoms, so it goes untreated. Because of age-related changes in

physiology and drug tolerance, aging adults are extremely vulnerable. This is an incredibly important aspect of aging that all healthcare providers need to be conscious of, especially because pain relieving drugs that are known to be addictive, like Vicodin, can affect the elder's mental health.

Expectations & Attitudes towards Aging

Age expectations are delivered through media, and then reinforced through everyday cultural and social interactions that solidify one image for the perfect outline on aging. Understanding varying perspectives on aging is essential because the senior population is continuously increasing in the United States. Since there is a wide range of different races and ethnicities in the U.S., it is vital to understand how different perspectives on aging are influenced by race and ethnicity. Gaining understanding on this topic will result in better care for seniors in America because resources can be put toward targeting populations that may need specific sources over other populations. In America, African American participants expected the least age-related mental health decline, in comparison to the Chinese American participants, who assumed the most (Menkin, et al. 2017). Aging expectations also depend on the current age of the senior citizen; since everyone above 65 is considered to be a senior, there is an evolution of age expectations as people get older. For example, people tend to become more altruistic as they age, focusing on the welfare of their family members instead of themselves (Hoogland 2015). Their attitudes change from self to social, which has been shown to relate to a higher life satisfaction score on Geriatric Depression Scale test (Wang, et al. 2011). In Western culture, aging is seen as a negative aspect of living, and age is seen as a social determinant of how useful of a tool a person is to society. From the Marxist perspective, seniors are a drain on federal

benefits because they are no longer a part of the labor force and are no longer contributing to society.

Evaluating the effects of Social Interactions on Healthy Aging

Loneliness, hope, inclusion are all emotional stages; each contributes to an individual's physical and mental health. Loneliness is defined as a term that can be broken up into three categories. The first category is a state of loneliness that changes and is transient and reactive to social situations. The second is a personality or character of loneliness, and the third is the view that loneliness is an inevitable condition (Bekhet, Abir., & Zauszniewski, J. 2012). Hope, optimism, resilience, ethics, and courage are all qualities positively viewed by psychologists, such as Seligman, who uses them to promote healthy abilities, and personal growth. These positive qualities can negate the feeling of loneliness felt by seniors, especially those in senior care facilities (Hartmann, et al. 2018). As demonstrated in previous studies, a proven tool to reduce anxiety and depression while increasing life satisfaction is for elders to participate in group discussions on age and wellness. Encouraging socialization and networking within the older population is proven to elevate their physical and mental health.

Assessing prevalent mental Health issues in the Aging Population

Mental illness in the aging population is an underserved and under-researched demographic regarding public health. For example, by 2040, it is projected that the number of people with dementia will rise to around 14 million, and although it is a growing field of research, there are still many people suffering from dementia without knowing it (Kelley, 2003). Anxiety, depression, and stress are three negative factors that affect mental health, because seniors are often going through intense life changes. Some may be moving from their homes to residential living communities; others may have no family to help them as they age, so the

burden to care for themselves falls on them. There are many factors that are unexamined that deeply influence a senior's mental health. Mental health issues that are untreated or completely undiagnosed increase the amount of emergency room visits due to mental health episodes. In Plenda's article, he writes that in the Cheshire Medical Center, "the emergency room has seen a 50% increase in behavioral health patients" (Plenda, 2017). This is due to unseen mental health issues that eventually result in an outburst of behavioral issues.

Conclusion

There are three pillars of individual health and wellness: physical, mental, and social health, which can be overlooked as a person ages. In Western beliefs, the physical body is the most important measure of health for an older adult. Mobility, lack of physical illness, and the ability to care for oneself are highly valued by society. Although a healthy body is incredibly important to wellbeing, mental health also needs to be a focus point in care for seniors. The current issues affecting seniors in and out of care facilities include a lack of socialization from peers, the ability to find mental health professionals and programs, and the portrayed standard of aging in America. Overall, the literature shows that mental health programs that engaged in peer group discussions about aging issues lowered depression scores and promoted a more positive outlook on aging. It is crucial to provide easier access to social services that care for the senior's overall wellbeing, not just focusing on one pillar.

Five Service-Learning Pillars

1. Self and Social Awareness

By reflecting on a hypothetical day of waking up as a person of a different ethnicity, I was able to understand and analyze the social, cultural, and civic aspects of my personal, but mainly professional identities. I am a young, white, heterosexual female that presents as female

in my everyday life. Due to my identities, I have many privileges but also certain stereotypes that I have encountered as a disadvantage. One avenue that I am privileged is in my geographical location and parental income. I grew up in a suburb of San Jose because of my parents' ability to work, and in many ways, I inherited their hard work as my privilege. Because of their privileges as individuals before they had children, I was raised in an advantaged area where violence is rarely an issue, homeless people are pushed out of the main street, and general obstacles to an advantage life are not seen. My service-learning site serves elders in the Monterey County area, and the office I intern at is on Main Street in Salinas. My age is a clear disadvantage; because I present myself as a young person, some clients do not give me full credit for my knowledge in my position.

In this hypothetical situation, I imagined myself as mid-thirties, homosexual, black woman. As this hypothetical self, I would live in the same San Jose suburb in a two-bedroom apartment with another housemate in order to save money on rent. I would be a geriatric case manager in this ideal situation and would be an able-bodied individual. In the suburb, Willow Glen, I would experience racial prejudice due to the lack of African American people in Willow Glen. Looking at me, I would just appear as mid-thirties, African American women with no suggestion of my sexuality but people may perceive my sexuality and categorize me as straight which would marginalize my expression as a gay woman. Being a gay woman of color is something I will never have the chance to experience, so I cannot truly understand the different advantages and disadvantages that one would have. But I know because of my real identity in Willow Glen that my hypothetical woman would have to work a lot harder to feel a part of the community due to the predominant race being white, and because there are many heterosexual nuclear families in the area.

In the instructional materials, a very important concept was addressed in Chapter Two of “Privilege, Power, and Difference,” when the author addresses an incredibly interesting concept: the creation of “real.” This was discussed by James Baldwin, who analyzed the idea that our reality is made up of a cultural creation. His example of a black woman experiencing that label in the U.S. has an accurate criticism of privileges organization according to race. The reading also addresses the issue that diversity is used as a means to punish some while rewarding others. While some racial diversity is celebrated in some environments, in others it is a disadvantage to being accepted by a community of predominantly one race. In Chapter Two, the author compiled a list of different advantages based on identity markers, and it was incredibly eye-opening, because as someone who is inherently privileged, you do not realize it until you critically assess it.

2. Service and Social Responsibility

During my service-learning experience, I was able to understand the social responsibility of professionals in the field I aspire to be in. I was also able to analyze how their professional activities and knowledge can contribute to greater long-term societal well-being and sustainability in the geriatric field. Working with any population of humans can lead to a varying range of ethical dilemmas, but it is important to acknowledge the sensitive situations that seniors experience. From housing to medical assistance at a hospital, there is a social responsibility by care providers and professionals to treat seniors with respect and integrity. It is imperative to accept that family members with an older adult should be held to an ethical standard as well. In my personal experience, I have seen family members take advantage of older adults, whether it is financially or not listening to their opinions on their own medical treatment, especially at the end of life. End of life care is a time in life where ethics and individual decision-making is incredibly

important to investigate on both professional and familial levels. Some ethical issues can be avoided through the Advanced Care Directive, which anyone over 18 can fill out free of charge and discuss their medical wishes with doctors, loved ones, and facility staff.

Some general ethical challenges in the field of geriatric care are: use of restraints (either physical or drug-induced), control of decision-making, ensured coherent informed consent, and limited resources. One of these challenges I foresee myself dealing with as a professional is control of decision-making or autonomy. Especially with residents in facility care, the power can be unbalanced due to influence of family wanting certain actions made to prolong life vs. an elder wanting to focus on comfort instead of longevity. Another important issue to address is the treatment of Alzheimer's patients in memory care units, because Alzheimer's is projected to affect an incredibly more amount of people by 2030, according to the literature. Luckily, every county in California has an Ombudsman program, the role of which is to investigate complaints against facilities that are not treating clients correctly, and to resolve the issue to ensure that everyone is acting ethically.

3. Community & Social Justice

Students will evaluate how the actions of professionals and institutions in their field or discipline foster both equity and inequity in communities and society. By exploring the CSUMB Senior Capstone & Thesis Archive and focusing on Service-Learning capstones with a social justice framework. I chose to review this capstone with a service-learning focus, such as "Social Justice Theory: Foundations, Elaborations, and Application of a Theory of Justice" by Lucas Salazar, because I can relate to his exploration of foundations of Social Justice Theory. I appreciate that Salazar explored social justice from multiple disciplines, which reinforced his

credibility on the analysis. By utilizing his capstone with a service-learning focus, readers are able to engage themselves with Salazar's analysis and explore and understand the community in which they were serving – Seaside, Salinas, Marina, etc. I have been able to integrate the knowledge of the service-learning site with tools from sociology, human development, and political economy courses I have taken over the past four years at CSUMB.

In addition to exploring the literature on this service-learning pillar, I saw firsthand several community issues that clients at the site have been dealing with. In general, California, and specifically the coast, is having issues with affordable housing. The struggle for a rough over one's head isn't solved by age for many; there are many homeless seniors out on the streets of our community. I believe that this issue is tied to a much larger social justice foundational issue, because there is a debate of if housing is a basic human right. Is every American entitled to housing the day they are born until they die, or is it on the individual to create their own pursuit of happiness?

4. Multicultural Community Building/Civic Engagement

Through my service learning, I was able to learn from and work responsively and inclusively with diverse individuals, groups, and organizations to build more just and equitable communities. Many different people come to the site looking for senior services, and as a referral specialist, I must remain objective and judgement-free in order to provide professional equitable service to all clients. I was able to gain new consciousness into insights about myself and my interactions with different people. I have been developing and implementing personal, professional, and institutional strategies, policies, and practices to create greater equity and social justice in our communities. One of these is simply "don't judge a book by its cover" – in the geriatric world there are so many variables to account for that one simply cannot judge another

person. Of course, there are the unconscious judgements passed within seconds of meeting people, but through service learning, I have been taught that it is important to attempt to restrain you in passing judgement.

For example, in late February, a client came into the office looking for food and transportation services for seniors. She was in her late eighties. As we began discussing resources, I asked about Meals on Wheels and she stated that she got mad at them and hung up the phone when they asked what her preferred gender was. At first, I was shocked, but could not visibly show it, but after I asked her why she explained that because of her religious background she found that question offensive, because it challenged her idea of male and female roles. She then went on to state that women need to get off the streets and back into their houses and raise their children, which I do not personally agree with, but I was not raised in that culture. This experience was an educational one for me, because I know I am going to be working with people from all walks of life with varying political and social views, and I must remain objective, and be caring to all clients no matter what.

5. Role of Technology in Service to the Community, Community Building, Civic Engagement and Service Learning

Technology plays a role in all communities, no matter how industrialized or rural; there is basic technological advancements in every society that can help it grow into a more equal community. Examining industrialization through a Marxist perspective, it is recognized that technology benefits some groups while falling to assist others, though this inequality has varying degrees and consequence. On the other side of technology's role in service to the community, social media can be used as a tool to give voice to "the other." For example, Twitter can be used to spread news and create social movements that otherwise would have been silenced by

government or public media. A recent example can be seen in America's youth protesting gun violence in America by using the hashtag #MarchForOurLives, which gave voice to youth who are becoming social activists against gun violence. This responsiveness of the community using the skills social media brings to a new age of activism will change political movements from here on out. Social media can also provide a visual of the genuine struggles communities are going through. For example, locally in Salinas, agriculture is a booming industry. Having a social media presence that shows visual representation of individuals enduring specific negative working conditions can give a voice to the voiceless and reach a wider audience than print media can.

My service-learning site uses technology as a form of communication between the site and the clients it is servicing. Mainly telephone and emails are used to communicate with clients for various reasons at the site. For example, the Alliance on Aging has low cost tax preparation for seniors in Monterey County. To set up appointments and inform clients of the service, many phone calls have been made over the past two months to ensure that seniors utilize this resource. Although this is just one example, it is crucial to understand that AOA is accessible to more seniors and their families in MB County due to technology. It allows a reciprocal relationship between the site and the people it serves because they can reach out to the agency wherever and whenever they need assistance due to technology.

Theory

Gerotranscendence is a psychosocial theory of aging and is one of the newest theories of aging proposed by Tornstman in 1994. The concept of this theory is that older adults change their view from materialistic to a cosmic/transcendent perspective on the world. His theory has

three dimensions including: cosmic, self, and social. Cosmic dimension is when the emphasis on time decreases and there is a shift to memories and the past experiences. The second dimension is self, in which self-growth and personal love is crucial. Finally, the third dimension is social, the application is used to explain the way aging adults view aging and strive for a positive outlook towards end of life (Hoogland, 2015). Gerotranscendence focuses on the evolution of perspective as a person ages and reaches end of life. Since the Baby Boomer generation is the fastest-growing retiring population, it is crucial to examine age theories like Gerotranscendence theory; they help researchers understand current stereotypes and expectations of an aging adult. It can also encourage a shift in ideology and policy to be more inclusive to different aging blueprints, and the supports seniors' need to live a full life. Gerotranscendence focuses on the mental health status of seniors in the community and encompasses worldview, emotional wellbeing, and mental wellness overall. In the article "Introducing older people to the theory of Gerotranscendence," by Wadensten (2007), a qualitative study reported the introduction of the theory to seniors who participated in a group discussion about the aging process. The findings showed that all the women involved in the study felt similarly about that aging process that coincides with the theory.

Methodology

The researcher of this capstone conducted a descriptive ethnographic observation, researching aging at the Alliance on Aging, which is a nonprofit organization located in Salinas that services all elders in Monterey County. The Alliance on Aging (AOA) provides social services to seniors and refers seniors in need to different social services available in the county. Through March of 2019, twice a week, on Monday and Wednesday, from 9AM-5PM, the researcher observed and documented the social services seniors in Monterey County. The

researcher conducted the study at the front desk by tracking the social program and by referring clients that called or walked in and needed help locating services. She collected the data through observation and recorded it by marking a spreadsheet created with Excel with different nodes at the top to track the services.

To conduct the research, the examiner had to identify a list of all services and programs offered to seniors in the area and become educated in the programs to refer clients. After all services were identified the categorized by the type of service, an Excel document with column node labels were created. Once the frequency of services was determined, the researcher was able to analyze the current status of services and see if they were meeting the needs of the community. The purpose of this analysis was to establish the needs of the community in hopes that more services will be created and provided to seniors.

Some limitations to this methodology are the representative sample, since it was limited to clients that called the AOA and does not account for seniors that have no knowledge of the nonprofit. Another limitation is the role of the researcher and the constant effort and engagement needed when properly recording the data into the correct category. This limitation can lead to skewed data, due to human error, for a plethora of reasons. Overall, there are several limitations to this research, but if this study can be easily replicated, then analyze trends of services over a long period of time.

Anticipated Results

The predicted results of the study are to find that seniors in Monterey County will want referrals to mental health resources. I predict that peer counseling will be a popular service wanted among seniors because it strengthens their sense of community and they can relate to each other's experiences with aging. The anticipated outcome is to find that seniors in Monterey

County find mental health services beneficial to their overall health but that there will be a limited number of programs available to them. I predict another factor that will affect the number of seniors willing to participate in mental health programs is their cost, ease of access, and availability.

Results & Analysis

Chart #1

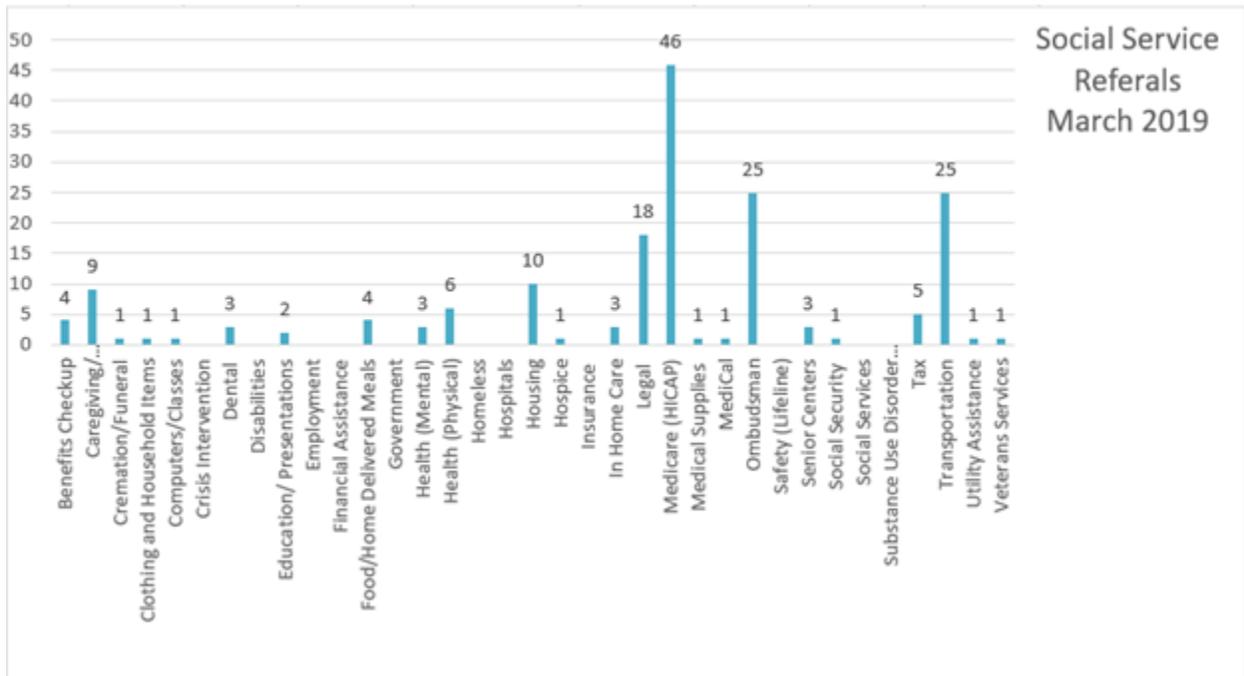
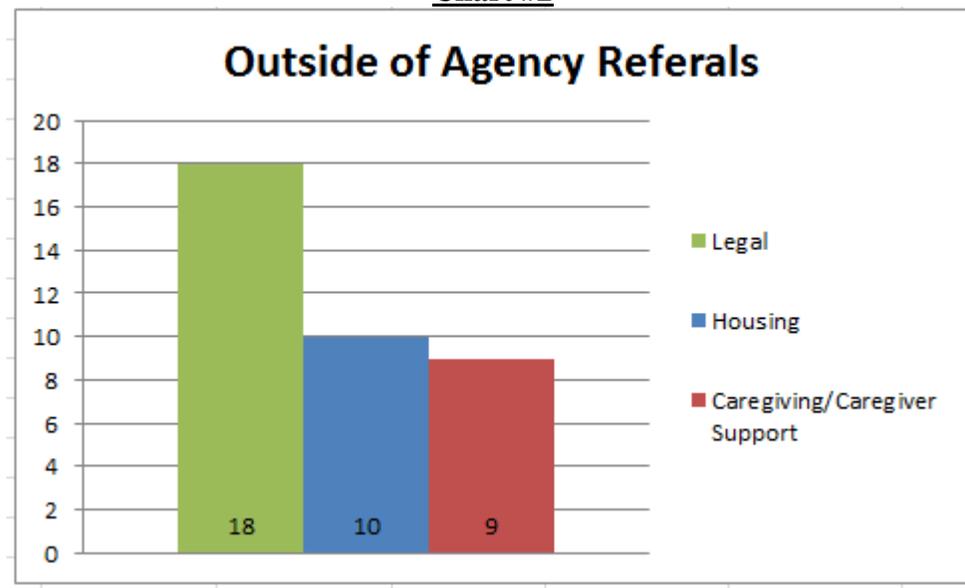


Chart #2



During my ethnographic observation at the Alliance on Aging from March 4th through March 27th, 2019, I collected the data that is illustrated in Chart #1. The data indicates different needs of seniors from my anticipated results, but provides insight into the actual needs of Monterey County seniors. The statistics illustrate Medicare assistance, Ombudsman services, and transportation assistance as the top three most referred-to services. This is due to the Alliance on Aging offering these top three services through their nonprofit and the client base having previous knowledge of these three programs.

The top referrals to social programs outside of the AOA are legal assistance (18), housing services (10), and caregiving programs (9). Legal assistance for seniors encompasses a broad umbrella of specific services that seniors need, such as financial elder abuse and real estate issues. Legal services are a prevalent need of seniors in Monterey County because it is a broad category and local resources provide a variety of services to clients. The second but most fundamental need expressed by the elderly is housing. The current housing market in California is incredibly impacted and expensive, which limits the opportunity for low-income citizens to secure housing. This is also true for many Monterey seniors; the market in the area is astonishingly impacted for Section 8 and other low-income housing options. By examining the results through Gerotranscendence theory, it is important to understand that people are not always in a position to focus on mental health when they are under financial stress or have no constant shelter. The final top referral outside of the agency is for caregiving service, which is an incredibly profitable industry that will continue to grow over the next few years. Hiring a caregiver is incredibly common, not only Monterey County, but also the United States, because of Western cultural norms. In American culture, it is rare for family members to be full-time caregivers of their older members. Although many people do take on the job themselves, mostly

it is hired assistance. In summary, the top three outside referrals documented in this study are important to consider when funding projects, creating policy, and promoting services to seniors in Monterey County that promote age-friendly communities.

Recommendations & Conclusion

In conclusion, the social services available to seniors in Monterey County are being utilized by many who are in need and who are aware of the programs. After concluding this research, I would recommend that there is more promotion of these services to all ages so that people are aware that aging does not have a blueprint, and there are many stereotypes surrounding elderly that need to be re-examined. Although I believe that mental health assistance and promoting age perception through Gerotranscendence theory is crucial to cultivating an age-friendly society, I understand that there are immediate needs that must be met for seniors. The following is the recommended actions needed, from the researcher's perspective.

1. Education and awareness about local resources and services is crucial to seniors engaging in programs.
2. Media needs to be exposing different paths on aging and including older actors within TV shows and movies.
3. Promoting healthy relationships and daily social interaction will promote healthier aging and a healthy mind.
4. Seniors need to be annually checked on by psychologists regarding their mental wellness so that untreated illnesses can be diagnosed.
5. Promoting discussions with family about future aging and current aging issues is important and an individual responsibility.

Bibliography

Aw, S., Koh, G., Oh, Y.,...Hildon, Z. (2017) Explaining the continuum of social participation among older adults in Singapore: from 'closed doors' to active ageing in multi-ethnic community settings. *Journal of Aging Studies*. Vol. 42. (Pp.46-55)

Bekhet, Abir., & Zauszniewski, J. (2012) Mental Health of Elders in Retirement Communities: Is Loneliness a Key Factor? *Archives of Psychiatric Nursing*. Vol. 26, No. 3 (pp 214–224)

Chiva, A., & Stears, D. (Eds.). (2001). Promoting the Health of Older People. Philadelphia, PA: Open University Press.

Gattuso, S. (2003). Promoting mental health in rural elders: a pilot program. *Australasian Journal on Ageing*, Vol 22 (No 2). (pp. 76-79)

Hartmann, J. A. S., Fernandes, A. L. A. de F., de Medeiros, A. G. A. P., de Vasconcelos, C. A. C., Pinheiro, K. S. C. B., de Amorim, L. L. L., ... Neto, M. L. R. (2018). Hope as a behavior and cognitive process: A new clinical strategy about mental health prevention. *Medicine*, 97(36), (pp.1-8)<http://doi.org/10.1097/MD.00000000000012130>

Hoogland, A. (2015) Continuity of change: The dynamic of beliefs, values, and the aging experience. *Journal of Aging Studies*, Vol. 32, (pp. 32-39)

Kelley, S. D. M. (2003). Prevalent Mental Health Disorders in the Aging Population: Issues of Comorbidity and Functional Disability. *Journal of Rehabilitation*, 69(2), 19. Retrieved from <http://search.ebscohost.com.library2.csumb.edu:2048/login.aspx?direct=true&db=s3h&AN=9746774&site=ehost-live>

Liang, J. & Luo, B. (2012) Toward a discourse shift in social gerontology: From successful aging to harmonious aging. *Journal of Aging Studies Vol.26* (pp.327–334).

Menkin, J. A., Guan, S.-S. A., Araiza, D., Reyes, C. E., Trejo, L., Choi, S. E., ... Sarkisian, C. A. (2017). Racial/Ethnic Differences in Expectations Regarding Aging Among Older Adults. *The Gerontologist*, 57(Suppl 2), S138–S148. <http://doi.org/10.1093/geront/gnx078>

Plenda, M. (2017). Aging Population and Lack of Mental Health Services Spur Hospital Investments. *Business NH Magazine*, 34(6), 22. Retrieved from <http://search.ebscohost.com.library2.csumb.edu:2048/login.aspx?direct=true&db=bwh&AN=123494603&site=ehost-live>

Wadensten, B. (2007). Introducing older people to the theory of gerotranscendence. *Journal of Advanced Nursing*, 52(4), 381-388. doi:10.1111/j.1365-2648.2005.03603.x

Wang, J.-J., Lin, Y.-H., & Hsieh, L.-Y. (2011). Effects of gerotranscendence support group on Gerotranscendence perspective, depression, and life satisfaction of institutionalized elders. *Aging & Mental Health*, 15(5), 580–586.

White House Conference on Aging. (2015). Final Report. Retrieved from
<https://www.ccoa.ca.gov/docs/WHCoA/2015-WHCOA-Final-Report.pdf>. (1-87) 87 Pages

Spring 2019 Capstone Timeline

January:

Week #2: Begin internship at the Alliance on Aging in Salinas. Begin recording data by observing services used by seniors.

Week #2: Establish coding for each service used by seniors and begin NVIVO project.

Week #4: Meet with advisor to show the preliminary data and review plan with advisor.

Although I know it will take longer to accumulate data this is a check in time for me and my advisor.

February:

Week #1: Continue working on project in NVIVO adding more background data.

Week #4: End data collection and compile it into NVIVO. Using the qualitative data collected categorize the different services used focusing on frequency and demographic using them.

March:

Week #4: Have a completed draft of capstone and get it reviewed by capstone advisor.

April:

Week #3: Complete final draft of Capstone, submit a final draft of capstone.

Week #4: Last minute revisions and edits will be completed and capstone will be completely drafted.