ABSTRACT

Diminishing functional and sensory abilities present unique challenges for nurses when teaching older adults. The bulletin board display is one method that can facilitate learning in older individuals: they can learn at their own pace and develop specific questions for health care professionals. On the basis of developmental theories, knowledge of common physical changes associated with aging, and visual art-based strategies in bulletin board design, nurses can use bulletin boards as an effective educational tool for older adults.

Through health education, older adults are empowered to maintain self-care and make informed decisions about their health. Although younger generations commonly use computers to access new health information on the Internet, only 22% of adults older than age 65 have Internet access (Pew Internet & American Life Project, 2004). Older adults’ diminished functional and sensory abilities can present challenges to nurses when trying to meet older adults’ health education needs. Hearing loss can make group learning in an environment with extraneous background noise difficult or frustrating for older adults. Although intelligence does not decline with age, older adults need more time to process and comprehend information (Bastable, 2003; Gausman Benson & Forman, 2002). The use of multiple senses (i.e., auditory, visual, psychomotor) when teaching can facilitate learning; however, this can also be overwhelming or distracting to older individuals (Meiner & Lueckenotte, 2006).

Group learning can facilitate older adults’ socialization. However, the faster pace of group learning and use of audiovisual methods designed to
educate younger individuals can frustrate or confuse older adults (Mauk, 2006; Meiner & Lueckenotte, 2006). Bulletin boards, in combination with one-to-one education sessions or small education classes, can increase repetition of information to improve health literacy and help older adults formulate questions for their health care professionals (Shohet, 2002). The self-paced nature of bulletin boards is a good way to supplement other educational strategies when teaching older adults (Thomas & Wolfe, 2005).

Bulletin boards are visual displays that provide information using pictures only, words only, or picture and words for people of all ages (Raines & Williamson, 1995). Health information presented in a bulletin board format can provide education in an informal, relaxed, and non-threatening manner. Older adults can spend as little or as much time as they like viewing the bulletin board. Also, bulletin boards can be viewed multiple times to reinforce learning or remind older adults about recommended health regimens. While waiting for appointments or tests, older adults can read bulletin boards about important health issues, which can help them develop specific questions to ask the health care staff. However, as with any nursing intervention, the special needs of the target population must be considered for effective patient teaching and learning to occur (Rankin, Stallings, & London, 2005). This article addresses design issues to consider when using bulletin boards to provide health information for adults older than 65.

OLDER ADULT HEALTH

The population of adults older than 65 is projected to increase from the current 12% to 21.3% by 2049 (Centers for Medicare and Medicaid Services, 2004; Keehan, Lazenby, Zezza, & Catlin, 2004). Adults older than 65 spend almost four times more on health care and have three to four times the number of hospitalizations as individuals younger than 65 (Bernstein et al., 2003; Centers for Medicare and Medicaid Services, 2004; Keehan et al., 2004; U.S. Department of Health and Human Services, 2004). Although the majority of health care contacts are with individuals older than 65 with chronic conditions, most health educational formats are developed on the basis of younger individuals’ preferences and abilities (Shohet, 2002). The use of multiple audio, visual, and kinetic methods to educate young individuals helps stimulate their senses and increase memory and comprehension (Rankin, Stallings, & London, 2005). However, the use of multiple-sensory stimuli can overwhelm older patients and cause significant stress that could limit learning (Meiner & Lueckenotte, 2006). Nurses need to make appropriate accommodations for older individuals’ strengths and limitations to facilitate learning so these individuals can be active participants in their health care decisions.

Cognitive Considerations

As with any population, nurses must prepare educational materials according to the interests and needs of the patient. Although intelligence does not usually change during healthy aging, disease and disability can affect older adults’ cognitive abilities and learning (Meiner & Lueckenotte, 2006). Adults older than 65 experience more acute and chronic illnesses and must learn more new medical information and procedures than younger adults (U.S. Department of Health and Human Services, 2004). Highly literate older adults can become low-literate because of cognitive changes associated with diseases (Kerka, 2003). Kidney and liver disease can affect cognitive processes by altering blood chemistry and electrolytes. Cardiac and lung diseases can impair cerebral blood flow and oxygenation needed for thinking and learning. Hearing impairment, pain, and high levels of stress associated with illness can negatively affect learning and comprehension for older adults (Meiner & Lueckenotte, 2006). Therefore, most adults older than 65 need more repetition and time to learn and retain new health information than do younger adults. Bulletin boards can facilitate learning for older adults through repetition and reinforcement of information given by their health care providers.

Psychosocial Considerations

Knowles’ (1970) adult learning theory stresses that adults are more oriented to problem-centered learning than subject-centered learning, use past experiences as a resource for learning, and learn information that has immediate application versus information that may be useful sometime in the future. When adults self-identify a lack of information, they seek out sources of information to fill in knowledge gaps to maintain competence and independence (Knowles,
Therefore, health topics that are relevant to the older adult’s current concerns should be presented. Presenting possible solutions to health problems or complications will catch their attention more readily than will general overviews of disease processes. For example, if the topic of cardiac diet is presented, specific examples of appropriate portion size and cuts of meat, low-fat nut and high-fiber choices, and various seasonal/ethnic foods that fit into low-fat and sodium guidelines specific for adults older than 65 is more practical than general information about what cholesterol is or general low-fat and sodium guidelines.

Older adults enter the stage of ego integrity versus despair around age 65. During this stage, older adults can develop a sense of growth and purpose by examining their life and integrating new information into their own personal philosophy. Using bulletin boards to outline how their past lifestyle behaviors contributed to their present health status or disease process and what to continue or change supports independence, ego integrity, and positive growth for older adult patients (Erikson, Erikson, & Kivnick, 1986). Helping older adults make the connection between lifestyle patterns that contribute to their present condition can potentially motivate them to make healthy lifestyle changes.

During their later years, retired individuals have more leisure time. This gives them the opportunity to pursue activities of interest without a sense of obligation, demand, or urgency (Murray & Zentner, 2000). Providing information on the importance of exercise and activity to maintain health, the correct kind of exercise for older individuals with a specific chronic disease, and exercise resources available in the local community can help older adults incorporate exercise into their new leisure time. For example, arthritis is a common condition in older adults. Outlining how aquatic aerobic exercise is better than traditional walking or running exercise for arthritic knee and hip joints is better than providing general aerobic exercise guidelines. In addition, providing contact information for community resources with a pool, times of classes, and staff names would better facilitate appropriate exercise routines and fewer orthopedic injuries for older individuals.

FACTORs RELATED TO BULLETIN BOARD TOPIC SELECTION

Timeliness of Health Concerns

Bulletin board topics should be timely. For example, influenza vaccination education should be accessible in early September to provide facts older adults need to decide if vaccination is a preventative measure they desire. Other examples of timely education topics include posting healthy seasonal food options and recipes during various seasons or holidays, how to prevent a cold during winter months, and how the changing environmental conditions affect various diseases (e.g., heart disease, cancer, diabetes, chronic obstructive pulmonary disease). Presenting accurate health information to help older adults sort through conflicting media reports about environmental health hazards, safety of hormone replacement therapy, and appropriate frequency of screening tests; myths and misconceptions about communicable diseases, such as HIV, severe acute respiratory syndrome, and avian influenza A virus; advertising about new drugs and herbal or home remedies will catch their attention because the information has immediate application (Kerka, 2003; Knowles, 1970, 1973).

Prevalence of Health Issues in the Older Adult Population

Issues related to the most common age-related illnesses and disorders are appropriate bulletin board presentations. According to the 2004 National Health Interview Survey, the 10 most common chronic conditions among adults older than 65 are:

- Hypertension (52%).
- Joint conditions and arthritis (46% to 50%).
- Heart disease (32%).
- Cancer (21%).
- Diabetes (17%).
- Sinusitis (14%).
- Ulcer (12%).
- Stroke (9.3%).
Asthma (9%). Hay fever (7%).

48

bilitation and long-term care placement, such as falling, cognitive decline, rehabilitation and long-term care placement, and chronic diseases can lead to issues in the area. Because acute care nurses identify the most common health issues among older adults will catch the attention of a larger portion of the older adult audience. The U.S. Department of Health and Human Services (www.hhs.gov/aging/index.shtml), Centers for Disease Control and Prevention (www.cdc.gov/nchs/agingact.htm), Administration on Aging (www.aoa.gov), and state health departments maintain Internet resources that can provide information on the leading causes of death and disability for adults older than 65 in the United States, states, and counties, which can help nurses identify the most common health issues in the area. Because acute and chronic diseases can lead to issues such as falling, cognitive decline, rehabilitation and long-term care placement, and depression in older adults, focusing bulletin board information on these issues can facilitate self-motivated learning. Other common concerns include ways to cope with death and dying, and activities to maintain cognitive function (Meiner & Lueckenotte, 2006).

**Direct Methods to Identify Learning Needs**

Patient surveys or focus groups can help assess the information needs of older adults served by individual agencies or in local communities. Level of education, health literacy, and reading ability should be assessed (Sevilla, 2002). The customs, values, and cultural issues of older individuals who are served by the agency can be better identified by direct assessment methods, such as written admission questionnaires, satisfaction surveys, or postprocedure follow-up telephone calls. These methods can help identify what a typical older adult in the geographical area knows about specific health topics, misinformation that needs to be corrected, how they feel about the topic, and questions the older audience may have about various health conditions (Mayer & Rushton, 2002). These specific issues can then be addressed in an educational bulletin board.

When designing any bulletin board, nurses should consider the entire target audience in relation to race, ethnicity, gender, religion, and life practices. For example, although most individuals with osteoporosis are older women, a bulletin board constructed with information for only women and pictures of only White women would be inappropriate because this disease affects older men and individuals from many ethnic backgrounds (Bastable, 2003). Because space is limited on many bulletin boards, dividing information for specific target groups among several bulletin boards is an option to help educate broader adult audiences.

**Factors to Consider in Bulletin Board Design**

**Visual changes**

When nurses are designing a bulletin board, the various physical changes common in aging must be considered. Children are drawn to bulletin boards with bright primary colors and animal characters and designs. However, information presented in a board designed for older adults is best understood when it contains a clear and distinct outline of ideas and high-resolution pictures that

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**Figure 4. Narrative versus outline format with different reading levels.**

**Exercise is for all Ages**

<table>
<thead>
<tr>
<th>Exercise is good for all ages:</th>
<th>Aerobic work outs are best for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer falls</td>
<td>• Weight control</td>
</tr>
<tr>
<td>• Better flexing</td>
<td>• Heart problems</td>
</tr>
<tr>
<td>• Weight control</td>
<td>• Tired feelings caused by lung, kidney, liver, or belly problems</td>
</tr>
<tr>
<td>• Stronger bones</td>
<td></td>
</tr>
<tr>
<td>• Better overall health</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 5. Bulletin board example.**

- Asthma (9%).
- Hay fever (7%).

Including information on the most common health issues among older adults will catch the attention of a larger portion of the older adult audience. The U.S. Department of Health and Human Services (www.hhs.gov/aging/index.shtml), Centers for Disease Control and Prevention (www.cdc.gov/nchs/agingact.htm), Administration on Aging (www.aoa.gov), and state health departments maintain Internet resources that can provide information on the leading causes of death and disability for adults older than 65 in the United States, states, and counties, which can help nurses identify the most common health issues in the area. Because acute and chronic diseases can lead to issues such as falling, cognitive decline, rehabilitation and long-term care placement, and depression in older adults, focusing bulletin board information on these issues can facilitate self-motivated learning. Other common concerns include ways to cope with death and dying, and activities to maintain cognitive function (Meiner & Lueckenotte, 2006).

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Figure 7. Text alignment.

Narrative:
It is best to group information and bulletin board content into blocks of ideas to limit the extraneous wording and amount of reading for adults. The grouping of information allows the adult reader to quickly read and easily comprehend the main points of the information presented on the bulletin board. Using an ascending or descending bulleted sentence length is more pleasing to the eye.

Bulleted Outline of Ideas:
Best Practices in Use of Bulleted Lists
• group ideas
• outline main points
• limit extraneous words
• limit to six bulleted lines
• use ascending or descending line length

Figure 6. Use of bullets versus narrative.

are detailed and of people in their age group (Krause, 2004).

Font Style and Size
Loss of visual accommodation to near and far objects is common after age 40 (Meiner & Lueckenotte, 2006). The text should be in both upper and lower case letters. Font refers to the style or typeface of letters (Krause, 2004). Block style fonts such as Gothic, Sans Serif, or Roman varieties should be used on the bulletin board. These fonts have no or minimal spurred endings called serif (Figure 1). Using large block-type letters will allow older individuals, who commonly have impaired vision, to read the information presented more easily. The use of script (free flowing letters that are linked by connecting strokes) or italic (slanted to the right or left) fonts should be avoided, as these fonts are more difficult and tiresome to read (Livingstone, 2002). Instead, fonts should be bold or words underlined to emphasize specific content.

To attract attention and draw readers closer, the title should be readable from at least 5 feet away (Raines & Williamson, 1995). Therefore, the title of the board should be a font letter size of at least 72 points (1 inch). Font sizes are measured in points; however, because of the way type was once measured in relation to the metal blocks used in printing, different fonts can have a different number of points per vertical inch (Krause, 2004). Nurses should experiment with various fonts and point sizes to achieve the desired letter style and height. The content of the board should be readable from a distance of approximately 2 to 3 feet. Therefore, the content text font should be approximately a 32 font size (½ inch) (Figure 2).

Color
When designing a bulletin board for older adults, nurses should consider other intraocular changes. Color clarity diminishes by 59% in the eighth decade of life (Ebersole, Hess, & Luggen, 2003). Discrimination of blues, greens, and violets are more difficult as people age, whereas reds, oranges, and yellows are clearer (Meiner & Lueckenotte, 2006). Incorporating reds, oranges, and yellows, instead of the primary colors generally used to attract young children, with contrasting dark colors improves older adults’ ability to see and, thus, potentially better comprehend the information presented. Nurses should avoid the use of a white background because it increases glare for aging eyes. Dark color text on light color backgrounds, instead of light colored text on dark color backgrounds, is also easier to read (Krause, 2004).

The use of color can add interest and depth to bulletin boards (Livingstone, 2002). Nurses should select two contrasting colors as the primary board colors and then choose a couple of other complementary colors to add visual interest. The two primary contrasting colors should include one dark (e.g., black or blue) and one light or bright color (e.g., yellow or orange).

In addition, font size and letter color should be uniform (Figure 3). The less uniform the text, the more difficult it is to read. Advertisers use various size fonts and combinations of two bright colors to slow readers down because they make text appear jumpy (Livingstone, 2002). However, these techniques make it more difficult for older individuals to read the text and can cause them to lose interest in the board and the information presented (Krause, 2004).

Lighting
After age 60, most older adults experience changes in lens opacity, which reduces visual acuity, and almost all adults older than age 80 have some degree of cataract formation (Meiner & Lueckenotte, 2006). Increased opacity and yellowing of the lens blocks the transmission of light and images to the retina. Therefore, when planning for bulletin board placement, nurses should provide adequate lighting that is bright, indirect, and without glare to help older adults with vision impairments to read the material more easily.

Pictures
Pictures and symbols add visual interest, can provide context for written information, or can help describe the content in a condensed manner (Krause, 2004; Livingstone, 2002). Picture...
tatures should be visually crisp and of high resolution. Nurses can use pictures, tables, and graphs to decrease the number of words necessary to explain an idea. Sequencing information from left to right, as in a book, also decreases confusion (Krause, 2004). If sequencing left to right is not appropriate for the topic, use lines or arrows to help direct the eye along the intended sequence. The use of white space, or negative space (a portion of the board that is not devoted to text or pictures), gives the eye a rest. Because of limited space and the need to keep text and pictures large, it is necessary to present only one topic on the bulletin board at a time. Avoid crowding too much information onto one board (Sevilla, 2002).

**READING LEVEL**

**Recommended Grade Level**

Health information on bulletin boards presented to older adults should be simple and concise, use nonmedical terminology, and be written between the 5th-grade and 7th-grade reading level (Fisher, 1999; Shohet, 2002). Between 1970 and 2001, the percentage of older adults who had completed high school rose from 28% to 70% (U.S. Department of Health and Human Services, 2004). However, research has demonstrated that the level of education completed is not a reliable indicator of reading level (Miller & Bodie, 1994). In 1992, the National Adult Literacy Survey estimated that 21% to 23% of the adult population reads at or below the 6th-grade level, 25% to 27% read between the 7th-grade and 10th-grade levels, and only 17% to 20% read above the 11th-grade level (Kaestle, Campbell, Finn, Johnson, & Mikulecky, 2001). Cognitive and visual disabilities, and the stress associated with coping with more than one illness (which is common among adults older than 65), affect the skills needed for reading comprehension (Kerka, 2003). On the basis of these findings, health education materials should be written below the 7th-grade level for most older adult populations.

**Evaluating Text Reading Level**

The reading level of text placed on bulletin boards can be evaluated several ways. Many computer word-processing programs have tools to evaluate the reading level of the text and to check spelling and grammar. Flesch Reading Ease scores of 70 to 100 reflect grades 7 and below (Flesch, 1948) (Table 1). Flesch-Kincaid grade level numbers reflect stated grade level (Bastable, 2003; Maynard, 1999). For example, before printing the text for the board, nurses should use a computer program to evaluate the reading level of the written information. If it is higher than the 7th-grade level, nurses should change three-, four-, and five-syllable words to words with two or three syllables and re-evaluate the reading level of the text until a lower desired reading grade level is obtained (Figure 4).

Another method is the use the SMOG index (Bastable, 2003; Maynard, 1999; McLaughlin, 1969). The SMOG index counts all of the words with three or more syllables from 30 sentences or statements in the text (10 sentences from the beginning, 10 from the middle, and 10 from the end). As the number of three or more syllable words increases in a sentence, the reading grade level increases (Table 2). Because many medical terms have at least three syllables, nurses must explain or define medical terms in common one- to two-syllable words. For example, the words gastroenteritis is a six-syllable word (gas-tro-en-ter-i-tis) commonly used in health care. Although nurses know that gastroenteritis is an inflammation of the stomach and intestinal tract lining that is commonly caused by viruses or bacteria in food and water, most adult patients would not be able to read and comprehend the meaning. Instead, nurses should list and explain the term in common one- to two-syllable words: a swelling of the stomach lining caused by germs in food and drinks. The words germs and drinks, are preferable to viruses and liquids because germs and drinks are more commonly used by the general public.

**Formats that Improve Readability**

Written or printed information must be clear and to the point. Extraneous information or words may lead to confusion and disinterest in the topic. Also, more words require a larger board to present the information. Using a bulleted outline format helps limit the number of words needed to make a point. For example, instead of writing out the benefits of exercise in a narrative format, “Exercise has many benefits for the older adult. Exercise improves muscle tone and balance that can help to prevent falls. Exercise improves joint

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>FLESH READING EASE SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated grade</td>
<td>Reading ease score</td>
</tr>
<tr>
<td>5th</td>
<td>90 to 100</td>
</tr>
<tr>
<td>6th</td>
<td>80 to 90</td>
</tr>
<tr>
<td>7th</td>
<td>70 to 80</td>
</tr>
<tr>
<td>8th to 9th</td>
<td>60 to 70</td>
</tr>
<tr>
<td>10th to 12th</td>
<td>50 to 60</td>
</tr>
<tr>
<td>College</td>
<td>30 to 50</td>
</tr>
<tr>
<td>College graduate</td>
<td>0 to 30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>SMOG READING LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of words with 3 or more syllables</td>
<td>Reading grade level</td>
</tr>
<tr>
<td>0 to 2</td>
<td>4</td>
</tr>
<tr>
<td>3 to 6</td>
<td>5</td>
</tr>
<tr>
<td>7 to 12</td>
<td>6</td>
</tr>
<tr>
<td>13 to 20</td>
<td>7</td>
</tr>
<tr>
<td>21 to 30</td>
<td>8</td>
</tr>
<tr>
<td>31 to 42</td>
<td>9</td>
</tr>
<tr>
<td>43 to 56</td>
<td>10</td>
</tr>
<tr>
<td>57 to 72</td>
<td>11</td>
</tr>
<tr>
<td>73 to 90</td>
<td>12</td>
</tr>
</tbody>
</table>
flexibility and bone density. In addition, exercise can increase metabolism for better weight control and overall health,” outlining the benefits in a bulleted list condensing the information into an easier-to-read format (Figure 5).

Bullets can be dots, dashes, symbols, or simply indented statements (Figure 5). Bulleted numbers can help when outlining a specific sequence or steps of a procedure. The number of bullets in a section should be limited to a maximum of six (Sevilla, 2002). When possible, nurses should have the bulleted lines listed in ascending or descending length (Figure 6). Presentation programs, such as PowerPoint® (Microsoft, Redmond, WA), can help group ideas into bulleted, one-page printouts that can be attached as sections of a bulletin board. When evaluating the reading level of information in a bulleted format, each bulleted section should be treated as one sentence.

Text alignment also affects the readability of the information on the board. Justified text alignment is vertically aligned along both the left and right margins and is used in most books and magazines (Krause, 2004). Left-justified text means that each line of text is aligned vertically on the left side, leaving the right side jagged, whereas right-justified text is aligned on the right side, with a jagged left side. Centered text is when each line of text is individually centered.

Justified text is best for brochures or handouts, where more information can be presented in a narrative format. However, for a bulletin board, left justification improves readability by providing a consistent and predictable starting point for each new line of text (Krause, 2004). Centered text can be used to draw attention to small sections of the bulletin board; however, the dual jagged edges can reduce readability (Figure 7).

**SUGGESTED EVALUATION QUESTIONS**

1. Did you notice the bulletin board in the lobby or waiting room?
2. Was the topic of interest to you?
3. What did you learn from the bulletin board?
4. Ask content specific questions: Why is exercise good for you? What kind of exercise helps keep joints safe?
5. Could you easily read the information on the board?
6. Did the pictures help to clarify the topic?
7. What aspect of the information was not clear?
8. In addition, follow up with open-ended questions such as “why” and “why not.”

**SUPPLEMENTAL FOLDER**

Additional education provided in an attached folder or on nearby table can provide more detailed information on the topic for individuals to read at their own pace. This allows flyers, pamphlets, or handouts to be included as part of bulletin board education. Handouts reinforce learning at a later time for those with memory problems or serve as reminders to help individuals’ formulate questions for health care providers. Handouts that describe the topic of interest and provide contact information and other resources that reflect the board’s main points will help support older adult learning (Raines & Williamson, 1995).

**EVALUATION**

As with any plan, it is necessary to evaluate the effectiveness of the method. Evaluating whether the target older adult audience learned from the bulletin board can provide valuable information on how to make age-appropriate changes to the current board or help improve the implementation of future bulletin boards. Evaluation can be a formal written questionnaire with a few survey and test questions about the information presented on the bulletin board or informal verbal questions asked during patient interactions (Bastable, 2003). When providing care for older patients, nurses can ask for feedback about the bulletin board and what patients learned from it (see the Sidebar for suggested evaluation questions). Nurses can evaluate whether older patients are asking more questions about the topic presented on the board and whether the questions are vague or specific relating to how the topic applies to their health. In addition, nurses should follow up with open-ended questions (e.g., why, why not) to help guide changes to the board.

**PROVIDERellar**

Another physical characteristic to take into account in bulletin board design for older adults is their musculoskeletal system. Kyphosis and other spinal problems are common in older adults, as intervertebral discs lose fluid and become more compressed and dense (Meiner & Lueckenotte, 2006). As a result, many older adults may not be able to raise their heads toward the ceiling to view the bulletin board because cervical and thoracic curvature. Lowering the center of the board to at least 4 feet above the ground will help accommodate these individuals. In addition, because many older adults use wheelchairs or motorized scooters to increase their mobility, lowering the board height, placing the board on a downward angle, and providing adequate space for them to read the board will help make the bulletin board user friendly to older individuals.

Nurses should consider the optimal location for bulletin boards. Placing bulletin boards where the information presented is in the person’s immediate thoughts can facilitate interest in the topic and learning. For example, providing information in visible areas on the way to appointments can help older adults formulate relevant health questions that can be discussed during the appointment. Other examples include placing bulletin boards about urinary tract infection prevention information in bathrooms, food suggestions and facts near the cafeteria, or illness and disease prevention information in a health clinic. Areas of high traffic or common community gathering areas, such as near mailboxes, activity rooms, waiting rooms, and elevators, are also good places for educational bulletin boards.
KEYPOINTS

BULLETIN BOARDS


1. When using bulletin boards to educate older adults, nurses need to incorporate developmental, physical, and cognitive factors into the board design.

2. Cognitive factors, such as repetition of information, literacy, motivation, and lifestyle, should be considered.

3. Physical changes, such as common health issues of older adults, height, posture, and vision, should also be considered.

4. Attention to graphic design principles of large letter size, uniform letter style, alignment, brevity, and high contrast in colors can enhance older adult learning.

SUMMARY

Careful planning is essential when teaching any population. By considering the normal physical changes associated with aging, as well as the common health concerns of this population, nurses can develop age- and topic-appropriate bulletin boards to help educate older adults. An educational bulletin board that is designed and planned around the specific needs, learning styles, and developmental stages of older adults will facilitate learning with less frustration for older adults and health care providers. Furthermore, the education provided to older adult patients can increase their ability to prevent or manage problems, decrease their suffering from disease, and help them have a healthy, happier life.

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