TRANSLATED KESSLER 6 AMONG OLDER KENYANS
PSYCHOMETRIC EVALUATION OF A SWAHILI-
MATED USING STRUCTURAL EQUATION MODELING. FACTOR ANALYSES BETWEEN THE SCALE AND OTHER HEALTH MEASURES WERE ALSO ESTIMATED IN THE TRANSLATED K6 IN AGING KENYANS. THE CORRELATION BETWEEN THE K6 AND OTHER HEALTH MEASURES IN KENYA. FACTOR ANALYSES WERE USED TO EXAMINE THE PROPERTIES OF THE K6 SCALE IN A SAMPLE OF AGING KENYANS.

However, limited studies have investigated the applicability of the K6 scale among aging populations. A major advantage of the K6 scale is its capacity to measure a variety of mental health disorders, such as depression and anxiety. The K6 scale has been successfully used to screen psychological distress, behaviors. Our data can inform global health actions to eliminate cancer disparities at the individual, organization, and government levels.

Despite the growing cancer incidence and mortality rate in Nigeria and Sub-Saharan Africa, little research has investigated mental health conditions such as depression and anxiety among older adults in Sub-Saharan Africa. While growing research has addressed physical ailments ranging from 37.8% in Ghana, 40% in South Africa, 41.2% in Ethiopia, and up to 44% in Tanzania. Older women in Sub-Saharan Africa have higher rates of depression than men. Contributing factors to depression include lack of formal education, chronic illness, unstable income, and waning social supports. With an estimated 2 out of 5 older men and women (N=411, age 50+) experiencing depression, our findings point to the detrimental effects of these factors on health-related behaviors. With 2 out of 5 older Nigerian men (N=411, age 50+) experiencing health, research links social determinants of health (SDOH) to cancer risk behaviors and lack of cancer preventive behaviors such as early screening. This adds to the increasing rates of cancer disparities in Nigeria and Sub-Saharan Africa. Sources such as early screening. This adds to the increasing rates of cancer disparities in Nigeria and Sub-Saharan Africa. Our study aimed to determine the relationship between SDOH and cancer risk behaviors among older African adults struggling with depression. Medication or private therapy may not be appropriate for older adults in Sub-Saharan Africa experiencing depression, interventions to ameliorate current symptoms. Interventions are needed to address the factors contributing to depression among older African adults. In many African nations, mental health diagnoses such as depression and anxiety among older adults are underreported. Our findings add to the evidence in the complexity of cancer risk behaviors, this cross-sectional study used secondary sources and a synthesis of recent empirical literature to examine and document the extent of depression among older adults in Sub-Saharan Africa and its general public. Little has been documented about the extent of depression among older adults in Sub-Saharan Africa and the contributing factors to geriatric depression. Sources such as early screening. This adds to the increasing rates of cancer disparities in Nigeria and Sub-Saharan Africa. Research links social determinants of health (SDOH) to cancer risk behaviors and lack of cancer preventive behaviors such as early screening. This adds to the increasing rates of cancer disparities in Nigeria and Sub-Saharan Africa.
Alzheimer’s disease (AD) is the 7th leading cause of death and 6th most burdensome disease among US older adults. With pharmacological treatments for AD being predominantly ill-effective, alternative, non-pharmacological prevention and treatment strategies warrant exploration. Personal health coaching provides individualized strategies designed to improve physical, social, and emotional health leading to positive behavior changes that may improve cognitive ability. The purpose of the present investigation was to examine the effects of a Health Coaching (HC) intervention on cognitive outcomes. Adults (n=182) over 45 years of age were randomly assigned to HC or control arm of a 12-month intervention. Participants (age = 61.9 ± 8.4 years) had their cognition (ECog-12) tested at baseline, 16, and 52 weeks. Participants assigned to the HC intervention met with a health coach once per month to establish healthful goals and implementation strategies improving the health and well-being of the participants. The control group received bi-weekly emails including similar information presented during the health coaching sessions. Results revealed a main effect for time for improved ECog-12 scores (p=.04) with a 3.2% improvement in ECog-12 after 52 weeks. Upon further analysis, HC had a significant improvement in cognitive performance after both 16 and 52 weeks, while the control group remained unchanged. Improvement in self-reported cognition was 4.0% (p=.03) and 5.5% (p=.01) in the HC group after 16 and 52 weeks, respectively. These results suggest HC is an effective non-pharmacological prevention strategy for cognitive decline among a group of adults at-risk for developing AD.