Mar 22nd, 12:00 PM

Decreasing Social Isolation in Adults via a Cognitive Wellness Program

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Repository Citation
Yauch-Cadden, Lisa; Star, Kari; and Shiner, Paula, "Decreasing Social Isolation in Adults via a Cognitive Wellness Program" (2019). Community Engagement and Research Symposia. 2.
https://escholarship.umassmed.edu/chr_symposium/2019/posters/2 https://doi.org/10.13028/d3yw-7b90.
RESULTS (continued)

In October 2015, Buzzards Bay Speech Therapy and Coastline Elderly Services, Inc., collaborated to address concerns regarding healthy aging in New Bedford. According to the 2014 Massachusetts Healthy Aging Data Report, New Bedford scored lowest in the state with regard to healthy aging, with 31 health indicators rated below the state average, including depression, mental illness, stroke and Alzheimer’s disease. Recognizing that these indicators can lead to social isolation and further exacerbate health concerns, we developed a program focusing on cognitive wellness in order to enhance social engagement.

**RESULTS**

Increasing participants' confidence in their communication skills (Q9)

**OBJECTIVE of the Program**

- Decreasing participants' avoidance of situations where communication is necessary (Q6)
- Multi-improved communicative effectiveness
- A 7 question binary (Y/N) response

**Methods**

The program uses class-based instruction and lively activities to educate and engage participants while practicing tips and techniques to improve thinking, memory, communication and socialization skills. Our program travels throughout the community, as we hold classes in local Senior Centers, Councils on Aging and congregating housing.

**Outcomes Measures/Tools**

- Quantitatively assess program outcomes.
- Qualitatively assess program impact on participants.
- Engage participants and community stakeholders in Participatory Action (Bergold, Thomas, 2012) to more broadly impact service delivery in the community.

**INTRODUCTION**

In October 2015, Buzzards Bay Speech Therapy and Coastline Elderly Services, Inc., collaborated to address concerns regarding healthy aging in New Bedford. According to the 2014 Massachusetts Healthy Aging Data Report, New Bedford scored lowest in the state with regard to healthy aging, with 31 health indicators rated below the state average, including depression, mental illness, stroke and Alzheimer’s disease. Recognizing that these indicators can lead to social isolation and further exacerbate health concerns, we developed a program focusing on cognitive wellness in order to enhance social engagement.

**METHODS**

The program uses class-based instruction and lively activities to educate and engage participants while practicing tips and techniques to improve thinking, memory, communication and socialization skills. Our program travels throughout the community, as we hold classes in local Senior Centers, Councils on Aging and congregating housing.

**RESEARCH DESIGN**

To assess response to our classes and the impact we were having on participants, our team created a 3-part research project designed to:

- Quantitatively assess program outcomes.
- Qualitatively assess program impact on participants.
- Engage participants and community stakeholders in Participatory Action (Bergold, Thomas, 2012) to more broadly impact service delivery in the community.

**OUTCOME MEASURES/TOOLS**

**Part 1: 2015-2017**

- To quantitatively assess response to our classes, we developed two outcome measures:
  - A 13 question pre/post questionnaire using a 5-point Likert scale adapted from the OAES (Yarus, Coleman, Quesal, 2007) and
  - A 7 question binary (Y/N) response satisfaction survey administered post participation in our program.

**Sample questions from the pre/post questionnaire:**

- **Q6** I avoid situations where I have to communicate with others.
- **Q7** I let other people speak for me.
- **Q9** I do not have confidence in my ability to communicate.
- **Q11** I leave my home at least once a week to socialize.
- **Q13** I am optimistic.

**Part 2: 2017-2018**

To qualitatively assess the impact our classes were having on participants, we conducted semi-structured interviews (Edwards and Holland, 2013) using open-ended questions and multi-modal communication techniques to address the needs of participants with communication challenges. We then determined the benefit of our program through content analysis of video/audio recorded material and written responses.

**Part 3: 2018-2019**

Finally, we wished to engage participants and community stakeholders in Participatory Action to more fully identify the needs of those in the community at risk for social isolation, the barriers to access and the resources that may be available/created for them in order to effect social change.

**CONCLUSIONS/DISCUSSION**

Quantitative and qualitative outcome data collected since 2015 reveals that our classes are effective at decreasing social isolation, encouraging the formation/renewal of friendships, and the trying of new things, and improving confidence in cognitive-communication skills. Additionally, data reflects that the factor most susceptible to change following participation in our program is a feeling of optimism, born out of camaraderie within the class, gains in self-confidence and self-acceptance, and motivation to improve.

We believe that participation in cognitive wellness programs can enhance well-being in adults, decreasing the risk for social isolation and the health concerns that accompany such risk.

Through Participatory Action, we have identified barriers to on-going access to programs such as ours and are excited to undertake action whereby adults with limited resources will be empowered to take charge of their own cognitive wellness.

**NEXT STEPS**

We are interested in continuing our program in its' current form and in expanding our service delivery to include programs which are participant driven with interval support from our program leaders.

In addition, we welcome the opportunity to partner/work with other communities in order to establish/expand cognitive wellness programs in those locations. We believe that regular access to community based programs of this type can decrease social isolation and enhance healthy aging for adults.

**SELECT REFERENCES**


**ACKNOWLEDGEMENTS/CONTACT**

Buzzards Bay Speech Therapy and Coastline Elderly Services, Inc. wish to thank:

- The Massachusetts Executive Office of Elder Affairs for providing financial support through Title IllB funding.
- All of the participants and caregivers who have supported our program through their time, attendance and advocacy.

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**RESULTS**

**Part 1: QUANTITATIVE RESULTS**

Using the pre/post questionnaire and calculating Gain Scores, we determined that the classes were most helpful in:

- Top 5 ordered by average gain scores, most to least helpful:
  - Providing participants with a sense of optimism (Q13)
  - Increasing participants’ likelihood to socialize outside of their home (Q11)
  - Decreasing participants’ willingness to have others speak for them (Q7)
  - Increasing participants’ avoidance of situations where communication is necessary (Q6)
  - Increasing participants’ confidence in their communication skills (Q9)

**Benefit of Classes to Participants**

- As measured by Average Gain Scores
- Avg Gain Score = Group Avg post score – Group Avg pre-score
- For each question on pre/post questionnaire

**RESULTS (continued)**

**Part 3: PARTICIPATORY ACTION**

- Open discussion with consumers and community partners revealed the following needs.
- Barriers to access and resource availability/need as it relates to cognitive wellness in our area.

**Notes**

- High cost of goods/services
- Limited grant and government funding
- Low participation in community
- Limited supervision by other healthcare providers
- Lack of awareness of classes
- Cost to attend classes regularly
- Non-English speaking
- Lack of transportation
- Long wait times
- Inability to attend classes regularly

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