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Decreasing Social Isolation in Adults via a Cognitive Wellness Program

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RESULTS (continued)

BENEFITS of the Program for Social
a sense of confidence
All of the participants and caregivers who have supported our program through their time,
Increasing participants’ likelihood to socialize outside of their home (Q11)
Decreasing participants’ willingness to have others speak for them (Q7)
Decreasing participants’ avoidance of situations where communication is necessary (Q6)
Increasing participants’ confidence in their communication skills (Q9)

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 Aged and congregating housing.

OUTCOME MEASURES/TOOLS

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 (Berggold,Thomas, 2012) to more broadly impact service delivery in the community.

OUTCOME MEASURES

Part 1: 2015-2017
• To quantitatively assess our response to 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)
  • 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.

Sample questions from the satisfaction survey:
(Q2) I have more confidence in my communication skills since taking this class. (Y/N)
(Q5) I have formed or renewed a friendship since taking this class. (Y/N)
(Q7) I would recommend this class to others with similar issues. (Y/N)

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 benefits 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.

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)
• Decreasing 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

Results of Satisfaction Survey

PART 2: QUALITATIVE RESULTS

Response content to open-ended questions during semi-structured interviews was analyzed via open and axial coding (Saldana, 2016) and grouped according to themes which emerged.

RESULTS (continued)

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 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


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