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# Decreasing Social Isolation in Adults via a Cognitive Wellness Program

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## 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.

GOAL of the Program	OBJECTIVE of the Program	BENEFITS of the Program for Participants	EVIDENCE of Benefit to Participants
Provide evidenced based interventions to participants in order to improve social connectedness, sense of well-being, and communicative effectiveness in order to decrease social isolation.	Participants will demonstrate an improved sense of well-being, communicative effectiveness and social connectedness following participation in self-improvement classes.	Program participants will demonstrate: <ul style="list-style-type: none"> <li>a sense of confidence</li> <li>improved self-esteem</li> <li>improved communicative effectiveness and</li> <li>improved social connectedness</li> </ul>	Ability to: <ul style="list-style-type: none"> <li>identify 1-2 strengths in themselves</li> <li>form/renew 1-2 relationships</li> <li>try something new within or outside of class</li> <li>connect with their community</li> </ul>

## 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 congregate 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, and
- 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 OASES (Yaruss, 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.

Rating Scale 1-5:
1 = Always
2 = Often
3 = Sometimes
4 = Rarely
5 = Never

#### 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 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.

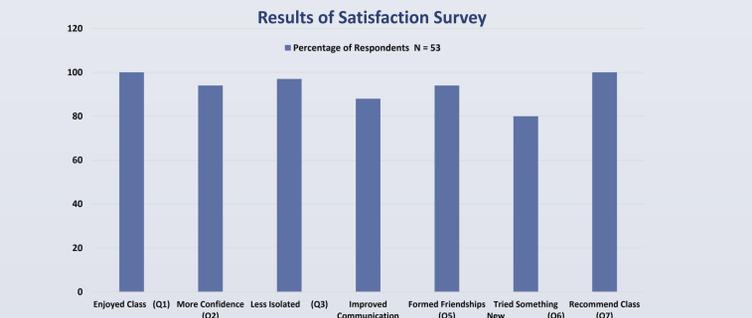
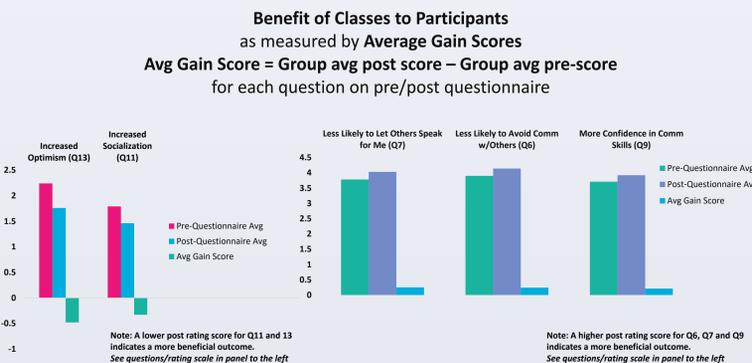
## RESULTS

### 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)

N= 53; Age: 21-92 years; Diverse SES; Avg # of classes attended = 3.2 (range 1-17); Survey return rate = 66%



### 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.

N=11 past/present participants + 6 caregivers/family members; 5/11 participants also part of quantitative cohort; Age: 23-85 years; Avg # of classes attended = 29 (range 2-75).

Over-Arching Themes	Categories within Over-Arching Themes	Supporting Quotes
Participation resulted in:	Empowerment	Self-confidence Self-acceptance Positive feelings
	Motivation	Perseverance Resolve Hope
	Camaraderie	Inclusivity Establishment of friendships Support
Perceived Improvement in Cognitive-Communication Skills	Structure of the class	Information provided/ types of activities
	Leaders' skills	Fun

## 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.

Needs	Barriers to Access	Resources Available	Action Currently Being Undertaken
Participants want/need regular access to socialization opportunities to decrease social isolation and risk for depression.	Lack of awareness of Classes	Digital/social media; community postings in print media; networking with community partners; cable access	Creating a PSA through local cable access channel
See Massachusetts Healthy Aging Data Report 2018	Transportation to Classes	Ride on demand; remote access	Developing a participant driven model where participants carryover strategies/activities learned in classes while leading their own groups within their own communities with input from BBST on an interval basis
	Cost to attend Classes regularly	Limited grant funding	
	Language barriers	Staff available for Spanish, Portuguese; Translation apps for other languages	
	Lack of support/encouragement to attend Classes	7 Volunteers/class ambassadors; bring a friend program	

## 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.

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