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: • a sense of confidence • improved self-esteem • improved communicative effectiveness and • improved social connectedness	Ability to: • identify 1-2 strengths in themselves • form/renew 1-2 relationships • try something new within or outside of class • connect with their community

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

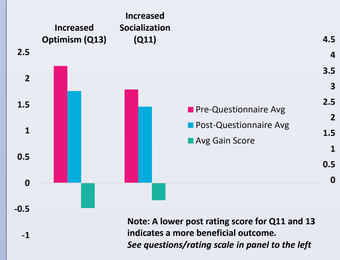
Using the **pre/post questionnaire** and calculating **Gain Scores**, we determined that the classes were most helpful in:

Top 5 ordered by average gain scores, most to least helpful:

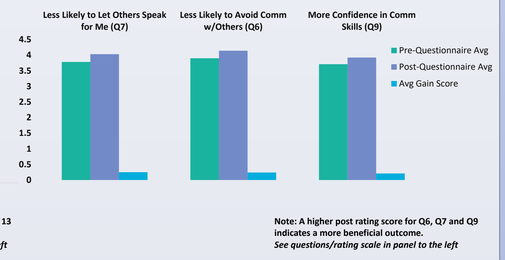
- Providing participants with a sense of optimism (Q13)
- Increasing participants' likelihood to socialize outside of their home (Q11)
- Decreasing participants' willingness to have others speak for them (Q7)
- Decreasing participants' avoidance of situations where communication is necessary (Q6)
- Increasing 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%

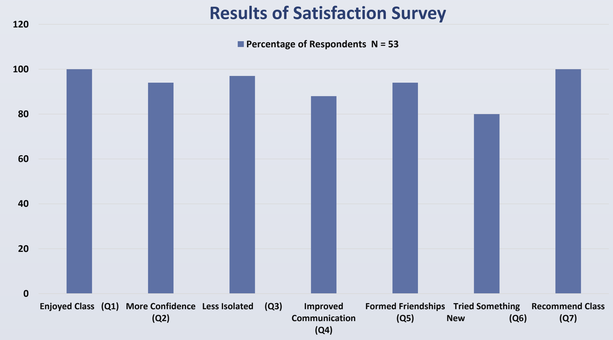
Benefit of Classes to Participants
as measured by **Average Gain Scores**
Avg Gain Score = Group avg post score – Group avg pre-score
for each question on pre/post questionnaire



Note: A lower post rating score for Q11 and 13 indicates a more beneficial outcome.
See questions/rating scale in panel to the left



Note: A higher post rating score for Q6, Q7 and Q9 indicates a more beneficial outcome.
See questions/rating scale in panel to the left



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 Participation resulted in:	Categories within Over-Arching Themes Due to:	Supporting Quotes
Empowerment	Self-confidence	"I feel like I'm beginning to bloom." "I always left better, stronger and more equipped to deal with the challenges."
	Self-acceptance	"He's more comfortable with the person he is."
	Positive feelings	"It makes me feel good."
Motivation	Perseverance	"I heard my wife say, never give up, never give up, and it was such a powerful message."
	Resolve	"I am going to try harder to do what I can to improve my communication skills."
	Hope	"Most of all I left with hope and confidence."
Camaraderie	Inclusivity	"It was also multi-disability and multi-age and that was a very healthy aspect of the program." "The first time I went, I felt like I belonged."
	Establishment of friendships	"She made friends in the program."
	Support	"The mutual support and friendship is the biggest blessing of all and perhaps the best healer, too."
Perceived Improvement in Cognitive-Communication Skills	Structure of the class	"Two hours is very important"
	Information provided/ types of activities	"She could learn and practice techniques." "It is challenging…in a good way."
	Leaders' skills	"Expertise…complete caring and understanding, the patience, the compassion". "Lisa and Kari is the best. I mean it."
	Fun	"It's fun. It doesn't feel like work." "Two hours of constructive 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. *See Massachusetts Healthy Aging Data Report 2018*	Lack of awareness of Classes Transportation to Classes Cost to attend Classes regularly Language barriers Lack of support/encouragement to attend Classes	Digital/social media; community postings in print media; networking with community partners; cable access Ride on demand; remote access Limited grant funding Staff available for Spanish, Portuguese; Translation apps for other languages ? Volunteers/class ambassadors; bring a friend program	**Creating a PSA through local cable access channel** **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**

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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