

Evaluating Group Programming: Identifying & Addressing Strengths & Gaps at The Cambridge Homes

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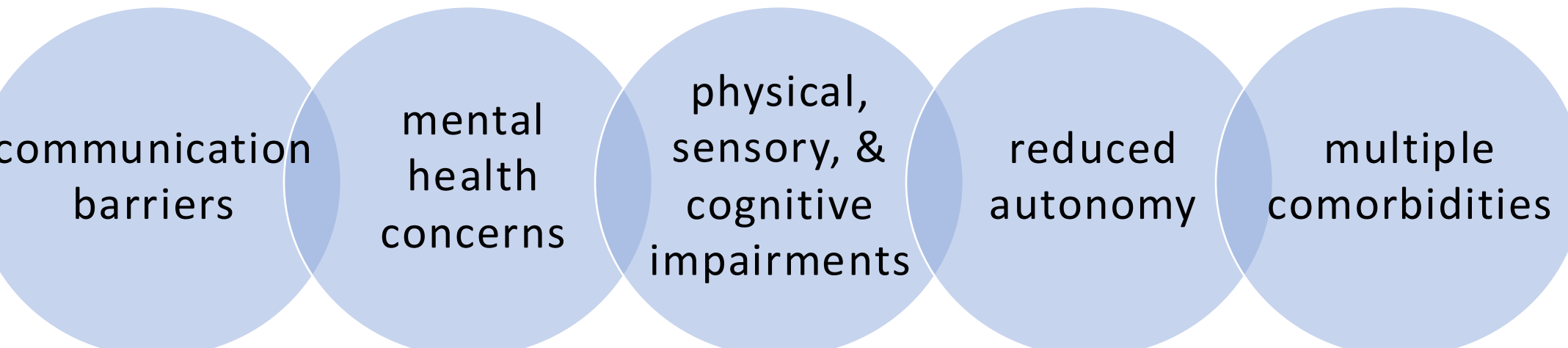
INTRODUCTION

- Older adult population (age 65+) rapidly increasing in United States^{8,20}
 - In 2022, over 17% of US residents age 65+
 - Trend expected to continue
- Older adults may live in community, or residential housing options which vary widely in level of support:^{1,6}
 - Increasing level of support available in transition from independent living → assisted living → skilled nursing facility

LITERATURE REVIEW

- Social isolation has negative effects on overall health.^{21, 24}

Risk factors for social isolation:³



- Group programming targeting social engagement can reduce loneliness, improve quality of life, & provide physical, cognitive, & socioemotional benefits.^{9,14}

THE GAP

Limited community engagement within independent & assisted living facilities can increase residents' risk of social isolation which increases risk of adverse health outcomes.

PARTNER SITE & PARTICIPANTS

- The Cambridge Homes (TCH): not-for-profit assisted & independent living facility in Cambridge, MA.
- Currently home to 46 residents, primarily white & highly educated
 - 13 Men, 33 Women. Age range: 77-102
 - Under governance of Senior Living Residences (SLR) which sets standards for group programming & health-promoting programs

PURPOSE & AIMS

PURPOSE

To evaluate current state of group programming by identifying strengths & gaps, with goal of informing group programming as it relates to social engagement & overall health.

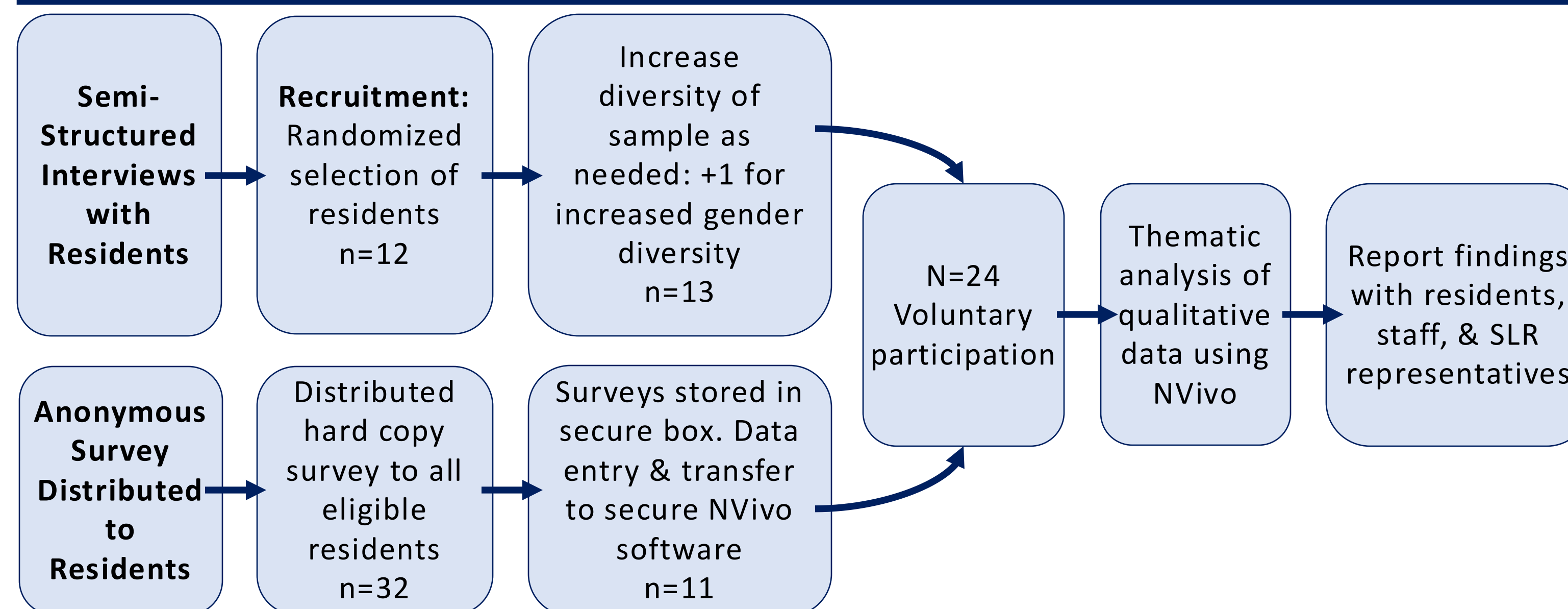
AIM 1

To investigate identified gaps in group programming, recognizing why residents are not engaged in programming & how they could be better served.

AIM 2

To determine, describe, & present possible next steps to further evaluate & promote participation in group programming.

METHODS & PARTICIPANTS



RESULTS

WHY ATTEND

- Social connection
- Enjoyment
- Interest
- Past experiences
- Personal benefits (physical & cognitive health, memory, learning)
- Group leadership (interpersonal dynamics, professional/staff vs student vs volunteer)

WHY NOT ATTEND

- Disinterest
- Mood/emotions
- Health (pain, fatigue, hearing/vision loss)
- Past experiences
- Group leadership
- Time constraints
- Preference for solitude & personal hobbies
- Group attendance & community transitions
- Personal aides meet social needs

GROUP LEADERSHIP

- High value on professionalism, knowledge, & interpersonal skill
- Some only attend professional-led
- Autonomy to initiate group of interest
- General enjoyment of resident-led groups
- No feelings for/against volunteers
- Mixed feelings on student-led groups
 - Some no preference
 - Others believe students less experienced
 - Fear of condescension

BARRIERS TO PARTICIPATION

- Health: pain, mobility, fatigue, hearing/vision loss, balance, perception of age as limiting factor, memory
- Fear participation will cause pain
- Perception personal aides meet social needs
- Time: too busy
- Technology barriers
- Transportation barriers
 - Difficulties with bus, no car
 - Related to knowledge of community

TRENDS

ATTENDANCE & INTEREST

Attendance impacted by:

- Fear (taken advantage of, looking "foolish")
- Transitions: less engagement when new
- Preference for solitude/personal hobbies
- Perceptions that meals meet social needs
- Outings: report enjoying cultural outings, but low attendance due to barriers
- Time: group not at convenient time
- High value on autonomy
- Variety of groups may appeal more to women

COMMUNITY & SOCIAL CONNECTION

- Proximity of family/friends affects independent outings
- Mealtimes mostly for social connection
- Residents without local community report more friends within TCH
- High value on having a community outside of TCH
- Presence of friend groups at TCH, no cliques

DISCUSSION

STRENGTHS

- Residents supported by staff
- Friendly community
- Mealtimes foster social interaction & connection
- Autonomy respected/supported
- Variety in passive vs active group participation

GROWTH AREAS

- Weekend program dependency on technology & limited staff
- All barriers affect participation
- Activities may cater to women
- Fear of speaking up, trying new activities, or getting hurt
- Timing of activities

RECOMMENDATIONS

- Advocacy & Peer Mentoring
 - Peer mentoring for new residents
 - Round table open discussion
- Participation Barriers & Limited Attendance
 - Energy conservation workshop
 - Trial groups with lecture/exposure prior to group start, emphasis on participation in creative/social groups
 - Transportation options workshop
- Strengthening Technology Support
 - Group workshops on accessibility features & general tech
 - Continued 1:1 tech support drop-ins
 - Opportunity for exposure to successful student-led groups
- Future Research & Program Implementation
 - Implementing recommendations & researching outcomes
 - Creation of group leader training & guidebook by OT
 - Implementing similar program eval at other facilities with more diverse populations

CONCLUSION

KEY TAKEAWAYS

- ↓ group participation can ↑ social isolation
- Addressing barriers to participation & individualizing group offerings increases group attendance
- Promoting participation in group programming can ↑ social support & ↓ isolation
- Leadership style & skill matters
- Technology & timing affects participation

CONNECTION TO OCCUPATIONAL THERAPY

In this setting residents & administrators can benefit if OTs:

- Address barriers
- Lead group programs focused on social participation
- Facilitate transitions
- Support program & leadership development
- Implement social & environmental adaptations

ACKNOWLEDGEMENTS

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REFERENCES & RESOURCES

