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A Group Protocol for Promoting Wellness in Rural Community-Dwelling Older Adults

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A Group Protocol for Promoting Wellness in Rural Community-Dwelling Older Adults

By

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APPROVAL PAGE

This Scholarly Project Paper, submitted by Emily Bachmeier, MOTS and Laurel Busch, MOTS in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.


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ABSTRACT

Purpose: In the United States, there are currently 46 million citizens aged 65 and older. This number is projected to more than double by the year 2060 (Mather, 2016). As the elderly population continues to grow, the need for evidence-based, client centered prevention programs for community-dwelling older adults becomes more crucial to promote independence and preserve well-being in the community. Older adults living in rural areas are at an even higher risk of losing independence secondary to decline in activity tolerance, which further elevates their need for targeted interventions (Park, Kim, & Lee, 2015). Creating a preventative program to maintain independence will help increase engagement in meaningful occupations and prolong older adults' ability to age in place (Harrell, Lynott, Guzman, & Lampkin, 2014). Therefore, the purpose of this scholarly project was to develop a group protocol to address the need for occupation-based interventions in rural community-dwelling older adults.

Methodology: An extensive literature review on the rural community-dwelling older adult population and factors affecting the population's wellness was conducted using the search databases PubMed and CINAHL. Government and non-profit centers for information regarding aging were also used for the literature review and the development of educational materials for older adults. To guide the creation of the product, the Model of Human Occupation (MOHO) was used.

Results/Conclusions: A 12-week group protocol was created to promote independence and community engagement in older adults living in rural communities. Each session focuses on an occupation that research has shown plays a role in the wellness of older adults. This group protocol is intended to be implemented by occupational therapists working in rural communities as a community-based wellness promotion group intervention. Information is included for the facilitator regarding MOHO concepts and facilitation techniques.

CHAPTER I

INTRODUCTION

In the United States, the 65+ population continues to increase with approximately 46 million Americans over the age of 65 (Mather, 2016). There has been an increase in research to address the challenges that hinder this population's independence such as difficulties associated with multiple chronic diseases and/or conditions, falls and injuries (National Council on Aging, 2014). This number is projected to more than double by the year 2060 (Mather, 2016). As the older adult population continues to grow, there is an increased need for occupational therapy services to help address issues relating to decreases in independence secondary to decline in activity tolerance and lack of community resources (Skoufalos, Clarke, Ellis, Shepard, & Rula, 2017). This population's unique vulnerabilities have prompted us to create a wellness program to preserve independence among rural older adults, as they have higher incidences of chronic disease and have access to fewer community health services, leaving them even more susceptible to decreases in independence and occupational engagement.

The purpose of this scholarly project was to create a group protocol that will serve the rural community-dwelling older adult population with skills necessary for independent living. Guided by the findings from the literature review, the sessions incorporated daily occupations that also promoted overall wellness and independence. This program was intended to be implemented by occupational therapists, as they are qualified and skilled to assess the interactions between the person, occupation and

environment that may influence wellness in older adults. The OT facilitator will lead the group protocol sessions and will be able to adapt the sessions as needed to meet the needs of the participants. Through this program, the OT will encourage individuals to engage in meaningful everyday occupations to improve their overall health and well-being.

The final product of this project was a group protocol program that targeted a variety of occupations that are relevant to the rural older adult population and that play a role in the preservation of wellness and independence. The overarching themes for the program addressed social participation, leisure, community mobility, nutrition, home safety, cognition, health literacy, and daily exercise. This program was developed with the intention that occupational therapists would be able to implement the 12 group sessions within rural communities to promote wellness and independence.

The theoretical model that was utilized for this scholarly project was the Model of Human Occupation (MOHO) developed by Gary Kielhofner. The selection of MOHO was intended for a 12 week group protocol program. The main concepts of volition, habituation, performance capacity, and the influence of the environment will be addressed in each session (O'Brien, 2017). By utilizing these main MOHO principles, the group protocol will consist of several occupation-based interventions to promote overall wellness and occupational engagement among the rural community-dwelling older adult population.

Presented in chapter I is an outline of the literature regarding the topic of promoting wellness and independence among the rural community-dwelling older adult population. Chapter II includes a comprehensive review of literature on the targeted population. The literature review outlines (1) common barriers to independence in older

adults, (2) what older adults prefer, (3) activity tolerance and effects on older adults, (4) current programs from other disciplines, (5) occupational therapy and community-dwelling older adults, and (6) occupation-based programs. Chapter III describes the process of the methodology used to develop the group protocol for the targeted population. Chapter IV provides the purpose and description of the final group protocol product. Chapter V includes a summary of the purpose of the project and further recommendations for the future when working with the rural community-dwelling older adult population.

CHAPTER II

REVIEW OF LITERATURE

Intro to Population: Common Barriers to Independence in Older Adults

Today, approximately 46 million Americans are 65 or older (Mather, 2016). This number is projected to more than double by the year 2060 (Mather, 2016). As older adults continue to live longer lives, more research has gone into ensuring they live the healthiest and most independent lives possible. Still, 77 percent of older adults have two or more chronic diseases (National Council on Aging, 2014). Rural older adults have even higher incidences of chronic disease and have access to fewer community health services (Skoufalos, Clarke, Ellis, Shepard, & Rula, 2017). Chronic diseases account for 75 percent of the money the United States spends on healthcare, while only one percent of healthcare spending is spent on public efforts to improve general health (National Council on Aging, 2014). Another significant threat to the health and independence of older adults is falls, which are the leading cause of injury and death in older adults. The CDC reports that in 2014, older adults in America experienced 29 million falls, causing 7 million injuries, 27,000 deaths, and costing \$31 billion in annual Medicare costs (Centers for Disease Control and Prevention, 2016). Despite the prevalence of chronic health conditions and falls that may limit independence, only three percent of older adults live in nursing homes, according to the 2010 US census (West, Cole, Goodkind, & He, 2014). In a study conducted for AARP, 87 percent of older adults age 65 or older expressed a

preference to age in place (Harrell, Lynott, Guzman, & Lampkin, 2014). This dichotomy between older adults' preference to stay out of nursing homes and the high risk of loss of independence has created a need for preventative programs to help older adults age in place.

To help keep older adults out of the nursing home and in their own communities, we have sought out information regarding barriers to independence for community-dwelling older adults. Researchers Gregory and Fried (2003) created a study to examine the reasons why older adults reported difficulty with tasks. They found that mobility tasks were most often reported as difficult by older adults. Reasons cited for difficulty in these tasks include increased time needed for the task and having to cut back on the frequency of the task (Gregory & Fried, 2003). Pereira, Baptista, and Cruz-Ferreira (2016) conducted a study to quantitatively measure factors affecting physical independence among community-dwelling older adults across the span of five years. The researchers tracked variables including baseline physical independence, physical activity, physical fitness, body composition, and chronic health conditions. They found that baseline physical independence and comorbidities, such as chronic diseases and physical impairments, were the greatest predictors of future physical independence across 5 years (Pereira et al., 2016).

What Older Adults Prefer

An important consideration in the creation of any wellness program is the preferences of the targeted population. Simek et al. (2015) conducted a qualitative study to examine the preferences of community-dwelling older adults in the structure and delivery of home exercise programs for fall prevention and the perceived benefits and

barriers to program adherence. A total of 245 older adults were interviewed by the researchers. Simek et al. found that program adherence was influenced by the perceived physical and mental effects of the program, how well the structure worked with the participants' lifestyles, the convenience of the program, and amount of participant autonomy. Commonly cited reasons for not adhering to a program included poor physical or mental health and the perception that the exercises were too challenging. Specific preferred home exercises were highly variable among respondents, indicating a need for individualized exercise plans to appeal to all participants (Simek et al., 2015).

Frost et al. (2018) conducted a qualitative study to explore health promotion behaviors older adults with mild frailty participate in, perceived barriers and facilitators to engagement in health promotion behaviors, and preferred components for home-based health promotion services. Semi-structured interviews were conducted with a variety of stakeholders, including mildly frail older adults, family caregivers, community health professionals, and homecare workers. The researchers found that common health promotion behaviors among older adults include exercising, eating a balanced diet, socializing, IADLs, and mood-enhancing activities like shopping and card games. Other behaviors included use of assistive devices such as hearing aids and walkers as well as modifying activities for energy conservation. Perceived facilitators to these behaviors included social support, transportation, good memory, knowledge of local services, motivation, and a positive mood. Perceived barriers to the health promotion behaviors included disabilities and health conditions, low mood, financial stress, and incompatible environment. Finally, preferred components for potential home-based health promotion programs included mobility and exercise, socialization, finances and paperwork,

computing skills, mood, memory, environmental adjustments, nutrition, and medication management. Preferred delivery of services included home based with frequency and duration tailored to individual needs and led by a service provider with good communication skills (Frost et al., 2018).

Activity Tolerance and Effects on Older Adults

As the elderly population continues to grow, the need to address activity tolerance in community-dwelling older adults becomes more crucial to maintain independence and well-being (Park, Kim, & Lee, 2015). Older adults living in rural areas are at an even higher risk of losing independence secondary to decline in activity tolerance (Park, Kim, & Lee, 2015). Decline in activity tolerance may lead to physical dependence and reduce the physical capacity to independently perform activities of daily living (ADLs) such as self-care activities and instrumental activities of daily living (IADLs) that allow one to have the ability to function independently in the community. Individuals may also have difficulty with social and leisure activities due to functional decline in activity tolerance (Pereira, Baptista, & Cruz-Ferreira, 2016). Rural community-dwelling older adults often live in underserved areas where access to health care is limited, thus making preventive measures more difficult to achieve (Falk, Wilcox, Best, Chandler, & Liu-Ambrose, 2017). Limited face-to-face time with clinicians may lead to late diagnoses of health problems and worse implications for independence and functionality (Falck et al., 2017). The decrease of activity tolerance may also accelerate age-related cognitive changes among community dwelling older adults. Cognitive impairments in executive functioning, mobility, walking speed, balance, strength, and inhibition have been

associated with lack of physical activity and decline in occupational performance among older adults (Falck et al., 2017).

Community-dwelling older adults in rural areas often have difficulties maintaining physical activity due to lack of services and effective interventions. Exercise programs for community-dwelling older adults have been found to promote increased physical activity, fall prevention, increase in strength, flexibility and overall occupational engagement (Pereira et al., 2016). Matsubayashi, Asakawa and Yamaguchi (2016) found that home exercise with self-monitoring had a clinical significance in increasing physical activity habits and overall improvement in ADL performance. Home exercise programs have increased the amount of exercise performance among healthy older adults living in rural areas (Matsubayashi et al., 2016).

According to Venable, Hanson, Shechtman & Dasler (2000), community-dwelling older adults that have an understanding of their own volition, self-knowledge, and personal causation have improved occupational functioning and engagement in meaningful occupations (Scott, Butin, Tewfik, Burkhardt, Mandel & Nelson, 2001). The relationship between participation in exercise programs and occupational performance was highly correlated to an individual's level of independence and engagement in meaningful occupations (Scott et al., 2001). Occupation-based programs have been shown to influence participation in exercise and increase mind-brain-body performance such as, strength, endurance and overall higher level of independent functioning (Venable et al., 2000).

Current Programs from Other Disciplines

Many programs have already been created and implemented to promote independence in community dwelling older adults. These programs have been created by a variety of disciplines and have taken many different approaches to address the same problem. For example, some take the form of exercise programs, while others focus on education to promote wellness. Others combine both exercise and education to promote independence in community dwelling older adults (Escolar Chua & de Guzman, 2014; Huang et al., 2002).

Effect of Exercise Programs on Community-Dwelling Adults

Exercise programs have been widely accepted as a valid intervention to preserve independence in older adults. Many studies have been conducted to examine the effectiveness of these programs. Deley, Kervio, Hoecke, Verges, Grassi & Casillas (2007) evaluated the effects of a one-year training program that focused on a combination of exercise training that consisted of supervised training (aerobic work, strength training, flexibility and adapted tai-chi), and home-based training using theraband exercises. The researchers found that long-term training of both exercise and home-based training led to improvement in maximum strength and exercise tolerance for functional capacity of healthy older adults (Deley et al., 2007). The effectiveness of resistive band exercise has been examined in multiple research studies in the past. Park, Kim and Lee (2015) examined the effectiveness of resistive band exercises and the changes of the physical abilities and quality of life of rural elderly. Resistive exercises were focused on strengthening, muscular endurance, balance, upper-extremity flexibility and lower-extremity agility. The researchers reported significant results in the improvement of

physical ability and quality of life of participants after using resistive band exercises (Park et al., 2015). In a multidimensional approach, Ponce-Bravo, Feriche & Padiál (2015) indicated that functional exercise programs using resistive bands may improve overall fitness and cognitive performance in healthy older adults. Both trainings implemented in the study aimed at improving reaction times to improve gross motor ability, handgrip, and arm strength. Trainings included endurance, strength, balance, gross motor and flexibility training, which have been considered crucial for health and functional benefits in older adults. Overall results of the study indicate that exercise programs improve the relationship between cognitive and physical performance among older adults. Therefore, results support the effectiveness of functional exercise programs using resistive band to improve overall arm strength, handgrip, gross motor ability and cognitive performance (Ponce-Bravo et al., 2015).

Cognitive status improvements. Several experimental and clinical studies have explored the benefits of physical activity and cognitive function of older adults and results have suggested to be in favor of program outcomes. Muscari et al. (2010) examined the benefits of an endurance exercise training program (EET) to assess the cognitive status of healthy community-dwelling older adults. This study utilized the Mini Mental State Examination (MMSE) at baseline and post-intervention to measure cognitive changes of memory, information processing ability and executive function after the completion of a one year EET (Muscari et al., 2010). The EET program consisted of 1 hour sessions three times a week in groups of 20 participants with endurance activities including cycle ergometer, treadmill and free-body exercises. Researchers found that

after the completion of the 1 year EET, age-related cognitive decline of healthy older adults was reduced (Muscari et al., 2010).

Balance improvements. According to Walia and Shefali (2012), balance and mobility decline are a leading chronic disability among older adults. The decline in balance and mobility may lead to decreased sensory input, slowing of motor response and musculoskeletal impairments (Walia and Shefali, 2012). Interdisciplinary studies have aimed to implement effective interventions to maximize functional mobility and independence in older adults. Walia and Shefali (2012) examined the comparison between land-based and water-based balance exercise programs to improve the balance of community dwelling older adults. Previous studies have shown that aquatic exercise was beneficial for overall function, cardiorespiratory fitness, joint mobility, strength, flexibility, self-efficacy and balance (Walia & Shefali, 2012). The study used two balance scales: Berg Balance Scale (BBS) and Timed Up and Go Test (TUG) to assess overall comparison of land and water-based exercise at baseline and post-intervention. Both balance exercise programs consisted of balance performance tests such as weight transference, reaching activities, fast walking, side-stepping, hopping, and jumping. Overall results indicated that both intervention groups showed improvement on the BBS and TUGT and that improvements in balance function may be attributed to the repetitive movements from balance training exercise programs (Walia & Shefali, 2012).

Cost effectiveness of exercise programs. Chen, Chou, Yu & Cheng (2008) found that the decline of physical function among older adults has created an increase in health care expenditure. Research has shown that physical activity may decrease the risk of falls, fractures, chronic medical problems, and increase functional mobility among

older adults. Walking has been reported as the most widely accepted form of exercise by older adults (Chen et al., 2008). In previous research, walking programs have been used to test physiological effects such as cardiac function, blood lipids, and body functions (Chen et al., 2008). This study focused on promoting physical activity among the aging population in order to reduce the costs of healthcare expenditures. The walking program of this study consisted of 12 weeks of walking at different levels of intensity on a treadmill. Overall results of the study support the cost effectiveness of a walking program and the future health promotion programs to reduce the cost of healthcare for older adults (Chen et al., 2008).

Education Programs

Another approach to promoting independence and wellness in older adults is through health education programs. Huang, Chen, Yu, Chen, and Lin (2002) examined the results of a health promotion education program for community-dwelling older adults. The program consisted of five topics introduced by a multidisciplinary team of nurses, dietitians, and physical education teachers across a span of five weeks. The topics covered were healthy lifestyles and health promotion, chronic disease prevention, nutrition, exercise, and medication education. The researchers found that the participants showed higher knowledge in all presented topics as well as increased health promotion behaviors at the end of the program, indicating a successful program (Huang et al., 2002). Escolar Chua and de Guzman (2014) conducted a pre-test, post-test study to examine the effects of a three-component wellness program on the life satisfaction of community-dwelling older adults. Two of the three program components were education groups, while the third was an exercise group. The education groups were facilitated by nurses

and a food technology instructor. The researchers found statistically significant differences in the experimental and control groups at the end of the study, with the experimental group reporting higher life satisfaction and self-esteem and lower levels of depression than the control group (Escolar Chua & de Guzman, 2014). McDougall et al. (2010), examined the effectiveness of the SeniorWISE (Wisdom is Simply Exploration) program on community-dwelling older adults. The SeniorWISE program consisted of 18 health topics covered in a series of lectures and discussion based classes. The content covered a broad spectrum of topics, addressing physical, spiritual, mental, and social well-being. The researchers found that the measured health variables remained stable across the span of the program, indicating it was not effective in improving health. However, there was a significant increase in the Direct Assessment of Functional Status (DAFS) scores, indicating an improvement in occupational performance (McDougall et al., 2010).

Occupational Therapy and Community-Dwelling Older Adults

Without proof of effectiveness, preventative services for older adults are often difficult to reimburse. Clark et al. (1997) conducted a widely-acclaimed cornerstone study proving the effectiveness of preventative occupational therapy services on community-dwelling older adults. This study is often referred to as the Well Elderly Study. The study consisted of 361 culturally diverse older adults divided into a social activity control group, a non-intervention control group, and an experimental OT group. The researchers measured a number of factors affecting functional status, life satisfaction, and health perception prior to intervention and after completion of the intervention. After a nine month treatment period, the researchers found declines in the control groups but

stability and improvements in the experimental OT group. This demonstrates the effectiveness of occupational therapy in preventing decline in independence among community-dwelling older adults (Clark et al., 1997).

Soon after the Well Elderly Study was released, Jackson, Carlson, Mandel, Zemke, and Clark (1998) released the details of the occupational therapy intervention program used in the study. In addition to explaining the structure of the program, they described the philosophical background that guided the program's creation. The main concepts that made up the philosophical background of the program include the idea of occupation as an emergent phenomenon, the importance of personal meaning in occupation, and the view of humans as occupational beings. The theory Jackson et al. described as the framework for the program was the dynamic systems theory, which stresses the importance of interpreting patterns of change and stability in human occupation. The researchers used this theory to guide the assumption that older adults have the potential to reorder patterns of occupation from unstable patterns to more complex and stable patterns. The program design was organized into a list of topical content areas leading into methods of program delivery. The content areas consisted of (a) introduction to the power of occupations, (b) aging, health, and occupation, (c) transportation, (d) safety, (e) social relationships, (f) cultural awareness, (g) finances, and (h) integrative summary. The methods of program delivery consisted of a number of methods both individualized and group-based, including didactic presentation, peer exchange, direct experience, and personal exploration. Specific discussion topics for each content area were included for more specific details of the structure of the sessions (Jackson et al., 1998).

Occupation-Based Programs

As the aging population continues to grow, occupational performance and engagement become more crucial to maintaining the health of community-dwelling older adults. In order to promote healthy aging, occupation-based programs have aimed to impact continued engagement in meaningful occupations and the improvement of overall health and well-being among older adults (Zingmark, Fisher, Rocklöv & Nilsson, 2014). According to Zingmark et al. (2014), occupational engagement involves participation in various activities such as physical, social, and leisure activities. Zingmark et al. examined the effectiveness of occupation-based interventions in order to promote occupational engagement in leisure and ADL activities. The randomized control study was conducted by skilled occupational therapists that led four treatment groups: control group (CG), individual group (IG), activity group (AG) and discussion group (DG). All interventions focused on occupational engagement and were based on concepts of healthy aging and health promotion. Interventions consisted of meaningful activities identified by the participants such as walking, cooking, and being out in the community. Discussions were based on the individual's experiences about occupational engagement and healthy aging. The researchers utilized the Modified NPS interest checklist (MNPS) and the ADL Taxonomy to measure leisure engagement and ADL performance among older adults. Results of the study revealed that the DG had a short-term positive effect on leisure engagement and the IG had a positive long-term effect of occupational engagement interventions. All intervention groups were equally effective in ADL performance and improved with the focus on occupational engagement. Although the effects of this study were small, researchers indicated that there is a strong need for

interventions that support the continuation of engagement in meaningful occupations to promote health and well-being of older adults (Zingmark et al., 2014).

Other occupation-based programs have been found to promote aging in place by optimizing opportunities for participation and enhancing quality of life in older adults (Johansson and Bjöklund, 2016). According to The Healthy Aging Project by the Swedish National Institute of Public Health, there is a need for programs for older adults that address physical activity, healthy eating habits, social relations, and meaningful occupations (Johansson and Bjöklund, 2016). The researchers utilized the model of Occupational Adaptation (OA) to examine the improvement of health and well-being of older adults after the completion of an occupation-based program. The program consisted of a variety of topics related to how OA contributes to an individual's sense of independence, belonging to a group, self-esteem, change in occupational behavior and change in occupational approach. The intervention was carried out through semi-structured group interviews, which gave individuals the opportunity to reflect and become more aware of how they view their health, well-being and activities of daily living. Results of the occupation-based program highlighted the importance of positive relationships, self-acceptance and personal growth in order for community-dwelling older adults to adapt their ability to manage time, space, and social interactions (Johansson and Bjöklund, 2016).

Using occupation as both a means and an end has been shown to promote self-efficacy in exercise participation in the well-elderly (Venable, Hanson, Shechtman & Dasler, 2000). Venable et al. (2000), utilized the subsystems of the Model of Human Occupation (MOHO), including volition, habituation, and performance capacity to

explore the relationship between the aspects of MOHO and occupational functioning of the well-elderly. Occupational functioning has been defined as the ability to perform occupations at the satisfactory level of one's self. The study consisted of three intervention groups including occupations such as social/craft activities (ceramics, card games, and quilting), individual exercise activities (walking, tennis, and swimming), and organized exercise groups (dance class). The findings of this study suggested that well-elderly that participated in occupation-based exercise either individually or in organized groups were more independent and viewed having a higher level of occupational functioning. The overall results of the study support the need of participation in meaningful occupations to promote improvement of occupational functioning among the well elderly (Venable et, al., 2000).

Another occupation-based approach is the use of lifestyle redesign programs. Lifestyle redesign programs focus on educating older adults about the importance of occupation to enhance physical, mental, emotional, social, and spiritual health and preparing them to be reflective about their occupational choices (Scaffa & Bonder, 2009). Horowitz and Chang (2004) examined the effectiveness of preventive community-based lifestyle design programs to promote functional capability and increase quality of life of community-dwelling adults. Current research has found that the benefits of physical activity, engagement in meaningful occupations, and social engagement has increased health, well-being, and functional capacity. Community-based programs have been structured to address the social, recreational and rehabilitative needs of community-dwelling adults. Horowitz and Chang (2004) modeled a 16 week group program after The Well Elderly Study to analyze an individual's daily occupations and to develop strategies

to maximize the ability to engage in occupations most important to them. All intervention sessions were led by occupational therapists and discussions included topics such as daily routines, physical and mental activity, nutrition, medication management, home and community safety, and assistive technology to support functional capability and quality of life (Horowitz and Chang, 2004). Scott et al. (2001) focused on a lifestyle redesign program that incorporated comprehensive functional wellness and preventative programs for community-dwelling adults. The main purpose of the intervention was to educate older adults about the impact of everyday occupations and to use goal setting to achieve maximum engagement in meaningful occupations. Results from lifestyle redesign group programs have been found to increase older adults' self-efficacy and motivation to engage in meaningful occupations. Therefore, the support of adult day programs are beneficial in order to maximize older adults' functional capabilities by providing strategies to reduce functional declines and to promote the continuation of engagement in meaningful occupations (Scott et al., 2001).

Summary

As the 65+ population continues to increase, more research has been conducted to address the challenges this population faces (National Council on Aging, 2014). Older adults have expressed a preference to age in place in their communities but face a number of threats to their independence (Harrell et al., 2014). Chronic diseases are one of the greatest challenges faced by older adults today. Rural older adults are even more susceptible to losing their independence secondary to decline in activity tolerance and lack of community resources (Skoufalos, Clarke, Ellis, Shepard, & Rula, 2017). This

population's unique vulnerabilities have prompted us to create a program plan to preserve independence among rural community-dwelling older adults.

Current programs have addressed the vulnerabilities of community-dwelling older adults such as decline in activity tolerance, balance, strength, cognition, and health behaviors and knowledge (Gregory & Fried, 2003). Multidisciplinary interventions, such as exercise programs with components including theraband exercises, gait training, balance exercises, free-body exercises and assessing cognition, have been implemented to address these vulnerabilities (Johansson and Bjöklund, 2016). Occupation-based programs have highlighted the importance of engagement in meaningful occupations in order for community-dwelling adults to achieve optimal occupational functioning and independence.

Implications

There is still a need for a holistic, individualized activity tolerance program for community-dwelling older adults. This type of program is especially needed in rural areas, as rural older adults are at an increased risk of experiencing social isolation, lack of leisure participation, lower executive functioning secondary to lower physical performance, and limited access to health services (Matsubayashi et al., 2016; Park et al., 2015; Falck et al., 2017).

CHAPTER III

METHODOLOGY

We used current literature to determine the most effective service delivery model and course content and structure. The literature was obtained and sorted using the online databases CINAHL and PubMed. The databases were searched for relevant literature using search terms including occupational therapy; independence; older adult; senior; rural; community dwelling; program; and wellness.

Upon examination of the literature, we decided that the Model of Human Occupation (MOHO) would be used to guide the application of evidence in the formation of our product. MOHO is a widely used occupational therapy practice model developed by Gary Kielhofner (O'Brien, 2017). In this model, Kielhofner outlines three main constructs in his model: person, environment, and occupational performance. Kielhofner proposes that occupational performance results from interactions between personal factors (volition, habituation, performance capacity) and environmental factors (social and physical) (O'Brien, 2017). The personal factors will be integrated into each session, which guides the learning objectives for each session. The concept of volition is defined as a person's motivation to engage in desired occupations (O'Brien, 2017). Volition is influenced by an individual's values, interests, and personal causation, or a person's awareness of their own capacities. Habituation is comprised of an individual's habits and roles that organize occupational behavior into patterns and rhythms of an individual's


daily routine. The final personal factor in MOHO, performance capacity, is made up of the state of an individual's various bodily systems, including musculoskeletal, neurological, and cardiopulmonary systems, as well as an individual's cognitive abilities. Another important concept in MOHO is occupational participation. This is defined by Kielhofner as an individual's engagement in activities of daily living, work, or play within their sociocultural context that are desired or necessary to their wellbeing (O'Brien, 2017).

By utilizing the principles of volition, habituation and performance capacity of MOHO, our product will promote health and well-being of older adults by supporting the continuation of engagement in meaningful occupations. We will also utilize the concepts of social, cultural, and physical environments to facilitate positive habits and routines in the participants. To guide the facilitation of the group protocol, OT facilitators are encouraged to utilize the MOHO therapeutic strategies. Each session within the group protocol incorporated several MOHO strategies to enhance participants' overall engagement. MOHO strategies include, advising, coaching, encouraging, giving feedback, identifying, negotiating, structuring and validating (Kielhofner et al., 2008). Our product will include a variety of evidence-based interventions that will promote increased activity tolerance and occupational engagement among community-dwelling older adults. This product will be created with the intention to integrate it into rural communities, as we will include certain components that are specific to this demographic, such as community mobility and social wellness.

We will assess participants' perceptions of their occupational performance before and after the 12-week group protocol. In order to assess the participants' perceived

occupational performance, we selected a self-report assessment tool. The assessment we selected is the Assessment of Life Habits 3.0: General 16-Item Short Form, or LIFE-H. The assessment was developed using the Disability Creation Process Reference Model, which assists in identifying and explaining the causes and consequences of disease, trauma, and disruptions to human development (Fougeyrollas & Noreau, 2003). The LIFE-H consists of 16 questions targeting the individual's habits in all areas of occupation (Fougeyrollas & Noreau, 2003). For each of the 16 occupations, respondents are asked to rate their perceived level of accomplishment, type of assistance needed, and level of satisfaction with the task. The form can be self-administered or completed in an interview, with the administrator marking the appropriate boxes corresponding with the respondent's verbal responses (Fougeyrollas & Noreau, 2003). The LIFE-H is appropriate for the target population, as it addresses a variety of occupations and encourages respondents to reflect on their satisfaction with their performance. This assessment and manual can be purchased for \$18.00 at www.mhavie.ca.

At the discretion of the administrator, the Occupational Self-Assessment, or OSA, may be used in place of the LIFE-H. The OSA is a self-report assessment targeting an individual's occupational competence, values, and priorities (Kielhofner et al., 2008). The OSA is a MOHO-based assessment, which makes it compatible with our program and easy to use, as it shares common language and terminology. This assessment can be purchased through the MOHO Clearinghouse e-store (Kielhofner et al., 2008).



2019

PROMOTING WELLNESS AMONG RURAL OLDER ADULTS: A GROUP PROTOCOL

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Introduction

As the 65+ population continues to increase, more research has been conducted to address the challenges this population faces (National Council on Aging, 2014). Currently, 77 percent of older adults have two or more chronic diseases (National Council on Aging, 2014). Chronic diseases account for 75 percent of the money the United States spends on healthcare, while only one percent of healthcare spending is spent on public efforts to improve general health (National Council on Aging, 2014). Another significant threat to the health and independence of older adults is falls, which are the leading cause of injury and death in older adults. The CDC reports that in 2014, older adults in America experienced 29 million falls, causing 7 million injuries, 27,000 deaths, and costing \$31 billion in annual Medicare costs (Centers for Disease Control and Prevention, 2016). Rural older adults have even higher incidences of chronic disease and have access to fewer community health services, leaving them even more susceptible to losing their independence secondary to decline in activity tolerance and lack of community resources (Skoufalos, Clarke, Ellis, Shepard, & Rula, 2017). This population's unique vulnerabilities have prompted us to create a program plan to preserve independence among rural community-dwelling older adults.

Using current research, we have developed an evidence-based group protocol for promoting wellness in rural older adults. This group protocol addresses participants' social, physical, and mental well-being through a variety of approaches in a 12-session group program. We have created this program with the intention of sharing it with occupational therapy clinicians who can implement it in its intended environment.

Purpose and Rationale

The purpose of this group protocol is to promote wellness among rural community-dwelling older adults through the use of occupation-based group sessions. The group protocol targets a variety of occupations that are relevant to the rural older adult population and that play a role in the preservation of wellness and independence. Occupations that literature has shown play a role in the wellness of older adults include social participation, leisure, community mobility, nutrition, home safety, cognition, health literacy, and daily exercise (Clark et al., 1997). Each group session will consist of 8-10 individuals that are 65+ years old. An occupational therapist will facilitate the sessions due to the profession's knowledge of occupational engagement, client-centered philosophy, normal aging patterns, and implementation of group interventions. The therapist will guide the facilitation of the sessions using the Model of Human Occupation, utilizing concepts from the model including volition, habituation, and performance capacity. These concepts are integrated into each session, guiding the learning objectives based on the topic addressed in each session.

The need for a group protocol for the rural older adult population is evident in current research, which indicates specific vulnerabilities that may lead to loss of independence (Skoufalos et al., 2017). The overarching goal for this protocol is to promote wellness and participation among rural community-dwelling older adults in order to prolong independent living in the community. A secondary goal of the program is to improve participants' perceptions of their occupational performance in a number of areas of occupation. This will be achieved through occupation-based, client-centered group sessions that are tailored to the participants' culture and community.

**INFORMATION FOR
OCCUPATIONAL THERAPIST
AND FACILITATORS**

Role of Occupational Therapy

The role of the occupational therapist (OT) is to facilitate a closed group and lead group discussion to educate group participants on a variety of set topics that promote well-being and occupational engagement in rural community-dwelling older adults. Other duties required of the OT will include:

- Apply concepts of the Model of Human Occupation (MOHO) throughout each session.
- Utilize clinical reasoning skills to encourage participation in sessions and apply the knowledge to their daily lives.
- Utilize MOHO therapeutic strategies to promote participants' maximum learning
- Collaborate with group participants with open communication to ensure engagement and participate in discussion.
- Administer the Assessment of Life Habits 3.0: General 16-Item Short Form (LIFE-H) and/or Occupational Self-Assessment (OSA)
- Become a certified CarFit technician or event coordinator. Find information at car-fit.org.

Timing of Facilitation

This group protocol program was designed to be completed in a sequential order. The purpose of this group protocol program was to promote overall well-being and occupational engagement of rural community-dwelling older adults. This product was intended for implementation once a week for 12 weeks with each session being 60 minutes. The product will also include a pre and post assessment to assess and identify

individuals' goals and problem areas that impacts occupational engagement.

Additionally, this program will require time scheduled outside of each session for individuals to practice exercises that will be provided at the beginning of each session.

Individuals will be held accountable by keeping track of their own progress with a provided handout by the facilitator.

Major Concepts of MOHO

Major Concept:	
Volition	The process by which persons are motivated toward and choose what they do. Involves both the desire to do something and the intensity of pursuing it (O'Brien, 2017).
Habituation	The process whereby doing organizes occupational behavior into the recurrent patterns of behavior that make up much of daily routines. Depends on and used the regularity in peoples' environments to guide behavior (O'Brien, 2017).
Performance Capacity	The underlying objective mental and physical abilities and to the lived experience that shapes performance (O'Brien, 2017).
Environment	<p>The context within which an individual performs occupation shapes all three components of human performance (volition, habituation, performance capacity)</p> <ul style="list-style-type: none"> - <u>Physical environment</u>: The natural and human-made spaces and the objects within the context. - <u>Social environment</u>: Groups of people and the occupational forms that people belonging to those group perform. (O'Brien, 2017). - <u>Cultural environment</u>: A pervasive feature of the social and physical environment that is influenced by the beliefs and perceptions, values and norms, customs and behaviors that are shared by a group or society. (Kielhofner, 2008).

Other Concepts and Key Terms of MOHO

Main Concept:	
Volition	<ul style="list-style-type: none"> ● <u>Values</u>: The beliefs and commitments that determine what is good, right and important to the individual that influence one’s view of what is worth doing. ● <u>Interests</u>: Natural dispositions that further develop the experience of pleasure and satisfaction in engaging in occupations. ● <u>Personal causation</u>: The person’s awareness of capacities and belief in efficacy of skills. The sense of how effectively one can use those abilities and skills for a given occupation. <p style="text-align: right;">(O’Brien, 2017).</p>
Habituation	<ul style="list-style-type: none"> ● <u>Habits</u>: Personal tendencies to engage in tasks in consistent patterns within familiar environments or contexts. ● <u>Routines</u>: include habits and other patterns of engaging in occupation within a variety of temporal cycles ● <u>Roles</u>: an individual’s personal status based on a set of socially or personally defined attitudes and actions. ● <u>Role identification</u>: Belief of people that they have the behaviors and skills for a given role and that they see themselves performing ● <u>Occupational performance</u>: Completion of occupational task and is influenced by volition, habituation, performance capacity and the environment <p style="text-align: right;">(O’Brien, 2017).</p>

Performance Capacity	<ul style="list-style-type: none"> ● <u>Lived body experience</u>: Person's subjective experience and its role in how it is performed. Emphasizes that the body has an intelligence of its own, as it pertains to everyday performance. <p style="text-align: right;">(O'Brien, 2017).</p>
MOHO Outcomes	<ul style="list-style-type: none"> ● <u>Occupational identity</u>: the integration of one's volition, habituation and experience as a loved body. The sense of one's capacity and effectiveness for doing, the things that one finds interesting and satisfying, is defined by one's roles and relationships, the obligation to do things that are important and the perception of one's environment and what supports it holds. ● <u>Occupational competence</u>: the degree in which one sustains a pattern of occupational participation that reflects to one's occupational identity. Includes the fulfillments of the expectations of one's roles and own values and standards for performance. The action of pursuing one's values to achieve desired life outcomes. ● <u>Occupational adaptation</u>: the construction of occupational identity and achieving occupational competence over time in the context of one's environment that influences change through occupational participation. <p style="text-align: right;">(Kielhofner,2008)</p>

MOHO Therapeutic Strategies

Therapeutic Strategy	
Advising	<ul style="list-style-type: none"> ● Counseling individuals by recommending appropriate intervention plans.
Coaching	<ul style="list-style-type: none"> ● Utilizing multiple methods such as instruction, demonstration, and verbal/physical prompts to enable performance and occupational engagement.
Encouraging	<ul style="list-style-type: none"> ● Providing individuals support to maintain a positive experience and to participate in occupations under difficult circumstances.
Giving Feedback	<ul style="list-style-type: none"> ● Utilizing appropriate and effective communication skills to share personal perspective about the individual's performance capacity, volition and habituation within a particular environment.
Identifying	<ul style="list-style-type: none"> ● Recognizing individuals' personal traits or contextual factors that may influence occupational performance.
Negotiating	<ul style="list-style-type: none"> ● Collaborate with individuals to achieve an agreement regarding intervention plans and setting goals.
Structuring	<ul style="list-style-type: none"> ● Set parameters of the environment to facilitate setting, planning and achieving goals. Establishes ground rules for intervention and treatment.
Validating	<ul style="list-style-type: none"> ● Respecting the individual's personal experiences and taking in account the person's values and interests that influence their occupational performance. <p style="text-align: right;">(Kielhofner, 2008)</p>

ASSESSMENTS

Name of Assessment	General Information
Assessment of Life Habits 3.0: General 16-Item Short Form (LIFE-H)	<ul style="list-style-type: none"> ● Preferred assessment for group protocol program. ● Self-report tool consisting of 16 questions targeting the individual’s habits in all areas of occupation (Fougeyrollas & Noreau, 2003). ● Individuals rate their perceived level of accomplishment, type of assistance needed, and level of satisfaction with the task. ● Can be self-administered or completed in an interview. ● Addresses a variety of occupations and encourages respondents to reflect on their satisfaction with their performance. ● This assessment and manual can be purchased for \$18.00 at www.mhavic.ca.
Occupational Self Assessment (OSA)	<ul style="list-style-type: none"> ● May be used in place of the LIFE-H. ● Self-report assessment targeting an individual’s occupational competence, values, and priorities (Kielhofner et al., 2008). ● MOHO-based assessment, which makes it compatible with the program and easy to use. ● Shares common language and terminology that the facilitator should be familiar with. ● This assessment can be purchased through the MOHO Clearinghouse e-store at www.moho.uic.edu (Kielhofner et al., 2008).

Structure of Cole's Seven Steps in Group

- **Introduction:** Welcoming participants to the group, setting the mood and expectations of the group, explaining the purpose of the group clearly, stating the group objectives, give a brief outline of the session, warm-up activity and answering questions and concerns.
- **Activity:** Select appropriate therapeutic activity, setting therapeutic goals and/or objectives, understanding both the physical and mental capacities of the group participants, applying the knowledge and skills as a leader, adapting the activity to fit participants' needs.
- **Sharing:** Therapist will invite each participant to share experiences and/or examples, therapist and other group participants will acknowledge each response and the therapist will allow the group participants to have some control of the group.
- **Processing:** Uses both nonverbal and verbal aspects of the group to express feelings about the experiences previously shared, group participants will identify and discuss relevant information in relation to their experiences.
- **Generalizing:** Therapist will mentally review the group's responses and will summarize with a few general principles, group discussion will consist of agreement and disagreement statements, and therapist will follow-up on issues that energize the group and encourage conversation.
- **Application:** The therapist will verbalize the meaning and significance of the experience, goal is for each group participant to understand how the principles learned in the session can be applied to everyday life.
- **Summary:** Verbalize the significance of the group, therapist will review the goals and restate the session objectives to make sure they were met, answer any final questions, thank group participants and end the group on time.

(Cole, 2012)

Supplies and Costs

Name of Session	Supplies and Estimated Costs
1. Introduction and Goal Setting	<ul style="list-style-type: none"> ● LIFE-H or OSA assessment (\$18 each, \$40 each, respectively) ● Session outline handout (cost of printing: \$1.00) ● Folder for handouts (\$10.00) ● Writing utensils and paper (\$8.00)
2. Healthy Habits	<ul style="list-style-type: none"> ● Weekly schedule handout (\$1.00) ● Writing utensils (Reuse from session 1: \$0)
3. Healthy Literacy	<ul style="list-style-type: none"> ● “Health Literacy Bingo Cards” (\$1.00) ● Healthcare Terminology handouts (\$1.00) ● Bingo card markers (\$3.00)
4. Importance of Exercise	<ul style="list-style-type: none"> ● “Benefits of Exercise” handout (\$1.00) ● Polka handout (\$1.00)
5. Nutrition	<ul style="list-style-type: none"> ● Seasonal produce handout (\$1.00) ● Two blenders (\$40.00) ● Seasonal fresh fruits (\$10.00) ● Frozen mixed fruit (\$8.00) ● Ice (\$5.00) ● Low fat yogurt (\$4.00) ● Low fat milk (\$2.00) ● Knives (\$10.00) ● Cutting boards (\$5.00) ● Plastic cups (\$3.00)
6. Home Safety	<ul style="list-style-type: none"> ● Option 2: Picture Cards and answer key (\$4.00)
7. Social Wellness	<ul style="list-style-type: none"> ● Jenga game (\$10.00) ● Social wellness questions handout (\$1.00) ● Writing utensils (\$0)
8. Cognitive Changes	<ul style="list-style-type: none"> ● Cognitive Fact Sheets (\$1.00) ● Scattergories game (\$15.00)
9. Budgeting	<ul style="list-style-type: none"> ● “Top Ways to Save” handout (\$1.00) ● “Monthly budgeting” worksheet (\$1.00) ● Writing utensils (\$0)
10. Driving & Community Mobility	<ul style="list-style-type: none"> ● CarFit supplies (Variable per location) <ul style="list-style-type: none"> ○ Refer to car-fit.org for details

11. Healthy Leisure Activities	<ul style="list-style-type: none"> ● “New Leisure Activities” handout (\$1.00) ● Writing utensils (\$0)
12. Program Wrap-up	<ul style="list-style-type: none"> ● LIFE-H or OSA assessment (\$18 each, \$40 each, respectively) <ul style="list-style-type: none"> ○ Use same assessment as administered in session 1 ● Writing utensils and paper (\$0)

GROUP PROTOCOL



Group Protocol Outline

Session 1: Introduction & Goal Setting

- Administration of LIFE-H and/or OSA to group members
- Introduce group members
- Set guidelines and expectations for group

Session 2: Healthy Habits

Session 3: Health Literacy

Session 4: Importance of Exercise

Session 5: Nutrition

Session 6: Home Safety

Session 7: Social Wellness

Session 8: Cognitive Changes

Session 9: Budgeting

Session 10: Driving & Community Mobility

Session 11: Healthy Leisure Activities

Session 12: Program Wrap Up

- Re-administration of LIFE-H and/or OSA to group members

Session 1: Introduction and Goal Setting

Purpose of the Group: To establish rapport with participants, create initial goals, and introduce the purpose of the program.

MOHO Concepts: Habituation, volition, performance capacity

Room Set-up: A room with a large table and chairs, preferably in a circle

Supplies: Session outline handout, folder for handouts, writing utensils and paper

Objectives:

1. By the end of the session, participants will identify two goals they hope to achieve by the end of the 12-week program.
2. By the end of the session, participants will demonstrate understanding of the purpose and organization of the 12-week program.

Session Structure:

Note: Prior to starting the session, pass out LIFE-H or OSA assessment forms for potential participants to complete. It should take participants approximately 10-15 minutes to complete the assessment. If anyone is ineligible due to health status or level of dependence, they may be asked to leave and set up a consultation with the OT for a more targeted intervention.

Introduction (5-7 minutes):

- *“Welcome to our wellness group, everyone! My name is _____ and I will be facilitating this group. This is the first of 12 sessions meant to promote wellness to help you stay independent in your homes for as long as possible. We will be addressing a number of topics that research shows rural community-dwelling older adults may struggle with. I hope that through this program, you all become*

a little healthier and more knowledgeable in what it takes to preserve your independence. Here is a list of the sessions and topics.”

- Pass out session outline handout and a folder for participants to keep all program handouts.
- *“To warm up before we jump into the activity, can we go around the group and introduce ourselves and share what wellness means to you?”*
- *“These are the learning objectives for today’s session: (state objectives listed above). For this group, there are some rules and expectations we need to cover. First, this is a closed and confidential group, meaning no new members can join later sessions without special permission and everything that’s said here must stay here. Additionally, we must all be respectful and supportive of other members’ contributions.”*

Activity (10 minutes):

- *“Let’s pair up and discuss what you believe is the point of this program and why it is necessary.”*
 - Responses you may hope to hear include staying healthy, aging in their home, staying safe in their environment, etc.
- Hand out paper and pens/pencils.
- *“Now please write down two to three goals that you, as an individual, want to accomplish through this 12 week program. You will save these and revisit them on our last session to see if you’ve met them.”*

Sharing (3-5 minutes):

- *“Let’s go around and share one of the goals you made and why you chose that goal.”*
 - Help members identify if their goals target their habits, interests, or performance.

Processing (7-10 minutes):

- *“What motivated you to write this goal?”*
- *“How will you meet this goal?”*
- *“What skills do you have that you can draw upon to meet this goal?”*
- *“How do your routines support or interfere with your progress toward your goal?”*
- *“What are some challenges you might face in meeting this goal?”*
- *“What supports in your life will you use to achieve this goal?”*

Generalizing (2-3 minutes):

- *“What similarities do you all see between your answers? What differences do you see?”*
- *“What are the take-home points from today’s session?”*
 - Responses you may hope to hear include restating the overarching goals of the group, members’ perceptions of why the program is important, and the overall importance of wellness in aging in place.

Application (5-7 minutes):

- *“What steps can you take at home to meet your goals?”*
- *“How can you apply what we’ve learned to your daily life?”*
- *“How will you stay accountable for your progress toward your goals?”*

Conclusion (2 minutes):

- Re-state the session's objectives.
 - *“Did we meet these objectives? How?”*
- *“What is the most important you learned today?”*
 - Create a summary statement based off participants' responses.
- *“Thank you all for your participation today! The next session is (state the date, time, topic, and location of next session).”*

Notes to facilitator:

The concepts of volition, habituation, and performance capacity were addressed in today's session. Volition was targeted when you asked participants about their motivations for their goals. Habituation was addressed when you asked about habits and routines that support meeting the goal, as well as when you asked what steps participants can take to meet the goals. Performance capacity was addressed when you asked participants to identify skills they have that will help them achieve their goals. The facilitator utilized the MOHO strategies encouraging and advising in order to address the overall purpose of the session of creating personal goals to guide the process of the wellness program.

Wellness Program Sessions

1. Introduction and Goal Setting *(Date, time, location)*

Talk about the purpose of the group and set goals.

2. Health Habits *(Date, time, location)*

Look at your weekly routines and habits, consider if they are healthy.

3. Health Literacy *(Date, time, location)*

Talk about medical terminology and learn common terms.

4. Importance of Exercise *(Date, time, location)*

Dance to polka music and talk about ways to exercise.

5. Nutrition *(Date, time, location)*

Make a smoothie and talk about good nutrition's impact on health.

6. Home Safety *(Date, time, location)*

Look at home safety scenarios, point out hazards, talk about making your home safer.

7. Social Wellness *(Date, time, location)*

Play a game and learn more about your group mates while talking about your social habits.

8. Cognitive Changes *(Date, time, location)*

Play fun memory games and learn about normal cognitive changes with age.

9. Budgeting *(Date, time, location)*

Learn about budgeting and saving money after retirement.

10. Driving & Community Mobility *(Date, time, location)*

Learn about car safety and have your car evaluated for safety.

Note: Please bring your car with you to this session.

11. Leisure Activities *(Date, time, location)*

Discuss your favorite hobbies and learn about new leisure activities in your community.

Note: Please come prepared to share your favorite hobby or leisure activity with the group.

12. Program Wrap-Up

Talk about your progress toward your goals and wrap up the program.

Session 2: Healthy Habits

Purpose of Group: To identify current habits and routines of participants and promote healthy habits and routines.

MOHO concepts: Habituation

Room Set-Up: A room with a table and chairs, preferably in a circle

Supplies: One weekly schedule handout and writing utensil per participant

Objectives:

1. By the end of the session, participants will identify their current habits and whether they promote or inhibit wellness
2. By the end of the session, participants will demonstrate understanding of the effects of habits and routines on wellness.

Session Structure:

Introduction (5-7 minutes)

- *“Welcome back to group, everyone! My name is _____ and I am facilitating today’s session. Today we are going to discuss healthy habits. Why do you think habits are important?”*
- *To refresh our memories, let’s go around the room and re-introduce ourselves and share in what ways- if any- that you made progress toward your goals set last week.”*
- *“Today’s learning objectives are (stated above). Let’s go over the group’s rules again. First, this is a closed and confidential group, meaning what is said here stays here and no new members may join this group without special permission*

first. Second, please be respectful and supportive of others and their contributions in our discussion.”

Activity (12-15 minutes)

- Pass out supplies listed above.
- *“I’m passing out weekly schedules for you. I want you to fill in a typical week, starting with when you wake up until you go to bed. Include all the activities you do in a day, making note of any habits or routines you see. It’s ok if you wake up earlier or stay up later than this schedule allows, just fill it in the best that you can.”*

Sharing (4-5 minutes)

- *“Let’s go around the room and give a brief description of our weekly schedules. Who would like to start?”*

Processing (7-10 minutes)

- *“What habits or routines do you notice in your schedule? Are these healthy or unhealthy routines?”*
- *“What makes a habit healthy? What makes it unhealthy?”*
- *“How could habits and routines affect your ability to stay independent in your home?”*
- *“Why is it important to be aware of your current habits and routines?”*

Generalizing (3-5 minutes)

- *“What similarities do you see in all of your schedules?”*
- *“What differences do you see?”*
- *“Was there anything new you learned about your habits through this activity?”*

- Responses you may hope to hear include participants' healthy and unhealthy habits, how habits/routines affect wellness, etc.
- *“How can you use what you've learned today to work toward your goals for the program?”*

Application (6-8 minutes)

- *“What healthy habits could you make time for in your schedule?”*
- *“What unhealthy habits could you cut out of your schedule?”*
- *“What steps can you take this week to establish a new healthy habit or cut out an unhealthy habit?”*
- *“How will you re-evaluate your habits in the future to track your progress?”*

Summary (3-5 minutes)

- *“Can someone summarize what we learned today?”*
 - Create a summary statement based off of the participant's response.
- Restate learning objectives
 - *“Did we meet these objectives today? How?”*
- *“Thank you all for your participation today! Our next session is (state the date, time, location, and topic of next session).”*

Notes to Facilitator

In today's session, you focused on the MOHO concept of habituation. You have encouraged participants to evaluate their current habits and routines and determine whether they are healthy or unhealthy. By changing their routines, participants can influence their occupational adaptation and occupational competence. You utilized the MOHO strategies of encouraging by having the participants reflect on their personal

causation and also provided feedback on how they can influence their routines and how their routines influence them.

	Sunday	Monday	Tuesday	Wednesday
6:00am				
7:00am				
8:00am				
9:00am				
10:00am				
11:00am				
12:00pm				
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	Thursday	Friday	Saturday
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10:00pm			

Session 3: Health Literacy

Purpose of Group: To identify current knowledge of healthcare terminology and discuss how to better understand terminology for future interactions with healthcare professionals.

MOHO concepts: Volition and performance capacity

Room Set-Up: A room with a table and chairs, preferably in a circle

Supplies: Bingo and healthcare terminology handouts and bingo card markers

Objectives:

1. By the end of the session, participants will identify 2-3 reasons why they may have a difficult time understanding healthcare terminology.
2. By the end of the session, participants will demonstrate an understanding of basic healthcare terminology.
3. By the end of the session, participants will identify 2-3 ways to communicate their health needs and/or wants with healthcare professionals.

Session Structure:

Note: Prior to the start of this session, the facilitator will need to create bingo cards using <https://www.myfreebingocards.com/>. With the terminology handout, the facilitator will fill out the cards online and will be able to print out the 30 bingo cards that are necessary for session's activity.

Introduction (5-7 minutes):

- *“Welcome back everyone! My name is ____ and I will be facilitating today’s group session. Last week you learned and discussed healthy habits to promote wellness. Does anyone have any questions or would like to share an example how*

they applied a healthy habit over the last week? Thank you for sharing these examples.

- *“These are the learning objectives for today’s session (state objectives listed above). For today’s group the expectations are that this is a closed and confidential group, meaning that anything shared in this group must remain in this room. We also need to be respectful and supportive to all group members and allow each other to participate.”*
- *“To begin today’s discussion, can we all go around the group and share an experience about a recent doctor visit and what you found most difficult about understanding healthcare terminology? Thank you all for sharing!”*

Activity (10-15 minutes):

- Hand out bingo sheets and bingo markers
- *“Today’s activity is health literacy bingo. I will read a simple definition of a term that you may recognize from visits with your physician or other healthcare professionals. When I read the first definition, we will go around the table (ask for a volunteer to start, if no one volunteers the person on the left begins the activity) and each person will get a chance to guess the correct term. Once the term is identified, if it is your bingo card, you may mark the term on your bingo card. We will play until someone has four in a row and then we will start a new round.*

(Continue reading definitions until one group member has four in a row, play 3-4 rounds of bingo)

Sharing (2-3 minutes):

- *“Now let’s go around the room and share one thing that you learned from today’s activity. Would someone like to volunteer? (if not, first person on the right starts)”*

Processing (7-10 minutes):

- *“What did you find difficult about this activity? What did you find easy about this activity?”*
- *“Why do you think it is difficult to understand healthcare terminology?”*
- *“Why do you think it is important of understanding healthcare terminology?”*
- *“What do you need to understand about your own needs and your health? And how will you be more assertive when communicating your needs?”*
- *“How can you express your wants/needs to your doctor or other healthcare professionals?”*

Generalizing (3-5 minutes):

- *“What are some high points that you learned from today’s activity that will help you communicate with healthcare professionals?”*

Application (5-7 minutes):

- *“What are some strategies to improve your overall understanding of healthcare terminology?”*
- *“What are the strategies you will use to communicate your needs to healthcare professionals?”*
- *“How will you apply what you learned today to become a self-advocate for your healthcare needs?”*

Summary (2 minutes):

- Restate session’s learning objectives

- *“Would someone like to volunteer to summarize what we learned in today’s session?”*
- *“Were we able to meet our learning objectives? How so?”*
- *Thank you everyone for your participation today! Our next sessions is (state the date, time, location, and topic of next session).”*

Notes to facilitator

In today’s session, you focused on the MOHO concepts of volition and performance capacity. You utilized the MOHO therapeutic strategies of identifying, encouraging and validating to promote participants’ engagement and to evaluate current level of knowledge of healthcare terminology. You also provided participants with strategies on how to be self-advocates for their own healthcare needs. Therefore, changes the way they communicate with healthcare professionals in the future and influences improvements in their overall occupational identity and competency.

HEALTHCARE TERMINOLOGY

TERM	DEFINITION
Healthcare Settings	
Outpatient	Check in and check out the same day
Inpatient	Plan to stay overnight for one or more days
Acute	Sudden but usually short (e.g., acute illness)
Procedures/Tests	
Biopsy	A tissue sample for testing purposes
Colonoscopy	A test that looks inside your colon, or intestines, often to check for cancerous growths
CT scan	Also referred to as a CAT scan, a type of x-ray test or scan
Endoscope	An optical instrument that looks like a long, thin tube that is inserted into your body for viewing
General Terms	

Abscess	An infection, wound or sore
Anemia	Low iron level, which can make you feel tired
Aneurysm	An abnormal ballooning of a segment of an artery because of weakness in the blood vessel wall
Antibiotic	A medicine or drug that fights bacteria
Anti-inflammatory	Reduces swelling, pain, and soreness (such as ibuprofen)
Atrophy	A wasting-away of tissues in the body
Benign	Not cancerous
Body Mass Index (BMI)	Body fat measurement based on height and weight
Cholesterol	A type of fat produced in your liver and transported by your blood.
Chronic	Long-term, lasting a long time or not having an ending
Compound fracture	Broken bone that protrudes through the skin
Contusions	Bruises

Edema	Swelling
EHR/EMR	Electronic health record or electronic medical record; the high-tech version of your old manila-folder patient file or chart
Embolism	A blood clot
Extremities	Your limbs, often in reference to your hands and feet
Hypoglycemia	Low blood sugar
Hypertension	High blood pressure
Hypotension	Low blood pressure
Inflammation	Swelling or soreness
Influenza	A virus that causes the flu
In remission	Disease is not getting worse; not to be confused with being cured
Lipids	Types of fats in your blood
Malignant	Cancerous

Noninvasive	Doesn't require entering the body with instruments; usually simple
Obese	Dangerously overweight
Over the counter	Medications not requiring a prescription
Palliative	Relieving symptoms like pain without curing
Pneumonia	A serious infection of the lungs and respiratory system that can be caused by bacteria, viruses and other causes
Polyp	Mass or growth of thin tissue
Renal	Related to the kidneys
Subcutaneous	Just beneath the skin
Susceptible	More likely to catch or be at risk for contracting
Terminal	Deadly or fatal
Topical	On the skin or surface of the body
Heart Terms	

Angina	Pain in the chest related to the heart that comes and goes
Arrhythmia	A problem with the rhythm or speed of the heart; sometimes referred to as an “irregular heartbeat”
Cardiac arrest	This occurs when the heart suddenly stops beating
Cardiovascular	Related to the heart and blood vessels
Endocarditis	Inflammation of the inner lining of the heart or the heart valves
Heart failure	A condition in which the heart cannot pump enough blood to the rest of the body; it can affect one or both sides of the heart
Holter monitor	A portable machine that continuously records the heart’s rhythms during a 24-48 hour period of normal activity
Ischemia	A condition when the heart muscle is starved for oxygen and nutrients, and it can lead to a heart attack
Pacemaker	An implantable device that delivers electrical pulses so the heart will beat in a more normal rhythm
Palpitations	The sensation of your heart racing or pounding
Pulmonary hypertension	High blood pressure in the arteries to your lungs
Bradycardia	A slow heartbeat
Tachycardia	A heart rate that’s too fast or too high above a normal rate (usually more than 100 beats per minute)

Session 4: Importance of Exercise

Purpose of Group: To teach participants the importance of exercise to remain healthy to engage in meaningful occupations.

MOHO concepts: Habituation and performance capacity

Room Set-Up: Arrange the room so that there is an open area. Clear away tables and line up chairs for participants to sit and have clear view of instructor.

Supplies: “The Benefits of Exercise” and polka music

Objectives:

1. By the end of the session, participants will identify 2-3 reasons why daily exercise is important.
2. By the end of the session, participants will demonstrate a basic understanding of the importance of exercise in their daily routines.

Session Structure:

Introduction (timeframe)

- *“Welcome back everyone! My name is _____ and I will be facilitating today’s group session. Last week you learned about healthcare terminology and how to communicate your needs to healthcare professionals. Does anyone have any questions or would like to share an example how they applied what they learned over the last week? Thank you for sharing these examples.*
- *“These are the learning objectives for today’s session (state objectives listed above). For today’s group the expectations are that this is a closed and confidential group, meaning that anything shared in this group must remain in*

this room. We also need to be respectful and supportive to all group members and allow each other to participate.”

- *“To begin today’s discussion, can we go around the group and share what you do for exercise? (Facilitator may include examples of exercise that may be relevant to population such as, everyday cleaning, vacuuming, walking, yard work/gardening, etc.) Thank you all for sharing!”*

Activity (15-20 minutes):

- Hand out do’s and dont’s of exercise worksheet to each participant.
- *“For today’s activity we will be completing a polka dancing routine. First, I will go over the do’s and dont’s of exercise for everyone’s safety. (Read the “benefits of exercise” handout). Now I would like to start with the basic steps of polka. I will go over each step and then we will begin the dancing routine with partners. (facilitator will play provided polka music for the activity)*
- (After completion of the activity) *“Thank you for participating in today’s activity, we can now all take our seats and help yourself to some water.”*

Sharing (2-3 minutes):

- *“Let’s go around the room and share one thing that you learned from today’s activity. Would someone like to volunteer? (if not, first person on the right starts)*
- *“What were some of your favorite polka dance moves?”*
- *“What did you find most beneficial in helping you understand the importance of exercise?”*

Processing (6-8 minutes):

- *“For those that have experience with polka dancing, how did you feel while dancing?”*
- *“For those that are unfamiliar with polka dancing, how did it feel to learn something new?”*
- *“What was difficult about this activity?”*
- *“What are some barriers that might prevent you from engaging in daily exercise?”* (performance capacity)
- *“How has your idea of exercise changed over the years?”*
- *How does exercise affect your health?”*

Generalizing (3-5 minutes):

- *“What are some high points that you learned about the benefits of exercise?”*
- *“How can you use what you learned today to achieve your goals that you set at the beginning of the program?”*

Application (3-5 minutes):

- *“What are some other ways you can engage in daily exercise?”*
 - (Facilitator may provide new examples such as, seated/standing yoga routine)
- *“How will you incorporate daily exercise into your everyday routine?”*

(Habituation)

- (Facilitator may provide examples such as, setting time for exercise 30 minutes a day, engage in leisure activities that promote exercise)

Summary (2 minutes):

- *“Would someone like to volunteer to summarize what we learned in today’s session?”*
- Restate session’s learning objectives
 - *“Were we able to meet our learning objectives? How so?”*
- *Thank you everyone for your participation today! Our next session is (state the date, time, location, and topic of next session)."*

Note to facilitator

In today’s session, you focused on the MOHO concepts of habituation and performance capacity. You utilized the MOHO therapeutic strategies of encouraging, advising and validating to promote participation a daily exercise routine. You provided the participants with information on the importance of exercise and strategies on how they can incorporate exercise into their daily lives, as well as promote participants’ occupational competency.

The Benefits of Exercise

<u>Physical Benefits:</u>		<u>Emotional/Mental Benefits:</u>	
<ul style="list-style-type: none"> • Prevents and manages chronic disabilities • Prevents heart disease • Decreases blood pressure • Increases the good cholesterol • Increases ability to perform daily activities • Increases strength to maintain independence • Increases balance • Prevents and reduces pain • Decreases risk of injury • Increases mobility 		<ul style="list-style-type: none"> • Enhances mood • Decreases depression • Increases cognitive function • Increases feelings of personal control • Improves quality of life • Increases feelings of well-being • Decreases stress • Improves sleep 	
Examples of Exercise			
<u>Simple exercises</u>		<u>Complex exercises</u>	
<ul style="list-style-type: none"> • Walking • Home maintenance <ul style="list-style-type: none"> • Cleaning countertops • Washing dishes • Folding laundry • Vacuuming 		<ul style="list-style-type: none"> • Yoga exercise routine • Dancing • Endurance training <p style="text-align: right;">(CDC, 2014)</p>	

Session 5: Nutrition

Purpose of Group: To identify participants' nutritional habits and provide new learning on proper nutrition and how to eat a balanced diet in a rural community.

MOHO concepts: Habituation, environment

Room Set-Up: Access to a counter workspace with an outlet, table with chairs in circular formation

Supplies: Seasonal produce handouts, two blenders, seasonal fresh fruits, frozen fruit, ice, low fat yogurt, low fat milk, knives, cutting boards, cups

Objectives:

1. By the end of the session, participants will identify barriers and supports in maintaining good nutrition in their environment.
2. By the end of the session, participants will demonstrate ability to create a healthy snack using affordable produce.

Session Structure:

Introduction (5-7 minutes)

- *“Welcome back everyone! My name is _____ and I’ll be facilitating today’s session. Today, we will be talking about nutrition. Our objectives for today’s session are (state objectives above). Why do you think nutrition is important?”*
- *“Last week we talked about the importance of exercise. How have you all used what you learned from the session in this last week?”*

Activity (15 minutes)

- Bring participants to the blenders and smoothie ingredients and have them split into two groups.

- *“Using the ingredients I’ve provided, I’d like you to work together to make a smoothie. There is no set recipe, so feel free to add whatever fruit you would like. As you can see, the fruit has not been prepped, so you will need to wash and cut the fruit yourselves.”*
- If participants request further instruction, the typical ratio for smoothies is 1:1:2 ice:liquid:fruit. Some participants may prefer smoothies without ice. Assist participants as needed in making their smoothies.
- Have the participants split their smoothies amongst themselves.
- *“Let’s go back to the table to talk, but please feel free to drink your smoothies as we get into our discussion.”*

Sharing (2-3 minutes)

- *“How did your smoothies turn out?”*
- *“What did you put in your smoothies?”*

Processing (6-8 minutes)

- *“What are some barriers you face to eating healthy?”*
 - Look for responses including price and accessibility.
- Pass out handouts on seasonal produce.
- *“Here’s a handout on when different fruits and vegetables are in season. It’s typically cheaper to buy produce as it’s in season and can or freeze it if you wish to use it later in the year.”*
- *“How has living in a rural community affected your produce-buying habits?”*
- *“How has our rural culture affected our nutritional habits?”*

- Look for answers including comfort foods and typical diets specific to the region.
- *“How does nutrition affect wellness and overall health?”*
- *“What are the consequences of poor nutrition? Good nutrition?”*

Generalizing (4-6 minutes)

- *“What similarities do you see in your answers?”*
- *“Did anything you learned today surprise you?”*
- *“What are the main principles you will take away from today?”*
 - Create a few principles based off of participants’ responses.
- *“How does what you’ve learned today relate to the goals you set for yourself at the beginning of this program?”*

Application (4-6 minutes)

- *“How can you use what you’ve learned today in your life?”*
- *“What steps will you take to ensure proper nutrition?”*
- *“What healthy nutrition habits do you currently have that you can continue?”*

Summary (3-5 minutes)

- *“Would anyone like to summarize what we’ve learned today?”*
 - Create a summary statement based off of participants’ summary.
- Restate objectives listed above.
 - *“Did we meet these objectives today? Why/why not?”*
- *“Thank you all for your participation today! The next session is (state next session’s topic, date, time, and location).”*

Notes to Facilitator

In today's session, you focused on the MOHO concepts of habituation, physical environment, and cultural environment. Nutrition is a habit for most people, which can be a support or barrier to occupational performance, depending on the nutritional choices the individual makes. You targeted the participants' nutritional habits in the processing and application sections of the discussion. You utilized the MOHO strategies of coaching and encouraging to highlight the importance of proper nutrition and maintaining a balanced diet. You also discussed the cultural environment in the processing portion of the discussion. The cultural environment is especially relevant to nutrition, as culture influences traditional foods and everyday food choices based on norms for the culture. Rural access to fresh produce is also diminished due to high costs to export these foods to hard-to-access areas.

What's In Season?

Winter	Apples Avocados Bananas Beets Brussel Sprouts Cabbage Carrots Celery Collard Greens Grapefruit Kale Kiwi	Leeks Lemons Limes Onions Oranges Parsnips Pears Pineapple Potatoes Pumpkins Rutabagas Sweet Potatoes/Yams	Swiss Chard Turnips Winter Squash
Spring	Apples Apricots Asparagus Avocados Bananas Broccoli Cabbage Carrots Celery Collard Greens Garlic Kale	Kiwi Lemons Lettuce Limes Mushrooms Onions Peas Pineapple Radishes Rhubarb Spinach Strawberries	Swiss Chard Turnips
Summer	Apples Apricots Avocados Bananas Beets Bell Peppers Blackberries Blueberries Cantaloupe Carrots Celery Cherries	Corn Cucumbers Eggplant Garlic Green Beans Honeydew Melon Lemons Lima Beans Limes Mangos Okra Peaches	Plums Raspberries Strawberries Summer Squash Tomatillos Tomatoes Watermelon Zucchini
Fall	Apples Bananas Beets Bell Peppers Broccoli Brussel Sprouts Cabbage Carrots Cauliflower Celery Collard Greens Cranberries Garlic	Ginger Grapes Green Beans Kale Kiwi Lemons Lettuce Limes Mangos Mushrooms Onions Parsnips Pears	Peas Pineapples Potatoes Pumpkins Radishes Raspberries Rutabagas Spinach Sweet Potatoes/Yams Swiss Chard Turnips Winter Squash

Source: USDA SNAP-Ed Connection (<https://snaped.fns.usda.gov/seasonal-produce-guide/>)

Session 6: Home Safety

Purpose of Group: To educate participants on the importance of home safety and its implications on their health.

MOHO concepts: Physical environment, habituation

Room Set-Up: Option 1: Session location at facilitator's or volunteer's house set up following the pictures at the end of the session. A clear space with seating, such as a living room or dining room, is required for the discussion portion of the session. Option 2: At the typical session location, a room set up with a table and chairs in a circle

Supplies: Option 1: None. Option 2: Picture cards.

Objectives:

1. By the end of the session, participants will demonstrate understanding of common hazards to safety in the home.
2. By the end of the session, participants will identify one safety hazard in their home and how to fix it.

Session Structure:

Introduction (3-5 minutes):

- *“Welcome back, everyone! My name is _____ and I will be facilitating today's session. Today we will be discussing home safety. The objectives for today's session are (state objectives above). Why do you think it's important that we talk about safety in the home as a part of our well aging group?”*
- *“Last week we talked about nutrition. How have you used what you learned about nutrition in the last week?”*

Activity (15-20 minutes)

- Option 1: Lead the participants through the home, stopping at each staged location to discuss safety hazards. At each spot, ask the participant the following questions:
 - *“What safety hazards do you see here?”*
 - *“What risks to your safety does each hazard pose?”*
- Option 2: Show each picture from the home safety picture cards one at a time, stopping at each to ask the following questions:
 - *“What safety hazards do you see here?”*
 - *“What risks to your safety does each hazard pose?”*

Sharing (2-3 minutes)

- *“Were any of the hazards hard to find?”*
- *“Did you learn about any new potential hazards in this activity?”*

Processing (3-5 minutes)

- *“How could home safety impact your ability to stay independent?”*
- *“What are some consequences of not addressing the safety hazards in your home?”*
- *“What habits do you have that might contribute to the safety of your home?”*

Generalizing (2-4 minutes)

- *“What main principles can you take away from today’s session?”*
 - Summarize participants’ responses into a few main principles.
- *“How can you use what you learned today to work toward your goals you set at the beginning of this program?”*

Application (2-4 minutes)

- *“What hazards do you think are present in your home?”*
- *“How will you remove the hazards in your home?”*
- *“What are some positive aspects to your current home set-up that promote safety?”*

Summary (2-4 minutes)

- *“Would anyone like to summarize what you learned today?”*
 - Make a summary statement based off participants’ responses.
- Restate objectives listed above.
 - *“Did we meet these objectives today? How?”*
- *“Thank you all for your participation today. Our next session will be (state topic, date, time, and location of next session).”*

Notes to Facilitator

In this session, you addressed the MOHO concepts of habituation and physical environment. The physical environment was heavily addressed in the activity, as the home environment is an aspect of an individual’s physical environment. Participants’ habituation was also addressed in the discussion portion of the group, particularly in the processing section. You utilized the MOHO strategies of identifying and advising the participants on how to remain safe in their own home environment.







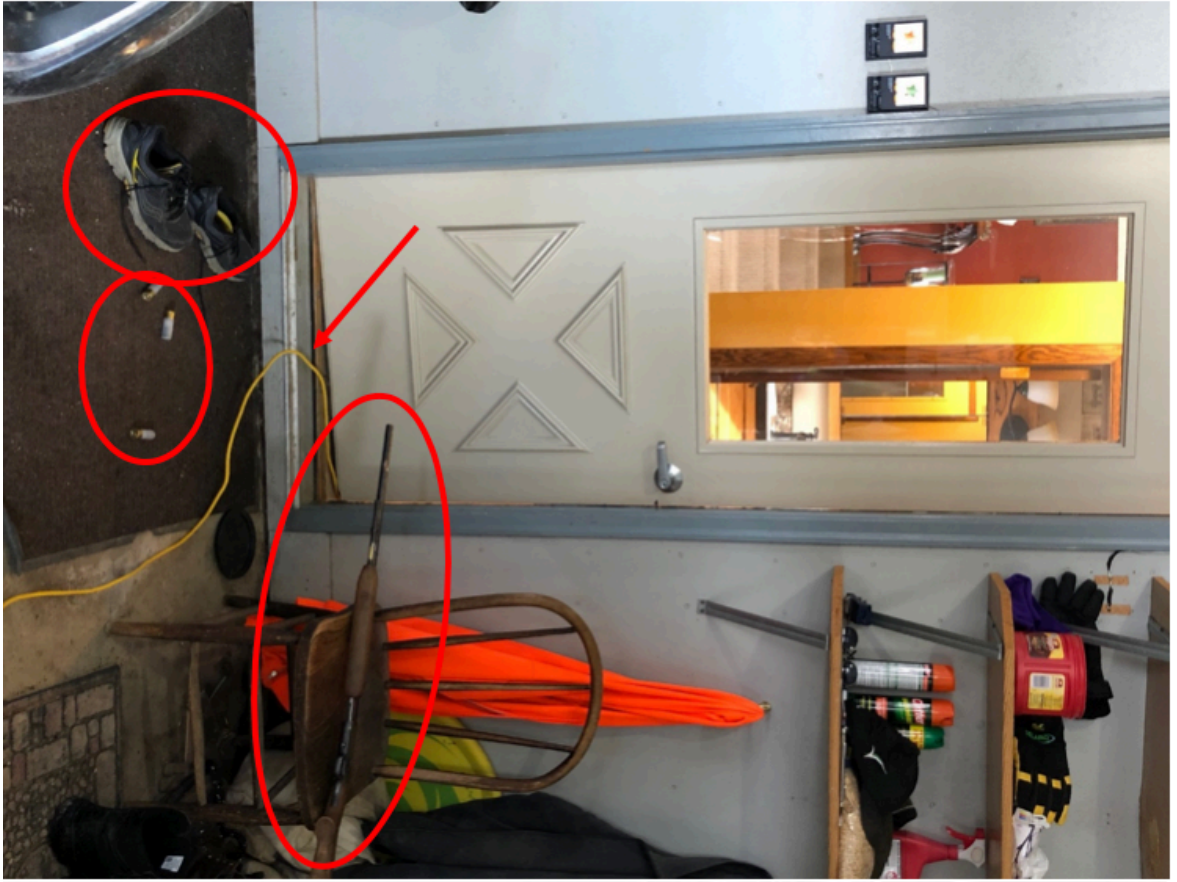




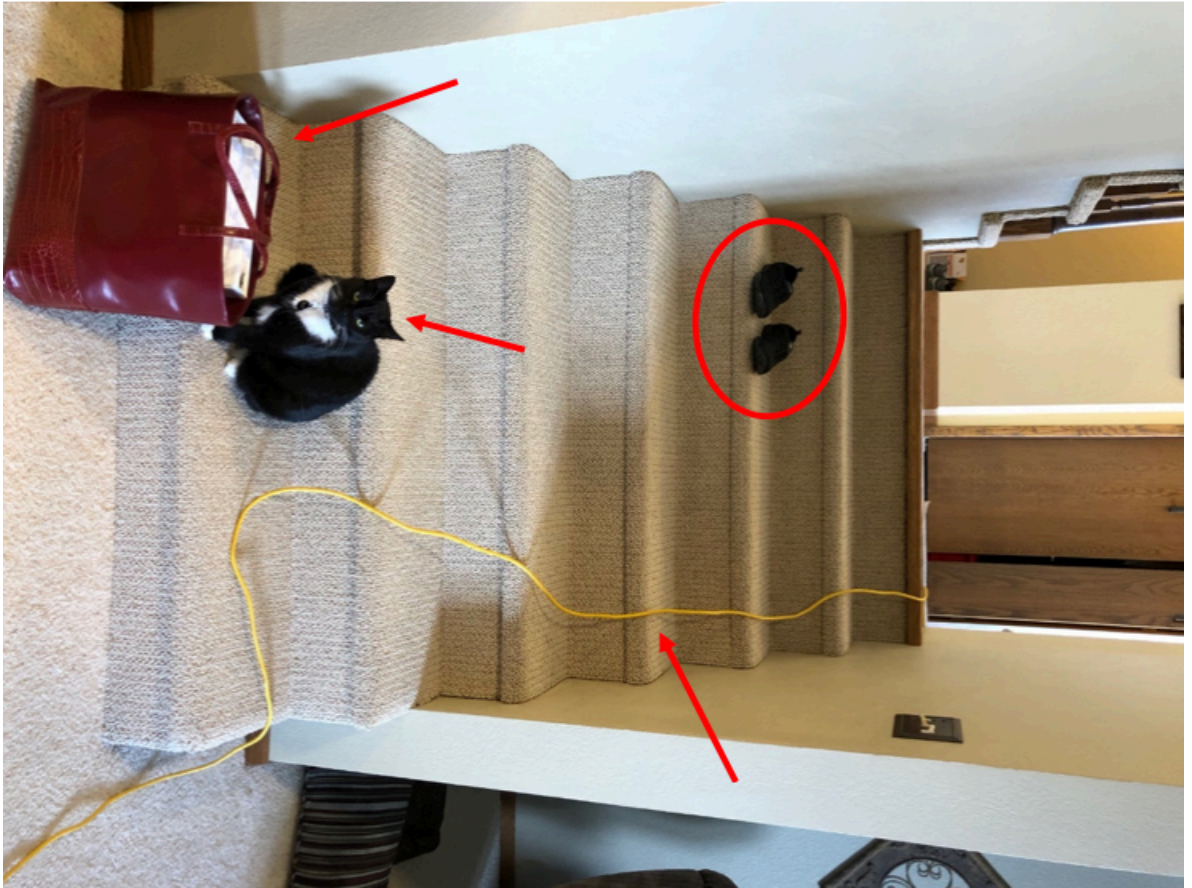
ANSWER KEY











Session 7: Social Wellness

Purpose of Group: to promote participants' engagement in social participation and to learn about new social opportunities within the rural community.

MOHO concepts: Volition and habituation and social environment

Room Set-Up: A room with a table and chairs, preferably in a circle

Supplies: Jenga game, Social Wellness Questions handout, writing utensils

Objectives:

1. By the end of the session, participants will identify 2-3 social opportunities within their community.
2. By the end of the session, participant will demonstrate their understanding of the importance of social engagement.

Session Structure:

Introduction (5-7 minutes):

- *“Welcome back everyone! My name is ____ and I will be facilitating today’s group session. Last week you learned and discussed ways to engage in healthy leisure activities. Does anyone have any questions or would like to share an example of a leisure activity you participated in over the last week? Thank you for sharing these examples.*
- *“These are the learning objective for today’s session (state the objectives listed above). For today’s group the expectations are that this is a closed and confidential group, meaning that anything shared in the group must remain in this room. We also need to be respectful and supportive to all group members and allow each other to participate.”*

- *“To begin today’s discussion, can we all share an example of how you socialize with others? (Facilitator may share examples such as going out for lunch or coffee, attending church, spending time with family or belonging to organizational groups like VFW etc.) Thank you all for sharing.”*

Activity (10-15 minutes):

- Facilitator will set up Jenga game in the center of the table, allowing enough room for each participant to reach the game. Prior to the activity, the facilitator selected questions from the “social wellness questions” handout and attached questions to the Jenga game pieces.
- *“Today’s activity is social wellness Jenga. Is anyone familiar with the game Jenga and would like to share how to play? (If not, the facilitator will demonstrate removing one block from the tower without knocking it down.) In this game of Jenga, there are questions written on each wooden block, and we will each take turns removing blocks from the tower and asking the question to one person in the group. We will play until someone knocks the tower over and then start a new round (continue playing until each participant has answered 3-4 questions) Are there any questions before we begin?”*

Sharing (2-3 minutes):

- *“Now let’s go around the room and share one thing that you learned from today’s activity. Would someone like to volunteer? (if not, first person on the right starts)”*

Processing (4-6 minutes):

- Facilitate the discussion with the following questions:

- *“What did you find difficult about this activity? What did you find easy about this activity?”*
- *“What are some barriers that prevents you from engaging in social activities?”*
- *“Why is social engagement important to you?” (Volition)*
- *“How does socializing with others affect your health?”*

Generalizing (4-6 minutes):

- *“What are some high points that you learned from today’s activity?”*
- *“How can you use what you learned today to achieve your goals you set at the beginning of the program?”*

Application (timeframe)

- *“What are some ways you can increase your social engagement?”*
- *“How will you engage in social activities in the future?”*

Summary (2 minutes):

- *“Would someone like to volunteer to summarize what we learned in today’s session?”*
- Restate session’s learning objectives
 - *“Were we able to meet our learning objectives? How so?”*
- *Thank you everyone for your participation today! Our next session is (state the date, time, location, and topic of next session).”*

Note to facilitator:

In today’s session, you focused on the MOHO concepts of volition and habituation. You utilized the MOHO therapeutic strategies of structuring, encouraging and identifying

ways older adults can socialize with other individuals within their community. You provided the participants with information on the importance of social engagement and how it affects their overall well-being and health.

Social Wellness Question List

Instructions: With the list provided below, please write up to 20-30 questions (or enough for each participant to answer 3-4 questions per round) on wooden Jenga game pieces. *Suggestion: cut out questions into strips to attach to each game piece.*

1. Where are you from?
2. Where did you grow up?
3. What are your best characteristics?
4. What are your favorite things about yourself?
5. What is your biggest accomplishment?
6. What do you fear the most?
7. What inspires you?
8. If you were famous, what would you be famous for?
9. What is your favorite childhood memory?
10. What is your favorite music genre?
11. Where's your favorite restaurant?
12. Who is the best teacher you've ever had? Why?
13. Can you dance? If so, can you show us?
14. Do you have any hidden talents? If so, can you show us?
15. If you could go back in time, where would you go?
16. If you had to eat one meal every day for the rest of your life what would it be?
17. What's the best piece of advice you've ever been given?
18. What would your superpower be and why?
19. What's your favorite holiday tradition?
20. Would you rather be the funniest or smartest person in the room?
21. If you could bring back any fashion trend what would it be?
22. If you could live in any country, where would you live?
23. What did you want to be when you were growing up?
24. What's your favorite place of all the places you've travelled?

25. Name 3 things that make you happy
26. How do you relax after a hard day of work?
27. If you could have chosen your name, what would it be?
28. What are you most thankful for?
29. What are 3 things on your bucket list?
30. If a genie granted you 3 wishes right now, what would you wish for?
31. What is the most spontaneous thing you've done?
32. What is your biggest pet peeve?
33. What are three things you value the most about a person?
34. Would you rather read a book or watch a movie?
35. If you could have dinner with someone famous, dead or alive, who would it be?

(Museum Hack, 2016)

Session 8: Cognitive Changes

Purpose of Group: To educate participants on age-related cognitive changes and strategies to prevent cognitive decline.

MOHO concepts: Habituation, performance capacity

Room Set-Up: A room with a table and chairs, preferably in a circle

Supplies: Cognition Fact Sheet, Scattergories board game- not included in program plan materials

Objectives:

1. By the end of the session, participants will demonstrate understanding of the importance of cognitive health.
2. By the end of the session, participants will be able to list at least three activities they could participate in to improve/maintain their cognition.

Session Structure:

Introduction (3-5 minutes)

- *“Welcome back, everyone! My name is _____ and I will be facilitating today’s session. Today we will be talking about cognitive changes. Can anyone define cognition for us?”*
- *“The objectives for today’s session are (state objectives above). How could cognition affect your ability to remain independent in your community and home?”*
- *“Last week we talked about home safety. How have you applied what you learned into your daily life?”*

Activity (20-25 minutes)

- *“For today’s session, we actually have two cognitive games planned. The first is called the shopping list game. It’s a memory game that builds off each person’s contribution. We start with one person saying ‘I went to the market and bought milk’ - or any other grocery item you want to say. The next player says ‘I went to the market and bought milk and bread’ - or whatever grocery item you choose. We’ll try to keep the grocery list going as long as we can. The game starts over when someone forgets an item or mixes up the order of the list.”*
 - Lead the participants in playing the shopping list game for 2-3 rounds, or until every participant gets to recite a shopping list of at least 4 items.
 - *“Our second activity is the game Scattergories. Have any of you played this before? (If any of the participants have played before, let them assist you in explaining the rules) We will pick one category card with 12 random prompts. Someone will roll this 26-sided die to determine what letter we have to answer each prompt with. We will set this timer to limit how long we have to answer all 12 prompts. After the time is up, we will go around and share our answers. You get a point for each prompt you answered, as long as the group thinks it works. If two players put down the same word for the same prompt, neither player gets the point, so try to be creative!”*
 - Play 3-4 rounds of Scattergories.
- Sharing (2-5 minutes)
- *“What did you all like about this activity? What did you dislike?”*
 - *“Were either of the games hard? What made them hard?”*

- *“If grocery lists are hard to remember, one strategy you could use is organizing it alphabetically or by your path through the grocery store.”*

Processing (6-8 minutes)

- *“What specific cognitive skills do you think these games focused on?”*
 - Memory, short-term memory, word recall, and problem solving are all acceptable answers
- *“What cognitive changes do you feel you’ve experienced as you age?”*
- Pass out “cognitive changes” fact sheet. Read through the sheet with participants and help explain unclear concepts.
- *“What are the potential benefits you see to engaging in activities that maintain your cognition?”*
- *“What are some disadvantages you see to ignoring or not taking care of your cognition?”*

Generalizing (2-4 minutes)

- *“What are the main takeaways you got from today’s session?”*
 - Summarize participants’ responses into 2-3 main principles learned.
- *“How can you use what you’ve learned today to work toward your goals for this program?”*

Application (4-6 minutes)

- *“How do your current habits support or inhibit healthy cognition?”*
- *“What activities do you currently do to keep your mind engaged?”*
- *“What are some activities you could start doing to keep your mind engaged?”*

Summary (2-4 minutes)

- *“Would anyone like to summarize what you learned today?”*
 - Make a summary statement based off participants’ responses.
- Restate objectives listed above.
 - *“Did we meet these objectives today? How?”*
- *“Thank you all for your participation today. Our next session will be (state topic, date, time, and location of next session).”*

Notes to Facilitator

In today’s session, you talked about cognition and the role it plays in maintaining wellness. You focused on the MOHO concepts of performance capacity and habituation. Performance capacity was addressed throughout, as cognition is one of the underlying abilities of a person, as defined by MOHO. Habituation was addressed in the discussion portion of the group, especially in the application section, when you asked participants about what habits they participate in that support their cognition. You utilized the MOHO strategies of structuring and encouraging while educating the participants on normal cognitive changes and how they can maintain their own cognitive health.

COGNITION AND AGING

What is Normal?

Memory: Occasionally forgetting new information, like an address or the date

Attention: Having a little trouble multitasking, like watching TV and talking on the phone

Language: Occasionally struggling to find the word you want to use or the name of an acquaintance

Problem Solving: Reasoning through new scenarios, like with technology, may take longer than it did in your youth.

What is Abnormal?

Memory: Often forgetting things, or forgetting things you have known for a long time, like your spouse's profession or your address

Attention: Having trouble paying attention to one thing, or significant trouble with multitasking

Language: Often struggling to think of a word or the name of a close friend or family member

Problem Solving: Making bad decisions often

What Factors Affect Cognition?

- Medications that have side effects of dizziness or confusion
- Sensory change like loss of hearing can affect how easily you process information
- Conditions like arthritis and pin can affect concentration and processing speed
- Changes in mood like depression and anxiety can affect motivation and processing speed

How Can I Slow Down or Prevent Cognitive Changes?

Reduce Stress: Research has found that high stress can affect learning and memory.

Maintain Good Health: Regular visits to the doctor are important to make sure you are in good health and chronic conditions are under control

Stay Mentally Stimulated: Research has found that engaging in challenging mental tasks can prevent age-related decline in cognition. Activities like playing bridge, reading, and learning new skills are good ways to stay mentally stimulated.

Use Active Strategies: Some of the difficulties older adults face in storing new memories are due to not using strategies to learn and remember the information. Strategies that are effective include following a routine (like putting your keys in the same place), using external techniques (like a pill box or calendar), and taking more time to actively process new information (like paying extra attention when meeting someone new by coming up with an association to recall their name)

Information from: Emory Alzheimer's Disease Research Center: *Cognitive Skills & Normal Aging Fact Sheets*. Retrieved from: http://alzheimers.emory.edu/healthy_aging/cognitive-skills-normal-aging.html

Session 9: Budgeting

Purpose of Group: The purpose of this session is to learn about financial needs and how to budget accordingly and to develop good money spending habits.

MOHO concepts: volition and habituation

Room Set-Up: A room with a table and chairs, preferably in a circle

Supplies: “Top Ways to Save” handout, monthly budgeting take-home worksheet, writing utensils.

Objectives:

1. By the end of the session, participants will identify 2-3 they currently save money.
2. By the end of the session, participants will identify 1-2 adaptation(s) they can make to promote healthy spending habits.

Session Structure:

Introduction (5-7 minutes):

- *“Welcome back everyone! My name is _____ and I will be facilitating today’s group session. Last week you learned and discussed ways to increase your social participation. Does anyone have any questions or would like to share an example of an activity you participated with others in the past week? Thank you for sharing these examples.”*
- *“These are the learning objective for today’s session (state the objectives listed above). For today’s group the expectations are that this is a closed and confidential group, meaning that anything shared in the group must remain in this*

room. We also need to be respectful and supportive to all group members and allow each other to participate.”

- *“To begin today’s discussion, can we all share one way we currently save money? (facilitator may provide example such as _____). Thank you for sharing these examples.”*

Activity (10-12 minutes):

- Facilitator will hand out “Top Ways to Save” handout and writing utensils
- *“For today’s activity we will focus on identifying different ways to save money. If you look at the worksheet, you will notice there are 10 lines provided. I want you to think of as many ways you can save money. These might be things that you already do or that you want to do. After everyone completed their worksheet, we will share the top three ways to save as a larger group.”*
- *“Let’s now go around the group and share your top 3 identified ways to save money. Thank you everyone.”*

Sharing (2-3 minutes):

- *“Now let’s go around the room and share one thing that you learned from today’s activity. Would someone like to volunteer? (if not, first person on the right starts)*

Processing (5-8 minutes):

- *“What did you find difficult about this activity? What did you find easy about this activity?”*
- *“What are some challenges you face when budgeting?”*
- *“Why is budgeting your expenses important to you?” (Volition)*

Generalizing (timeframe)

- *“What are some high points that you learned from today’s activity?”*
- *“How can you use what you learned today to achieve your goals you set at the beginning of the program?”*

Application (4-6 minutes):

- *“How can you adapt your spending habits to make them healthier?”*
- Facilitator will pass out monthly budgeting take home worksheet.
- *“How will budgeting your expenses improve your daily life?”*
- *“The purpose of this handout is to help you organize your monthly spending and to assist you with budgeting all your expenses.”*

Summary (2-3 minutes):

- *“Would someone like to volunteer to summarize what we learned in today’s session?”*
- Restate session’s learning objectives
 - *“Were we able to meet our learning objectives? How so?”*
- *Thank you everyone for your participation today! Our next sessions is (state the date, time, location, and topic of next session). Next week will be our last session, so please bring your goals that you made at the beginning of the program with you next week so we can talk about them.”*

Note to the facilitator

In today’s session, you focused on addressing MOHO concepts of volition and habituation. Through discussion, you utilized the MOHO strategies of validating, structuring and providing feedback to the group participants on how to save money and promote occupation adaptation to develop healthy spending habits. You provided the

participants with resources to encourage the importance of budgeting daily and monthly expenses.

Monthly Budgeting Worksheet

Month: _____ Year _____

Area of Cost	Monthly Cost	Additional Notes
Home Expenses		
Rent/Mortgage		
Utilities		
Phone		
TV/Cable/Internet		
Daily Living Expenses		
Groceries		
Eating Out		
Social Events		
Entertainment		
Transportation Expenses		
Gas		
Insurance		
Repairs		
Public Transportation		

Personal Expenses		
Health Insurance		
Medications		
Salon/Barber		
Books/Newspapers		
General Savings		

\$\$\$ Top Ways to Save \$\$\$

In the space below, please write as many different ways in which you can save money. We will then discuss your ideas as a larger group.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Session 10: Driving & Community Mobility

Purpose of Group: To educate participants on the importance of community mobility and how it affects their independence.

MOHO concepts: Performance capacity, physical environment, habituation, volition

Room Set-Up: See guidelines for CarFit set up at car-fit.org. For discussion, a room with a table and chairs is needed.

Supplies: Facilitator must be a certified CarFit technician or coordinator.

Note: If becoming a CarFit technician is not feasible for the facilitator, the facilitator can create an alternate activity using the guidelines at www.car-fit.org. The activity can be discussion-based, focusing on modifications participants could make to their vehicles, without actually making any changes in the group session. The facilitator can use the discussion questions listed below, as applicable to the alternate activity.

Objectives:

1. By the end of the session, participants will demonstrate understanding of community mobility's impact on independence.
2. By the end of the session, participants will be able to identify two ways in which they can preserve their independence in community mobility.

Session Structure:

Introduction (4-7 minutes)

- *“Welcome back, everyone! My name is _____ and I will be facilitating today's session. Today we're going to focus on driving and community mobility. The objectives for today are (state objectives listed above). Why do you think*

community mobility is important to address as you age? How could it affect your independence?”

- *“Last week we talked about cognition. How have you used what you learned from that session to help meet your goals you set for the program?”*

Activity (30-40 minutes)

- For this session, the facilitator must be a certified CarFit technician or coordinator. It is recommended the facilitator do this prior to the start of the wellness program, as training can be difficult to find in rural locations. The facilitator must organize a CarFit event with the guidelines provided at car-fit.org.

Sharing (3-4 minutes)

- *“Does anyone feel comfortable sharing some of the modifications the technician suggested you make to your car?”*
- *“What did you like about this CarFit event?”*

Processing (6-8 minutes)

- *“Why is it important to address your personal fit with your car?”*
- *“In what ways have you seen your driving change as you get older?”*
- *“How does driving affect your independence?”*
- *“How does driving affect your health and wellness?”*
- *“How would you feel if you lost your ability to drive?”*
- *“What role does the rural community play in your ability to stay independent with driving?”*

Generalizing (2-4 minutes)

- *“What are the main points you’ve learned today?”*

- Make two to three summary statements based off participants' responses.
- *“How can you use what you learned today to make progress toward your goals for this program?”*

Application (5-7 minutes)

- *“What changes to your car will you keep going forward?”*
- *“If you were to lose your ability to drive, what are some other ways you could get around the community?”*
- *“How will you assess your ability to drive safely in five years? In ten?”*

Summary (timeframe)

- *“Would anyone like to summarize what you learned today?”*
 - Make a summary statement based off participants' responses.
- Restate objectives listed above.
 - *“Did we meet these objectives today? How?”*
- *“Thank you all for your participation today. Our next session will be (state topic, date, time, and location of next session). In preparation for this session, please think about your favorite hobby or pastime and be prepared to give a quick presentation to your group mates about it.”*

Notes to the Facilitator

This session requires a great deal more preparation than most of the other sessions. However, this is one of the most impactful sessions, as you assessed the participants' cars and how they could be safer. In today's session, you addressed performance capacity, habituation, volition, and physical environment. Habituation and physical environment were addressed during the CarFit event. Performance capacity and

volition were addressed in the discussion, along with habituation and physical environment. You utilized MOHO strategies of coaching, advising, encouraging and validating to address safety between the participants and their driving habits.

Session 11: Healthy Leisure Activities

Purpose of Group: to promote participants' engagement in leisure activities and to learn about new leisure activities available within the rural community.

MOHO concepts: Volition and habituation

Room Set-Up: A room with a table and chairs, preferably in a circle

Supplies: "New Leisure Activities" take-home worksheet

Objectives:

1. By the end of the session, participants will identify 2-3 new leisure activities within their community.
2. By the end of the session, participant will demonstrate their understanding of the importance of engaging in leisure activities.

Session Structure:

Introduction (4-7 minutes):

- *"Welcome back everyone! My name is ____ and I will be facilitating today's group session. Last week you learned and discussed driving and community mobility. Does anyone have any questions or would like to share an example of what they learned about driving and community mobility last week? Thank you for sharing these examples.*
- *"These are the learning objective for today's session (state the objectives listed above). For today's group the expectations are that this is a closed and confidential group, meaning that anything shared in the group must remain in this room. We also need to be respectful and supportive to all group members and allow each other to participate."*

- *“To begin today’s discussion, can we all share _____. Thank you all for sharing.”*

Activity (10-15 minutes):

- *“In last week’s session you were asked to bring in a leisure activity that is meaningful to you. For today’s activity, we are going to have a “show and tell” activity to share the leisure activities with the larger group. When you share your personal leisure activity, I would like you to consider answering these three questions.”* (Facilitator should write the following questions on the board for participants to refer to)
 - *“What interested you in this leisure activity?”*
 - *“Why is this leisure activity important to you?”*
 - *“How can others get involved in the shared leisure activity?”*
- *“We will now go around the room and share what you brought today for your leisure activity. Feel free to ask your fellow group members questions to learn more about their leisure activity.”*

Sharing (3-5 minutes):

- *“Now let’s go around the room and share one thing that you learned from today’s activity. Would someone like to volunteer?”* (If not, the first person on the right starts)

Processing (4-7 minutes):

- *“What did you find difficult about this activity? What did you find easy about this activity?”*
- *“What are some barriers that prevents you from engaging in leisure activities?”*

- *“Why is engaging in leisure activities important to you?” (Volition)*
- *“How does engaging in leisure activities affect your health?”*

Generalizing (3-5 minutes):

- *“What are some high points that you learned from today’s activity?”*
- *“How can you use what you learned today to achieve your goals you set at the beginning of the program?”*

Application (4-7 minutes):

- *“What are some ways you can increase your engagement in leisure activities?”*
- *“How will you engage in new leisure activities in the future?”*
- *“How will you apply what you learned today to increase your participation in leisure activities?”*

Summary (2-3 minutes):

- *“Would someone like to volunteer to summarize what we learned in today’s session?”*
- Restate session’s learning objectives
 - *“Were we able to meet our learning objectives? How so?”*
- *Thank you everyone for your participation today! Our next session is (state the date, time, location, and topic of next session).”*

Notes to the facilitator

In today’s session, you focused on the MOHO concepts of volition and habituation. You utilized the MOHO therapeutic strategies of structuring, encouraging and identifying ways older adults can engage in leisure activities within their community. You provided

the participants with information on the importance of engagement in leisure activities and how it affects their overall well-being and health.

New Leisure Activities

Instructions: In the space provided below, please write down any leisure activity that you learned today that interests you.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Session 12: Program Wrap-Up

Purpose of Group: To conclude the group program and assess participants' achievements.

MOHO concepts: Habituation, performance capacity

Room Set-Up: A room with a table and chairs, preferably in a circle

Supplies: LIFE-H or therapist-selected assessment used prior to the start of the program, paper, writing utensils

Objectives:

1. By the end of the session, participants will identify three areas of growth they had as a result of the program.
2. By the end of the session, participants will identify three ways they can continue to maintain independence.

Session Structure:

Introduction (3-5 minutes)

- *“Welcome back, everyone! My name is _____ and I will be facilitating today’s session. This is our last session of the wellness program, so today we will be focusing on our goals and whether or not we met them. The objectives for today are (state objectives listed above). Let’s go around the room and say which session was your favorite and why.”*

Activity (8-10 minutes)

- Pass out blank paper and writing utensils.
- *“You should all have your goals with you that you made at the start of this program. I want you each to look at your own goals, and on the same page, write*

down two to three ways in which you've met or made progress toward each goal."

- *"Now let's pair up and discuss what you feel were the most important take-home points from this course. In other words, what did you really get out of this program? Write your answers on the paper provided."*

Sharing (5-7 minutes)

- *"Let's go around the room and each share your goals and how you met them or made progress toward them."*
- *"Now let's go around and share what you and your partner thought were the most important take-home points from the program."*

Processing (5-7 minutes)

- *"How has this program helped you assess your own independence and wellness?"*
- *"How has your understanding of wellness and aging in your community changed throughout this program?"*
- *"What new concepts were you introduced to through this program?"*
- *"What session was the most relevant or useful to you? Why?"*

Generalizing (2-4 minutes)

- *"What were the greatest strengths of this program?"*
- *"In what ways could we improve the program?"*
- *"What was your favorite session? Why?"*

Application (2-4 minutes)

- *“What new habits or routines did you adopt in your own life as a result of this wellness program?”*
- *“What strategies will you use to continue promoting wellness in your own life?”*

Summary (2-4 minutes)

- Restate session’s learning objectives
 - *“Were we able to meet our learning objectives? How so?”*
- *“I’d like to thank you all for your continued participation and contributions throughout these 12 weeks! I hope you all have learned something and will continue to use what you’ve learned to stay healthy and independent.”*
- *“For data collection purposes, I would like you all to stay a few extra minutes and complete this same assessment you took prior to the start of the program. I greatly appreciate your participation in this. Please feel free to leave any comments or suggestions anonymously on a blank piece of paper.”*

Notes to Facilitator

Today you wrapped up the program. You utilized the MOHO strategies of validating, encouraging and providing feedback on the participant’s progress toward their program goals their areas of growth. You asked them to reflect on their habits as well. It is important that you get as many of the participants as possible to participate in the exit assessment for data collection. This data may help you justify reimbursement for future implementations of the program.

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CHAPTER V

SUMMARY

Overview of Product and Process

The purpose of this scholarly project was to further explore the needs of the rural community-dwelling older adult population and to create a product to address these needs. A group protocol was created to better serve the needs of this population to promote wellness and independence. Through promoting wellness and independence, the group protocol aims to prolong older adults' ability to live independently in the rural community.

A review of literature was conducted to find relevant, up-to-date research regarding the rural older adult population. Findings indicated the need for an occupation-based group intervention for the rural community-dwelling older adult population. The information gathered from the literature review provided guidance to develop a wellness group protocol. Literature supported the need to address occupations commonly seen as barriers to independence among older adults living in rural communities. In order to guide the formation of an occupation-based and client-centered product, the Model of Human Occupation (MOHO) was utilized. The main concepts of volition, habituation and performance capacity of MOHO were integrated throughout the group protocol with each session incorporating different principles of the model.

The final product consists of a 12 session group protocol with additional information for the facilitator regarding the use of MOHO concepts and facilitation

techniques. Each session consists of an occupation-based activity followed by a discussion structured using the Cole's Seven Steps group structure. This protocol is intended to be used with a community-dwelling older adult population in any rural Midwestern community. The protocol was made with the intention of being implemented by an occupational therapy practitioner. One of the strengths of the product is its dedication to evidence-based occupation-centered interventions. Additionally, because it was not developed with a specific town or community in mind, it can be implemented in any rural Midwestern community.

The Assessment of Life Habits 3.0: General 16-Item Short Form (LIFE-H) was selected to be administered prior to and upon conclusion of the group protocol to assess participants' learning and improvements in perceived independence. A second assessment tool, the Occupational Self-Assessment (OSA), was also selected as an optional assessment if the LIFE-H is unavailable for therapist use.

Limitations

After the completion of the product, several limitations were found. First, input was not sought out from a practicing rural occupational therapist (OT). Advice from an OT clinician working in rural healthcare would have improved the practicality and applicability of the final product. It would assist with developing practical sessions and occupation-based interventions to use within the rural community setting. However, evidence-based literature was utilized throughout the development of the product to support the needs of the rural community-dwelling older adults. The overall findings of the literature guided the formation of occupation-based interventions to be used to promote wellness and independence of the population. A second limitation was lack of

funding for potential implementation of the product. No options were explored or proposed on how to obtain funding for prospective OTs looking to implement the group protocol. It is likely that an OT looking to implement this group protocol could request funding through public health grants at the local, state, or national level. Additionally, some communities may have rural community health initiatives in place that could fund this group protocol.

Lastly, the product did not account for community-dwelling individuals that were receiving outside assistance such as home health services or Meals on Wheels to remain in the home. According to the literature utilized throughout this project, independence was defined as the ability to self-sustain livelihood without being dependent on others. However, this group protocol has been generalized for the older adult population with the ability to be modified to fit the needs of each participant. All 12 session activities can be graded to accommodate the abilities of the group members.

Conclusion and Implications for Future Research

The finished group protocol has the potential to be expanded upon in future scholarly projects. Future researchers could implement the protocol and report the effectiveness and suggest revisions. The data collected from this potential scenario could be compiled and organized in a qualitative study. If the group protocol were to be implemented in a number of rural communities, data could be collected and compiled in a quantitative study to provide evidence supporting the overall effectiveness in preserving independence in the rural community-dwelling older adult population.

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