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Wellness Programming for Men in Long-Term Care

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Wellness Programming for Men in Long-Term Care

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This scholarly project, submitted by, Katie Hautman, MOTS and, Ashley Heinze, 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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Faculty Advisor

4-17-19

Date

PERMISSION

Title: Wellness Programming for Men in Long-Term Care

Department: Occupational Therapy

Degree: Master of Occupational Therapy

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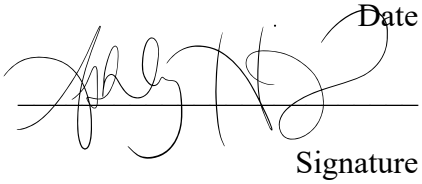

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– Katie Hautman & Ashley Heinze

ABSTRACT

Introduction: The purpose of this project was to develop a wellness guide for staff to implement in long-term care (LTC), to increase participation of meaningful activities and well-being for male residents of all abilities, both physically and psychosocially.

Methodology: A literature review was conducted to understand the need for activities of male residents in LTC. Sources included: online databases, textbooks, and government websites. The Canadian Model of Occupational Performance and Engagement (CMOP-E) was selected to direct the development of the program guide. The CMOP-E promotes engagement in occupations and enablement of occupational performance, both of which are important for male residents in LTC.

Results: Throughout the literature review, the importance of activities and the need to match interest preferences of male residents in LTC was emphasized. Based on demographics, the majority of residents are typically female. Too often activities are geared toward the interests of females rather than males, which indicated the need for a program guide. The guide for *Wellness Programming for Men in Long-Term Care* was designed to address the specific needs of males in LTC. The program guide provides activities, modifications and enablement skill recommendations for LTC staff to use in meeting the needs of male residents through meaningful activities.

Conclusions: Following older men's transition into LTC, it is important for male residents to engage in meaningful activities to assist with changes, both physically and psychosocially. By implementing the program guide, LTC staff can encourage male residents to engage in occupations that are meaningful and increase well-being, regardless of one's abilities.

CHAPTER 1

Introduction

Problem

In North Dakota, individuals aged 65 years and older make up 14% of the state population (North Dakota Long Term Care Association [NDLTCA], 2019). By 2029, there is a 49% projected growth for people over the age of 65 years. Half of North Dakotans will require long-term care (LTC) at one point in their life. In LTC, 71% of residents are females (NDLTCA, 2019), with activities tailored toward female preferences instead of male preferences (Kracker, Kearns, Kier, & Christensen, 2011). A literature review has been conducted to explore the gap in literature for older men living in LTC and one's opportunity to engage in meaningful activities. The following information is research to support the need for a wellness program geared toward older men in rural LTC facilities. Implementation of a wellness program in LTC will enhance quality of life and facilitate an engaging environment to support men of all ability levels.

To allow individual male residents the ability to participate in meaningful occupations within the LTC facility, the Canadian Model of Occupational Performance and Engagement (CMOP-E) was used to create this product. The CMOP-E is a client-centered model that places the person at the center of the model, embedded in the environment, with the occupation being the bridge that connects the person and environment (Townsend & Polatajko, 2013). The person is made up of cognitive,

affective, and physical performance components, with spirituality at the center of the person. The person is embedded within physical, institutional, cultural and social environments; the person acts on their environment through occupation. Occupation includes leisure, self-care, and productivity (Townsend & Polatajko, 2013). For the purpose of the scholarly project, the males residents ability to engage in occupations is impacted by the LTC facility.

The CMOP-E is appropriate for this population due to the focus placed on enablement of a person in one's environment through the use of occupation. Older men living in LTC experience physical and psychosocial changes that affect occupational performance in their environment. The CMOP-E enables the person to complete idiosyncratic occupations that are therapeutic to their health and well-being within the environment they are embedded in, despite cognitive, affective, and physical abilities (Townsend & Polatajko, 2013). In developing the wellness program, CMOP-E was implemented to assist with assessment selection, and development of interventions through grading activities to match the abilities of the male residents living in an LTC facility. Concepts from the CMOP-E were intertwined throughout the development of the wellness program.

Key Terms and Concepts

- Client-Centered Practice: Focused on the resident's goals and what the resident's projected outcomes are (Townsend & Polatajko, 2013)
- Canadian Model of Occupational Performance and Engagement (CMOP-E): A model that looks at the person, environment, and occupation, and how the

occupation bridges the person and environment together (Townsend & Polatajko, 2013)

- Leisure: Activities that an individual engages in for pleasure and satisfaction (Jung, Park, & Kim, 2018)
- Long-Term Care: A resource for older adults to use when they are unable to care for themselves due to physical and/or cognitive ailments (J. J. Grande, Grande, & Grande, 2017)
- Occupation: Everyday activities that are meaningful and add value to one's identity (American Occupational Therapy Association [AOTA], 2014)
- Occupational Engagement: Explanation of one's doing, thinking, and feeling in a specific environment as a result of therapy (Forsyth et al., 2014)
- Older Adults: Adults 65 years and older (Alley et al., 2018)
- Well-Being: A positive outcome that allows an individual to perceive how well their lives are (Centers for Disease Prevention and Control [CDC], 2018)
- Wellness Program: A program to improve one's health ("Wellness Program," 2019)

The chapters in this scholarly project include a review of the literature, methodology, product, and summary. Chapter two explores the current research related to the topics of older men in LTC, physical and psychosocial changes, the impact of environment, gender preferences for activities, implementation of a wellness program and occupational therapy's role. Chapter three examines the development of the program guide through using the concepts of CMOP-E. Chapter four will present an outline of the

product, a guide for *Wellness Programming for Men in Long-Term Care (LTC).* Chapter five includes the conclusion, limitations and further recommendations for the program guide.

CHAPTER II

Literature Review

Long-term care (LTC) is a residential resource for older adults to use when they are unable to care for themselves due to physical and/or cognitive ailments (J. J. Grande, T. F. Grande, & J. S. Grande, 2017). According to North Dakota Long Term Care Association (NDLTCA) (2017), LTC consists of homes where adults and older adults may reside in to receive skilled care 24 hours a day, 7 days a week, or an independent living complex with services as needed. These facilities may be in urban or rural settings. The average age of residents in a North Dakota (ND) LTC setting is 79-years-old with 71% of the residents being female. The top three reasons why older adults in ND move into LTC facilities are because of the need for assistance, supervision, or due to cognitive impairments, such as confusion (NDLTCA, 2017).

Levels of Care

There are three levels of care for LTC facilities, including assisted living, basic care, and nursing facilities (North Dakota Department of Health [NDDH], 2015). Assisted living consists of a residential setting with private apartments and contracted services, such as medication management, housekeeping, and bathing assistance (NDDH, 2015). In North Dakota, 72% of the residents living in assisted living are females compared to 28% being male (NDLTCA, 2019) (See Figure 1). To be accepted into an assisted living facility, a resident is required to meet certain standards, which include the

ability to ambulate without assistance from another person, and a level of independence that does not require 24 hour supervision (NDDH, 2015). An assisted living facility may include meals, housekeeping, daily activities, transportation, TV services, and laundry for an increase rate. As residents need more assistance, they will transfer into a Basic Care facility, which provides mostly private apartments with 24-hour assistance, if the residents require it. Within ND, female residents make up 71% of the population in Basic Care facilities, and 29% of residents are male (NDLTCA, 2019) (See Figure 1). In a Basic Care facility, the resident has a care plan implemented, which determines the amount of assistance received and services that will be provided (NDDH, 2015). The services provided include meals, assistance with personal care, supervision, activities, transportation, medication, and some nursing assistance, based on the resident's care plan. When a resident's needs become more complex, he or she transitions into a nursing facility, such as a skilled nursing home. In a nursing facility, the resident is provided with 24-hour nursing and supervision. The percentage of female residents continues to be greater than male residents in nursing facilities, 66% female and 34% males (NDLTCA, 2019) (See Figure 1).

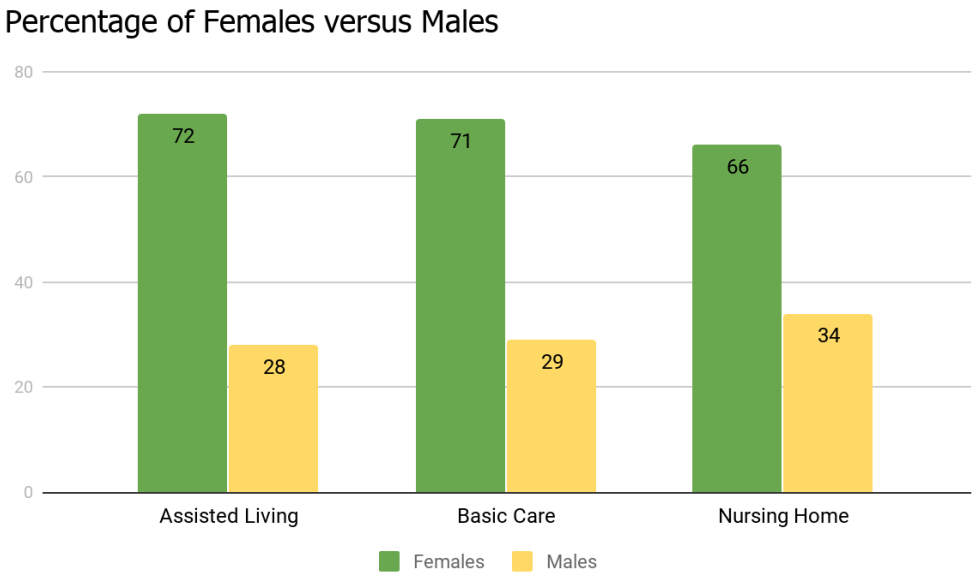

Figure 1. Gender differences among levels of care in LTC.

Nursing facilities provide meals, personal care services, supervision, transportation, medication, administration, nursing assessments, care planning, and activities (NDLTCA, 2017). Residents may also receive skilled therapy, such as occupational therapy, as needed (Dorrestein & Hocking, 2010). In addition to occupational therapy, physical therapy and speech therapy services are provided to assist residents with complex needs (NDDH, 2015). Occupational therapists (OTs) in LTC complete assessments, plan interventions, which include programs, and implement intervention plans to work with individual residents or groups to meet the resident's goals (Dorrestein & Hocking, 2010). Through education, LTC staff is encouraged to implement activities that support a resident's therapeutic goals. Use of individual and group activities promote physical movement, cognitive stimulation, and social interaction (Bowblis, Meng, & Hyer, 2013).

Urban versus Rural

LTC facilities are prevalent in both rural and urban cities. ND consists of 53 counties; 39 of those counties are completely rural, 11 are urban, and three are partially rural (North Dakota Census Office, 2017). The United States (U.S.) Census Bureau (2018) defines urban classification in two ways: urbanized areas and urban clusters. A rural area does not include the population, housing and territory as in an urban area (U.S. Census Bureau, 2018). According to the Centers for Disease and Control Prevention (CDC), more than 46 million Americans or 15% of individuals make up the rural population (2017a). In comparison to residents living in urban areas, rural residents are more likely to be older and sicker, with increased likelihood of dying from a stroke, heart disease, cancer, unintentional injury, and chronic lower respiratory disease (CDC, 2017b). Compared to their urban counterparts, there are increased reports of cigarette smoking, high blood pressure, and obesity (Warshaw, 2017). Rural residents have higher rates of poverty and less access to healthcare (CDC, 2017b). Transportation, healthcare, retail and other services are more difficult to access in rural areas, which explains why challenges associated with aging in these areas need to be addressed (USDA, 2018).

Factors associated with increased health risks in rural areas include demographics, environmental, economic, and social factors (CDC, 2017c). These factors are evident in recognizing the following challenges that are more prevalent in rural versus urban counterparts: lower median household incomes, more uninsured residents, living in remote locations, and lack of access to healthcare facilities, and providers (Warshaw, 2017). Because of this, individuals living in rural areas may delay or avoid the care they need (Warshaw, 2017).

Reasons for Transitioning into LTC

In North Dakota, half of residents will need LTC services at some point in their life (NDLTCA, 2019). Some of the factors that increase an older adults' chances of needing to transition into LTC include living alone, being over 80-years-old, and being a female (NDLTCA, 2019). Due to medical needs related to physical impairments and impaired cognition, reasons for transitioning into LTC include the need for assistance with medication management, instrumental activities of daily living (IADLs), and activities of daily living (ADLs) (NDLTCA, 2019). Another reason older adults transition into a LTC facility is the need for supervision either 24 hours a day or a few hours a day to complete daily activities (NDLTCA, 2017).

Kalldalen, Marcusson, and Wressle (2013) reported gender differences play a role in why males and females transition into LTC facilities. Changes in a person's physiological and psychosocial health causes an increase in loss of ability to engage in leisure activities or ADLs within the older adult's environment (Agahi & Parker, 2008). One reason men transition into LTC is that they are less likely to seek out healthcare services compared to women (Dorrestein & Hocking, 2010). In comparison, women tend to be more frail, with a higher risk for depression, and pain compared to males (Kalldalen et al., 2013). However, women visit their doctors more frequently and are more proactive about their health than men (Anderson, Seff, Barta, Bhatt & Palmer, 2016). Men most commonly reported reasons for not attending healthcare check-ups as a lack of motivation, time, and interest (Dorrestein & Hocking, 2010). External barriers for the average male were a limited number of programs in his area, cost, and difficulty with

transportation. Therefore, older men tend to experience poorer health due to not going to their doctors when ill, resulting in transition into LTC (Dorrestein & Hocking, 2010).

Impact Upon Transition into LTC

As older adults transition into LTC, they are in vulnerable situations due to an increase in health complications and a decrease in social supports (Scourfield, 2018). Causey-Upton (2015) reported that older adults recognize role loss, a lack of engagement in valued occupations, and reduced independence in the LTC setting. It is important for older adults to feel empowerment and inclusion; if they do not have the ability to speak up for their needs, it is important to advocate for them to accomplish their desired goals (Scourfield, 2018). There are also significant benefits in engagement of family member support and involvement in their family member's care (Dorrestein & Hocking, 2010).

According to Causey-Upton (2015), families may not always understand how it feels to experience these significant life changes, which can make specific life changes even more difficult for the older adults to manage. Not only do family members struggle to understand, but LTC staff may also have a difficult time understanding. Staff may lack knowledge, skills, resources, or time to assist older adults in continuing with meaningful leisure activities. It is important to understand that it is not only the changes in physical and mental health that affect older adults ability to engage in meaningful leisure activities, but in addition, family and staff understanding the older adult's abilities (Causey-Upton, 2015).

As men age and make the transition into LTC, they may feel a loss in life's balance, loss of identity, and a decrease in one's competence (Ormsby, Stanley & Jaworski, 2010). Additionally, they may also experience loss of social supports,

independence, and autonomy (Ormsby et al., 2010). Allowing older men the chance to form bonds with other residents can assist them in meeting their everyday needs (Ormsby et al., 2010). That is why it is important to provide an environment for men in LTC facilities that allow them to feel as if they have social supports, and opportunities for independence and autonomy (Ormsby et al. 2010).

Impact of LTC Environment

While living in a LTC facility, it is important for residents not only to survive, but to thrive (Björk et al., 2017). According to Cipriani et al. (2009), transition to LTC often indicates a resident is living in their final residential environment. Family, friends, and LTC staff have the job of promoting well-being during the transition as their loved one, the resident, becomes acclimated (Cipriani et al., 2009). In addition to social supports, the environment is essential in promoting client-centered care and facilitating a sense of home to allow for engagement in activities (Nordin et al., 2016).

Common places such as the dining room can be a place for social interactions and activities (Nordin et al., 2016). Whether in the dining room or in a resident's room, residents are better able to move around safely in a spacious environment. When navigating throughout the facilities, residents appreciated environmental facilitators such as natural light, smooth floors, automatic doors, and elevators. In contrary, closed, heavy or locked doors, long corridors, absence of handrails, and small rooms that limit mobility are considered environmental barriers and therefore limit the residents ability to fully engage. LTC staff must be sensitive to how the environment facilitates or limits engagement in activities that residents prefer in conjunction with their current level of function. The design of a LTC facility must be safe and accessible in a way that allows its

residents to use the facility as independently as possible and facilitate social interactions and activities (Nordin et al., 2016).

Common Diagnoses in Older Adults

Lane, Wodchis, Boyd, and Stukel (2017) explored chronic diseases in 77,165 LTC residents (71% women and 29% men) with the most prevalent chronic conditions being dementia, arthritis, mood disorders, coronary artery disease (CAD), and cancer. According to Yang, Saito, and Chang (2011), men tend to have higher prevalence of life-threatening diseases such as coronary heart disease, cancer, and strokes, and spend more of their life with impairments compared to women. Women are more likely to experience chronic and degenerative conditions, such as arthritis (Agahi & Parker, 2008). A reduction in one's physical function relates to risk factors such as comorbidities, impairments related to physical and psychosocial health, and can be a reason that individuals have a loss of independence and need to transition into a LTC facility (Beswick et al., 2008).

In relation to the psychosocial health of residents, Lane et al. (2017) presented research regarding dementia as the most prevalent condition in LTC with a majority of residents having mild/moderate (48%) or moderate/severe impairments (28%). Residents with impaired cognition were at an even higher risk for depression due to a decreased number of interests compared to residents without cognitive impairments (Jung, Park, & Kim, 2018). According to the CDC (2015), in a 12 month span, 12.4% of older adults reported cognitive decline or memory loss. In regard to cognitive deficits, 24.3 million people are living with dementia in the world (Tse et al., 2018). Williams and Cadick (2018) reported 58% of patients in LTC suffer from dementia. Depression is one of the

most common psychosocial illnesses among older adults, especially in older adults who have a functional disability (Ouyang et al., 2014). Worldwide, depression has been recognized as one of the most prevalent health threats for older adults, therefore it is important to recognize these symptoms early in residents that are institutionalized or hospitalized. An older adult's physical ability is linked to their level of well-being (Ouyang et al., 2014).

Occupational Engagement

Importance of Occupational Engagement.

Occupational engagement is a term used to define one's doing, thinking and feeling in a specific environment as a result of therapy (Forsyth et al., 2014). To ensure older adults of all ability levels do not have to rule out what they feel they are or are not capable of, activities should be flexible and adaptable (Boulton et al., 2017). Staying active and incorporating meaningful leisure activities into LTC facilities is likely to improve older adults physical and psychosocial health, in hopes of increasing a resident's self-esteem and overall level of engagement (Jung et al., 2018).

Björk et al. (2017) states it is important to include activities for residents to reflect their interests, life stories, and past and present roles to support personhood despite cognitive changes or functional impairments. This allows residents to thrive and create a sense of normality as they transition into someone else's care (Björk et al., 2017). The process of optimizing opportunities to enhance quality of life (QOL) in older adults relating to health, participation, and security is called active aging; this includes having a supportive and age-friendly environment (Jung et al., 2018). When older adults are provided with activities based on preferences, older adults are more likely to participate

and feel an increase in satisfaction with the activity they engage in (Jung et al., 2018). A person's ability to engage in activities affects their sense of well-being and serves as a source of interest, satisfaction, and structure (Kracker, Kearns, Frederick, & Christensen, 2011). Staying involved in daily occupations means older adults are able to continue their competency and ability to be proud, therefore being able to cope with challenges and handle interruptions (Jung et al., 2018).

According to Kracker et al. (2011), psychotherapy and activity engagement, two types of non-pharmacological interventions, reduce mood and decrease the likelihood of side effects related to psychotropic medications. Little research has been completed to understand the efficacy and safety of antidepressant medications in relation to treating agitation and psychosis (Olsen et al., 2016). Therefore, suggestions have been made to increase the implementation of non-pharmacological interventions in LTC facilities (Olsen et al., 2016). Leisure serves as a non-pharmacological way to cope with stress and maintain psychosocial health by promoting a positive mood and enabling older adults to take a break from stressful situations and to handle life interruptions (Ouyang et al., 2014). A definition for leisure may be best understood as activities that an individual engages in for pleasure and satisfaction (Jung et al., 2018). There are many health benefits from engaging in leisure activities, including disease prevention and decreased risk of dementia, as many activities stimulate the psychosocial components that preserve cognitive decline (Agahi & Parker, 2008).

Activities tend to be emotionally arousing and pleasant, therefore improving patients' mood, which is beneficial for residents who lack the cognitive resources to pursue happiness either individually or through social engagement (Tse et al., 2018).

Leisure activities provide the opportunity for social support due to increased likelihood of residents developing friendships, and leisure also helps increase the sense of autonomy, or independence while engaging in activities; these benefits reduce one's stress and helps with their ability to positively cope (Ouyang et al., 2015). In order to maintain health and well-being, the physical aspect associated with engaging in activities is essential (Björk et al., 2017). To improve quality of life (QOL) for residents, it is important to take into consideration interests and level of ability in relation to their functional capacity (Kracker et al., 2011). According to Provencher et al. (2018), engagement in activities decreases with age, which is detrimental because well-being increases when residents partake in meaningful occupations.

Lack of Occupational Engagement.

Older adults spend almost 70% of their day in non-engaged activities (Causey-Upton, 2015). Alley et al. (2018) reported that if residents sat for greater than eight hours at a time, due to a lack of activity involvement, there was an increase in the likelihood for chronic disease and psychosocial health disorders. The most common high sitting activities included television (TV) watching (3.3 hours/day), non-work computer time (2.1 hours/day), and leisure activities that involved sitting (1.7 hours/day) (Alley et al., 2018). Overall, a reduction of engagement in activities the residents value, means missing out on physical and psychosocial benefits, a term known as occupational injustice (Causey-Upton, 2015).

Nordin et al. (2016) found that during meals was the most common time residents socialized. According to Causey-Upton (2015), aside from meals, many residents were disengaged from socialization or occupational engagement unless it is self-care related. If

a LTC facility is insensitive to the interests of the residents and how the environment is promoting or limiting, a resident is more likely to become inactive (Nordin et al., 2016). It is important for activities to appeal to older adults with varying differences (Boulton et al., 2017).

Gender Activity Differences

Kracker et al. (2011) report that most activities in LTC settings favor female resident's preferences instead of males. Historically, some leisure activities have been recognized as predominantly male or female, and often continue to be viewed as such (Agahi & Parker, 2005). There are many factors that play into why research is geared toward women and activity preference, including women outliving men and therefore greater numbers of females living in LTC facilities (Park, Knapp, Shin, & Kinslow, 2009). According to Agahi and Parker (2008), reading was the most common activity enjoyed by men and women alike, followed by gardening for men and hobby activities for women. Women reported to enjoy more opportunities to socially engage with others, whether a bible study or organizational group (Agahi & Parker, 2008). Men were more likely to engage in solitary activities such as gardening, hunting and fishing, dancing and playing a musical instrument (Park et al., 2009). Gardening was noted as important due to the relation with survival; it tends to be a solitary, voluntary and creative hobby that can be done independently. According to Agahi and Parker (2008), both men and women were least interested in choir singing and playing musical instruments. In general, men reported less involvement with reciprocal relationships with less social support and weaker social ties (Park et al., 2009). Agahi and Parker (2008) recognized similar

findings, with women enjoying study circles, relating to increased social interaction in comparison to men.

Activity preference varied not only with gender, but culture, as well. Rural older adult men were found to be more open and motivated to engage in activities that were purposeful in relation to pastimes that included strenuous physical labor such as construction or farming (Carnahan et al., 2018). Other men described their motivation to engage in physical activity as a way to maintain a healthy lifestyle, therefore slowing down the aging process (Carnahan et al., 2018). Men living in rural areas often required encouragement to engage in physical activity, which can occur by implementation of activities where masculinity and rurality intersect (Carnahan et al., 2018). Providing a positive environment, meaningful activities, and social supports, is suggested to keep men both mentally and physically healthy (Ormsby et al., 2010).

Implementation of Activities

Anderson et al. (2016) concluded that there may be a number of factors explaining why older men may not participate in health programs, including cultural beliefs, attitude towards programs, gender roles, predominantly female members, and age-related issues. Regardless of gender, common activities that are currently used in LTC are easily available and can be used with residents who are medically and functionally impaired (Kracker et al., 2011). Talking to friends or family, talking to staff, watching TV, and listening to music are some of the most common activities in which residents in a LTC facility engage in (Björk et al., 2017). Watching TV was the most common past and present activity in which older adults engage in (Kracker et al., 2011). This may be concerning to some health professionals, but there are benefits to watching

TV for the older population. Engaging in this pastime allows older adults to stay up to date on current events, which allows for discussions with others. Educational programs such as *Jeopardy!* can benefit cognition (Kracker et al., 2011). Jung et al. (2018) also found that older men prefer sedentary leisure activities similar to watching TV, such as reading, writing, crosswords, handiwork, playing cards, and using the computer. One common sedentary task in LTC is arts and crafts because materials for these activities are commonly available in the facilities (Kracker et al., 2011).

The use of arts and crafts as a leisure activity in LTC facilities is not a popular choice within the male population, as these activities are not recognized as masculine (Kracker et al., 2011). Even though arts and crafts may not be well-liked among men, older men have been found to enjoy engaging in handicrafts because it is something that many did when younger (Jung et al., 2018). It is important to know that most older adults continue to have similar interests compared to their younger years (Kracker et al., 2011). For this reason, Kracker et al. (2011) recommend adapting or modifying past activities, to enable continued engagement in meaningful activities.

Male-Oriented Activities

Implementation of health promotion programs, such as a wellness program, assist older adults in achieving and maintaining the highest level of function (Loeb, 2003). Autonomy is the idea that people are able to perform activities of free choice and initiative, and competence is the idea that people have the ability to perform the activities (Kao & Chang, 2017). Therefore, it is important to be able to adapt activities for continued participation in order to increase well-being and QOL (Kracker et al., 2011). During older men's time in LTC, they are likely to experience natural losses leaving

increased feelings of loneliness, social isolation, and issues associated with both physical and psychosocial health (Smallfield & Lucas Molitor, 2018). Various activity opportunities need to be offered for residents that not only fit their interests, but are welcoming, accessible and adaptable (Boulton et al., 2017).

Facilitating Group Participation

When implementing activities, it is important to find out how an activity appeals to different populations (Boulton et al., 2017). Kracker et al. (2011) noted that facilities organize "game nights" to promote socialization while watching sporting events in a party-style atmosphere. For men who enjoy sedentary activities, such as being in their room watching *Jeopardy!*, try to incorporate a trivia day for the residents that simulates the game show. LTC facilities could schedule super bowl parties, movie nights, spiritual offerings such as prayer groups or pet therapy (Kracker et al., 2011). Occupational therapy sessions that offer group engagement showed an increase in psychological well-being while individual sessions either remained stable or declined (Dorrestein & Hocking, 2010). Men also enjoyed storytelling, as it allowed them to relate and make comparisons with each other's lives (Ormsby et al., 2010). Men could also have the ability to volunteer their services in the community, whether teaching a class or providing a sermon (Park et al., 2009). Not only is it important to consider what men enjoy doing, but also how to get them to participate in activities.

Strategies to increase the number of men attending health programs could be having male instructors, having activities that are exclusively for men, and providing activities where men and their spouses can attend (Andersen et al., 2016). Men and women have different interests when it comes to activities, therefore staff should

implement activities geared towards men to promote participation in health programs and to meet their interests (Anderson et al., 2016).

Sheds Program

A men's Shed Program provides opportunities to increase informal learning, social interaction, health promotion, and engagement in meaningful activities (Ormsby et al., 2010). The opportunity to participate in a Shed Program gives men reassurance that they are competent in preferred activities and still have the ability to give back to others with the handicrafts they build. Men are able to engage in handicraft projects while sharing stories with other men, and reliving the days when they could engage in these activities at home. This type of experience makes men feel competent, and gives the men a sense of value, achievement, and satisfaction. Another benefit of a Shed Program is the ability to gain social bonds and companionship with other men who are experiencing similar life changes. The men in the group provide support to each other while engaging in meaningful activities they once completed at home (Ormsby et al., 2010).

Occupational Therapist Role in Long-Term Care

After evaluating the residents and creating an individualized plan for each, the OT has the knowledge to educate other staff in the facility to implement wellness program plans (Dorrestein & Hocking, 2010). An OT knows how to evaluate the older males' abilities, and create programs to increase resident participation, well-being, satisfaction, and connection to self. An OT may also act as a consultant to supervise, educate, and act as a mentor to a Certified Occupational Therapy Assistant or other LTC staff, to assist with developing a program plan for the residents. One of the challenges of a LTC facility is occupational deprivation within the residents. Some reasons why there is an increase in

occupational deprivation in LTC facilities is a lack of knowledge within the staff, economic factors, and lack of time. An OT can help by removing obstacles residents are facing. OTs are trained to help people meet their occupational needs. The OT may also select a theoretical approach to best meet the needs of the residents, identify environmental factors, and understand what is meaningful to those residents. From gaining this information, the OT may create a plan that is specific to each resident's needs. Dorrestein and Hocking (2010) stated that the Canadian Model of Occupational Performance (CMOP) and the Model of Human Occupation (MOHO) may be used in LTC facilities to enhance the outcomes of the residents in meeting their occupational goals through developing wellness program plans. When providing occupational interventions, strategy and complexity dictate whether an older adult is more or less likely to use the program plan (Provencer et al., 2018). OTs have the ability to help improve well-being and decrease social isolation by providing interventions to support engagement in leisure activities and promote social participation (Smallfield & Lucas Molitor, 2018). OTs can provide training for staff related to the benefits of leisure engagement to support occupational patterns; this will allow for maintenance of gains achieved over time through client-centered approaches (Causey-Upton, 2015).

Summary

LTC is a service provided for older adults who are unable to care for themselves due to physical and cognitive ailments (J. J. Grande, T. F. Grande, & J. S. Grande, 2017). There are three levels of LTC facilities, which include assisted living, basic care, and nursing facilities (NDDH, 2015). Each facility provides services to assist residents with management of self, based off the resident's level of complexity (NDDH, 2015).

Of those living in ND, 39 of the 53 counties are rural (North Dakota Census Office, 2017). Within those rural counties, individuals tend to be older and sicker (USDA, 2018). Challenges in rural populations include lower median household incomes, more uninsured residents, and lack of access to healthcare facilities, and providers (Warshaw, 2017). The average age of residents in LTC facilities in ND is 79 years old; 71% of the residents are female (NDLTCA, 2017). Most activities in LTC are geared towards female activity preferences (Kracker et al., 2011). Park, Knapp, Shin, and Kinslow (2009) report that research favors female's preferences for activities, due to females outliving men and more women versus men in LTC facilities. Jung et al. (2018) reports that activities should be based on individual's preferences to improve participation and satisfaction with activities.

While interests vary for men and women, LTC staff are encouraged to implement activities related to the preferences of men to promote participation (Anderson et al., 2016). It is important to take into consideration the physiological and psychosocial changes that older adults experience, due to the impact these changes have on one's ability to engage in leisure activities (Agahi & Parker, 2008). OTs have the skill set to implement interventions that improve well-being, lessen social isolation, and promote engagement in leisure activities (Smallfield & Lucas Molitor, 2018). OTs are capable of identifying environmental barriers and facilitators, identifying what is meaningful and creating a plan to best meet each resident's needs (Dorrenstein & Hocking, 2010). Therefore, implementation of a wellness program can assist in helping older adult men in LTC to achieve and maintain one's abilities (Loeb, 2003).

Problem Statement

Due to the higher number of women in LTC, activities are favored towards female preferences rather than male preferences. OTs have the ability to identify male residents' interest and implement activities that can be modified to fit the resident's physical and psychosocial abilities. The aim of this scholarly project is to create a program guide for activity directors and LTC staff to implement in order to meet the needs of male residents. The guide will include activities that are based on the interests of men, as well as suggested techniques to modify delivery of activities that meet the physical and psychosocial needs of the male residents.

Chapter 3 will discuss the methodology used to complete the project. Chapter 4 will present a wellness program guide for older adult men in LTC. Finally, Chapter 5 presents the conclusion and recommendations for future implementation of the program.

CHAPTER 3

Methodology

The goal of this scholarly project was to create a wellness program guide to be implemented by an occupational therapist (OT) working with male residents in a long-term care (LTC) facility to promote quality of life (QOL) through engagement in meaningful activities. The purpose of the literature review was to examine the role of occupational therapy in the enablement of individuals to participate in meaningful occupations within their environment, understand issues related to leisure engagement, and recognize the most common diagnoses experienced by older adult men. Multiple online databases, websites, and textbooks were used to explore the literature.

A literature review was conducted by searching a variety of online databases including: Academic Search Premier, PubMed, CINAHL, EBSCOhost and SCOPUS. Articles were based on related key terms: LTC, older adults, older adult men, gender differences, engagement, leisure participation, leisure preferences, wellness, physical disabilities, psychosocial disabilities, and occupational therapy treatment within LTC facilities. There was limited research related to older adults in LTC, especially those in a rural setting. Occupational therapy textbooks, state and national websites such as the North Dakota Long-Term Care Association and American Occupational Therapy Association, and government websites such as the Centers for Disease Control and Prevention were also utilized.

There was a gap in existing literature related to the needs of older adult men in LTC, activity preferences and the activities available, in comparison to women. Differences were also found in activity interests between men and women; with more women than men in LTC, activities are geared toward female preferences (Park, Knapp, Shin, & Kinslow, 2009). The program guide serves as a resource for LTC staff to implement activities related to the needs of the older adult men based on common interests among rural North Dakotans. The guide is intended to be a resource for healthcare providers to provide male residents the opportunity to engage in activities that are meaningful, in a way that takes into consider both physical and psychosocial deficits and abilities.

Activities presented in the guide are organized using Cole's 7 Steps. Marilyn Cole wrote about how to facilitate a client-centered group discussion to enable participation of a shared activity (Cole, 2012). When using Cole's 7 steps, each activity is designed to have an introduction, activity, sharing, processing, generalizing, application, and summary. The guide for *Wellness Programming for Men in Long-Term Care* was modified to remove processing, generalizing, and application to fit the intended audience (Cole, 2012). The program guide was analyzed using the Flesch-Kincaid Grade Level grammar tool on Microsoft Word. Based on varying educational levels of the LTC staff, an 8th grade reading level allows for staff having a high school education or higher to read and comprehend the product. The handouts and instructions to be used during activities, included in the appendix, were intended to improve the ease of reading for the older adult population with short sentences, large font sizes and solid colors.

Comparison of multiple occupation-based models were reviewed, including the Ecology of Human Performance, the Model of Human Occupation, and the Canadian Model of Occupational Performance and Engagement (CMOP-E). The CMOP-E was selected to guide this work considering the concepts related to person, occupation, and environment (Townsend & Polatajko, 2013). In the CMOP-E, the person is made up of physical, cognitive, and affective traits, with spirituality being at the core of the person; the person is embedded within the environment; and the environment consists of physical, social, cultural, and institutional components, with occupation bridging the gap between the person and the environment. Another important component of this model is enablement, which allows residents to engage in occupations of interest (Townsend & Polatajko, 2013). The use of person, environment, occupation, and enablement to guide the creation of a wellness program for older men in a LTC facility. The CMOP-E concepts allow for an understanding of the older adult male population and how to best meet the needs of the residents by breaking down each activity to increase occupational performance based on one's abilities. Chapter 4 will present a program guide for older adult men in LTC.

CHAPTER IV

Product

The purpose of the guide for *Wellness Programming for Men in LTC* is to provide long-term care (LTC) staff with a resource to enable male residents to engage in meaningful activities in order to increase well-being and quality of life (QOL). Due to the high number of female residents living in LTC facilities, activities tend to be related to the preferences of women, with more limited activity choices provided for male residents. Occupational therapists (OTs) have the knowledge and skill set to modify and adapt meaningful activities based off resident's interests and abilities

The guide for *Wellness Programming for Men in LTC* was developed using the Canadian Model of Occupational Performance and Engagement (CMOP-E). OTs use models to guide the therapy process and allow for the development of new programs to best meet the needs of the intended population. The reason this model was chosen over other occupation-based models was because of how it enables individuals. Enablement is a value-based, goal-directed approach that allows the therapist to collaborate with residents to meet the needs and goals of each resident (Townsend & Polatajko, 2017). In order to increase overall well-being and QOL, each of the CMOP-E components need be taken into consideration with modifications made to enable occupational engagement.

The CMOP-E looks at the person with physical, cognitive, affective and spiritual components; the environment with physical, social, cultural, institutional components; and occupation classified into self-care, leisure, and productivity, specifically leisure for this program. Following male residents transition into LTC, due to an increased need for assistance, therapists and staff need to consider how the environment impacts the person and their ability to engage in occupations. The program guide provides examples of modifications for activities, which have been analyzed by OTs, to meet the skill levels of the residents. The completed version of the guide for *Wellness Programming for Men in Long-Term Care* includes modification recommendations for activities reflecting concepts of the CMOP-E.

CHAPTER V

Conclusion

The purpose of this scholarly project was to create a program guide for long-term care (LTC) staff to encourage engagement in occupations when working with male residents. There is evidence to support that most activities in LTC are tailored toward female preferences, rather than male preferences (Kracker et al., 2011). Occupational therapists (OTs) are able to evaluate the abilities of male residents and create programs to increase resident participation and overall well-being (Dorrenstein & Hocking, 2010). An OT has the skill set to recognize, assess and remove resident barriers (physically, psychosocially, or environmentally) in order to best meet their occupational needs (Dorrenstein & Hocking, 2010). Based on the literature, an OT has the qualifications to develop a program guide that meets the interests of male residents in LTC, including recommendation modifications to activities that meet the ability levels of each resident.

After completing the literature review, a guide for *Wellness Programming for Men in Long-Term Care* was developed for staff members of LTC facilities to guide activity groups for male residents. The Canadian Model of Occupational Performance and Engagement (CMOP-E) was used to create the program guide. Focus was on the person, environment, and occupation. The OT recognizes the transaction of the person and environment, which impacts the person's ability to perform occupations, and how to implement enablement skills to allow male residents the ability to engage in meaningful

activities. The purpose of the program guide is to provide activities, recommendations for modifications, and use of enablement skills for LTC staff. The guide can be used to best meet needs of male residents through engagement in meaningful activities.

Limitations & Recommendations

There are a number of limitations and recommendations following the creation of the program guide. First, the guide consists only of activities related to the preferences of male residents. The activities implemented in most LTC facilities strongly correlate with female preferences, which limits the likelihood of male residents wanting to engage in meaningful activities. As a recommendation, the first step would be to add more activities into the program guide. Next, it may be beneficial to create a more encompassing program guide, taking into consideration activities that both male and female residents equally enjoy. Implementing gender neutral activities would allow for increased social participation and collaboration throughout the whole facility.

The second limitation of the program guide is that activities relate to male preferences and LTC facilities in rural North Dakota (ND). Activities were based on interests of older males within ND, such as farming, gardening, and handicrafts. Therefore, the activities provided within the guide may not be generalized to older male's preferences from other geographical areas of the United States. Implementation in other regions of the United States are also likely to require modifications.

The third limitation is that the guide for *Wellness Programming for Men in Long-Term Care (LTC)* has not yet been tested for resident and staff satisfaction and effectiveness. To understand the strengths and limitations, implementation of the program is necessary before gathering feedback to making changes. Following implementation of

the program, the creators of the program hope outcomes will show the benefits of male-specific activities in LTC to promote well-being and quality of life. The potential benefits of the program allow for the program to be implemented into other geographical areas. Between the positive outcomes of the program, expansion of the program, and the increase in activities within the program guide, there is hope that the number of residents benefiting from the program will increase.

Conclusion

The guide for *Wellness Programming for Men in LTC* is unique to best meet the needs of male residents, and facilitate increased well-being and quality of life. The program guide provides a resource for activity staff in LTC facilities to meet the needs of male residents through the use of meaningful activities. The guide considers the CMOP-E factors (person, environment, occupation, and enablement skills) to help guide the development of activities to meet the interests and abilities (physical, mental and cognitive) of the residents. OTs have the skill set to provide recommendations for modifications within each activity to support residents with all physical and psychosocial abilities. Additionally, OTs can educate and assist LTC staff to implement the program guide in order to meet the needs of the residents. There continues to be a lack of research in relation to activity preferences for older adult men. The creators of the program guide hope there is a continued attempt to increase research related to activity engagement in LTC for older adult men, due to the increasing number of older adults and the importance of well-being and quality of life.

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Appendix

Wellness Programming for Men in Long-Term Care

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Table of Contents

Introduction

Wellness Programming for Men in LTC

Included in the program guide are a variety of activities related to the interests of male residents. Each activity description includes the necessary tools and materials, instructions, and activity modifications to complete the activities. Suggestions for modifications have been provided for each activity to allow residents with varying abilities to participate. Each modification list is broken down by the components of the Canadian Model of Occupational Performance and Engagement (CMOP-E). The CMOP-E is an occupation-based model used in occupational therapy to increase engagement of residents in valued activities. The model allows for an analysis of the person, environment and occupation (activity) to better meet the needs of the resident.

The format below presents how the person, environment and occupation are broken down throughout the activities within the program guide. You can use the list to identify which modifications are necessary based on the person's ability (ex. If the resident is hard of hearing, look under the person–physical–hard of hearing, if the resident becomes nervous around others, look under physical–affective–depression/anxiety).

Staff notes are located throughout the program guide to help with any additional tips, aside from the modifications needed for resident activities. These staff notes are italicized.

PERSON

Physical	Affective	Cognitive	Spiritual
Decreased Strength	Depression/Anxiety	Memory Changes	
Low Vision	Social Isolation	Slowed Thinking Patterns	
Hard of Hearing			
Lack of Energy			

ENVIRONMENT

Physical	Social	Cultural

OCCUPATION

Within each activity, there is a statement that explains the importance of the activity to the preference of older adult men in rural populations.

Enablement Skills

Enablement skills are designed to be used by staff members to help residents engage in activities. Residents may be hesitant to participate if they feel less competent or unable to complete the activity. We have found that encouraging activity engagement is important to increasing a person's well-being and quality of life. Provided below is a list of enablement skills to help staff encourage residents to participate in activities, taking into consideration the resident's abilities.

Adapt: Changing the environment to allow the residents to freely engage in activities
without restrictions.

Engage: Encourage residents to work together and join groups to increase social participation and engagement in meaningful activities.

Collaborate: Encourage independence during activities of the resident's interest.

Design/Build: Create an environment that is accessible and safe for all residents to engage in activities.

Consult: Give advice or recommendation on how to modify activities so residents of all abilities can participate freely.

Advocate: Assist residents to have the appropriate adaptations based on the resident's needs.

Coach: Encourage residents to voice their interests and engage in activities of their preference.

Coordinate: Gather residents together to engage in activities with group members.

Educate: Inform residents about different activities that are being offered for male activity preferences.

Specialize: Use program guide as a way to involve male residents of all abilities to engage in activities.

(Townsend & Polatajko, 2013)

Building a Wooden Birdhouse

Building a Wooden Birdhouse

Tools & Materials Needed:

- Pre-Cut Wood
- Hammer
- Nails
- Wood Glue
- Sand Paper
- Clamps
- Paint or Stain
- Paint Brushes

Model kits can be found on S & S Worldwide (https://www.ssww.com), then, in the search bar at the top of the page, type: Birdhouse Kit.

Staff note: If there is a lack of money to purchase materials, check with your high schools, community groups, or local stores to see if they are willing to donate materials and/or cut wood for the birdhouses.

A. Introduction:

"Today we are going to be working with birdhouses. You have the option to build a birdhouse, or you can paint and decorate a birdhouse that has already been assembled." (Next, ask the warm-up questions)

B. Warm-up:

1. Please share if you have ever built a birdhouse?
2. Did you have bird feeders at your home?
3. Did you enjoy watching birds at your feeders at home or in the community?

C. Building a Birdhouse:

Staff note: Refer to instructions on how to build a birdhouse in the kit.

Recommendations for modifications can be found on the following pages. Modifications include techniques to simplify steps for building a birdhouse to meet the needs of all residents.

D. Wrap-up:

- Ask the residents what other activities they would like to complete in the future.
- Ask if anyone would be willing to donate their birdhouse to the facility garden.
- After completing the birdhouses, encourage residents to share their birdhouses with the group to allow for a sense of accomplishment in completing a product.
- Share with the residents the plan to complete another activity the following week.

Staff note: Install the birdhouses on the facility grounds. Allow the residents to help.

Activity Modifications for Building a Wooden Birdhouse

Person

Physical:

Decreased Strength:

- Use glue instead of a hammer and nails
- Provide built-up tool handles
- Provide pre-assembled birdhouses (to paint)
- Pre-sanded wood
- Place materials such as tools, paint, and brushes at each table so residents do not have to gather the materials

Low Vision:

- Provide verbal instructions and demonstration
- Copy and increase size of instructions provided in the kit
- Provide magnify glass if needed
- In large print, label each paint bottle

Hard of Hearing:

- Use written instructions from the kit
- Make an announcement to group when hammers, drills or sanders are being used, to allow for residents to make necessary adjustments to their hearing aids

Lack of Energy:

- Provide rest breaks throughout the session
- Complete the project in multiple sessions (short durations)
- Complete activity in seated position

Staff note: Encourage residents to sit if they present with symptoms, or have a past history of low blood pressure, shortness of breath, dizziness and/or fatigue.

Affective:

Depression/Anxiety:

- If the resident is feeling overwhelmed or uncomfortable, have him complete the activity at his own table within the same room as the rest of the residents
- Provide one-step directions to prevent the resident from becoming overwhelmed with multiple steps
    - **Example**: "First, gather the wood. Next, we will sand the wood."

- Allow residents to make decisions, if able, this encourages independence
    - **Example:** Let residents decide if they want to use a pre-assembled birdhouse or put together a birdhouse on their own
- If resident becomes sad due to memories of past, encourage resident to discuss with others or to take a break, depending on their comfort level

Social Isolation:

- Encourage resident to sit at table with other residents
- Introduce resident to other residents with similar interests and ability levels

Cognitive:

Memory Changes:

- Depending on their memory difficulties, allow resident to either build the birdhouse from scratch, as it may be a common pastime, or provide resident with a pre-assembled birdhouse
- Allow resident to paint pre-assembled birdhouse instead of building one
- Provide written or visual instructions

Slowed Thinking Patterns:

- Provide extra time to complete activity or split activity into two days
- Use visual aids for completion of steps

Spiritual: Resident values nature and past hobbies or jobs that involve handiwork.

Environment

Physical:

- Provide tables of varying heights
    - Tables that allow a resident in a wheelchair to sit at the table
    - Tables that allow for residents to complete the project standing
- Make sure the area is easily accessible
    - Place tables next to each other, but allow for movement between the tables to prevent falling and encourage safety while walking with a cane or walker
    - Remove extra chairs or arrange furniture appropriately to promote a safe environment
    - Remove trip hazards such as cords or wires from tools
- Provide proper lighting
- Manage a comfortable temperature, as many older adults tend to be cold due to slowed blood flow
- Reduce noise level due to many older adults wearing hearing aids

Social:

- Encourage residents to sit at tables with other residents
- Provide limited amounts of material to encourage residents to share and communicate
- Place people of similar abilities, such as memory or thinking patterns, at the same table to enable communication

Cultural:

- Consider the impact of rural and urban differences among male residents
- Guide conversations towards interests, values, and beliefs of residents
    - For example: conversations about farming, gardening, bird watching

Occupation

Older men enjoy engaging in handicrafts because it was an activity that they engaged in when younger.

Jung, J., Park, S., & Kim, J. (2018). The effects of a client-centered leisure activity program on satisfaction, self-esteem, and depression in elderly residents of a long-term care facility. *The Journal of Physical Therapy Science, 30*, 73-76. doi:10.1589/jpts.30.73

Wood Model Building

WOOD MODEL BUILDING

Tools & Materials Needed:

- Model Kit
  - Cars
  - Airplanes
  - Derby Cars
  - Animal Skeletons
  - Paddle Boats
  - Toolbox
- Newspaper
- Glue
- Paint
- Paint Brushes
- Clamps
- Stain

Model kits can be found on S & S Worldwide (https://www.ssww.com), then, in the search bar at the top of the page, type: Wood Model Kits.

A. Introduction:

"Today we are going to be making wood model crafts (example: car model). You have the option to build a model, or you can paint and decorate a model that has already been put together." (Next, ask the warm-up questions)

B. Warm-up:

1. Please share if you have ever built a model from a kit before (tractor, airplane, train, car)?
2. Has anyone built or worked on a real tractor, airplane, train, or car?
3. If so, was it enjoyable? What was your favorite part? What was your least favorite part?
4. Have you ever built model toys as a gift to your own children or grandchildren?

C. Model Building:

Staff note: Refer to instructions in wood model kit.

Recommendations for modifications can be found on the following pages. Modifications include techniques to simplify and adapt steps for model building in order to meet the needs of all residents.

D. Wrap-up:

- Ask the residents what other activities or crafts they would like to complete in the future.
- Ask if anyone would like to donate their model to children in the community.

- Encourage residents to display their models, though do not make it mandatory. This can allow for a sense of accomplishment in completing a product.
- Share with the residents the plan to complete another activity the following week.

Activity Modifications for Wood Model Building

Person

Physical:

Decreased Strength:

- Use glue instead of a hammer and nails
- Provide built-up tool handles (paint brush)
- Provide pre-assembled model to paint
- Use clamps to hold wood pieces together
- Place materials such as tools, paint, and brushes at each table so residents do not have to gather the materials

Low Vision:

- Provide verbal instructions and demonstration
- Copy and increase size of instructions provided in the kit
- Provide magnify glass if needed
- Purchase model kits with big pieces rather than small pieces
- In large print, label each paint bottle

Hard of Hearing:

- Enlarged printed instructions
- Make an announcement to group when hammers are being used to make necessary adjustments to hearing aids

Lack of Energy:

- Provide rest breaks throughout the session
- Complete the project in multiple sessions (short durations)
- Complete activity in seated position

Staff note: Encourage residents to sit if they present with conditions such as low blood pressure, shortness of breath, dizziness and/or fatigue.

Affective:

Depression/Anxiety:

- If the resident is feeling overwhelmed or uncomfortable, have him complete the activity at his own table within the same room as the rest of the residents
- Provide one-step directions
    - **Example**: "First, open the model kit. Next, we will organize the pieces in the kit."
- Allow residents to make decisions if able, to encourage their independence

        - **Example:** Let them decide if they want to use a pre-assembled model or assemble model on own
    - If resident becomes sad due to memories of past, encourage resident to discuss with others or to take a break, depending on comfort level

Social Isolation:

- Encourage resident to sit at table with other residents
- Introduce resident to other residents with similar interests and ability levels

Cognitive:

Memory Changes:

- Depending on their memory difficulties, allow resident to either build the model from scratch, as it may be a common pastime, or provide resident with a pre-assembled model to paint
- Allow resident to paint pre-assembled model instead of building one
- Provide written or visual instructions

Slowed Thinking Patterns:

- Provide extra time to complete activity or split activity into two days
- Use visual aids for completion of steps

Spiritual: Resident values the ability to work with hands, and past hobbies or jobs that involve handiwork.

Environment

Physical:

- Provide tables of varying heights
    - Tables that allow for a resident in a wheelchair
    - Tables that allow for residents to complete project standing
    - Tables large enough to be able to spread materials out
- Make sure the area is easily accessible
    - Place tables next to each other, but allow for movement between the tables to prevent falling and encourage safety while walking with a cane or walker
    - Remove extra chairs or arrange furniture appropriately
    - Remove trip hazards such as cords or wires from tools
- Provide proper lighting
- Manage a comfortable temperature, as many older adults tend to be cold due to slowed blood flow
- Reduce noise level due to many older adults wearing hearing aids

Social:

- Encourage residents to sit at tables with other residents
- Provide limited amounts of material to encourage residents to share and communicate
- Place people of similar abilities at the same table to enable communication

Cultural:

- Consider impact of rural and urban differences among male residents
- Guide conversations towards interests, values, and beliefs of residents
    - For example: conversations about farming, working on cars and tractors, past jobs

Occupation

Older men enjoy engaging in handicrafts because it was an activity that they engaged in when younger.

Jung, J., Park, S., & Kim, J. (2018). The effects of a client-centered leisure activity program on satisfaction, self-esteem, and depression in elderly residents of a long-term care facility. The Journal of Physical Therapy Science, 30, 73-76. doi:10.1589/jpts.30.73

Restoring Furniture

RESTORING FURNITURE

Staff note: Examples may include fixing, painting and staining facility furniture, such as tables, chairs or bookshelves, to name a few.

Tools & Materials Needed:

- Piece of Furniture
- Drill
- Screws
- Hammer
- Nails
- Sand Paper
- Clamps
- Paint or Stain

Staff note: Limit the number of residents per group. For example: 1 staff per 2 residents for safety, to decrease chance of potential injury using tools and working with furniture.

A. Introduction:

"Today we are going to restore worn furniture from the facility." (Next, ask the warm-up questions)

B. Warm-up:

1. Please share your past experiences with fixing, painting or remodeling furniture?
2. What were items you most commonly fixed in your pastime (furniture, cars, home management)?
3. Do you enjoy fixing and repairing items?

C. Restoring Furniture:

Staff note: Refer to instructions on how to complete simple fixes on resident's past experiences, facilities maintenance staff, community members (have members come into facility and work with residents), self-help books, and online resources such as YouTube.

Recommendations for modifications can be found on the following pages. Modifications include techniques to simplify and adapt steps for remodeling furniture in a way that meets the needs of all residents.

D. Wrap-Up:

- Ask the residents what other activities or crafts they would like to complete in the future.
- Thank the residents for helping to remodel furniture in the building.
- Encourage residents to display the finished piece of furniture.
- Share with the residents the plan to complete another activity the following week.

Activity Modifications for Restoring Furniture

Person

Physical:

Decreased Strength:

- Use glue instead of a hammer and nails or a drill and screws
- Provide built-up tool handles (hammer, drill, paint brush)
- Provide furniture that is pre-assembled that encourages residents to paint the furniture items

Low Vision:

- Provide verbal instructions and demonstration
- Provide contrasting paint colors for low vision

Hard of Hearing:

- Make an announcement to group when hammers, drills, or sanders are being used, to allow for residents to make the necessary adjustments to hearing aids

Lack of Energy:

- Provide rest breaks throughout session
- Complete the project in multiple sessions (short durations)
- Complete activity in seated position

Staff note: Encourage residents to sit if they present with conditions such as low blood pressure, shortness of breath, dizziness and/or fatigue.

Affective:

Depression/Anxiety:

- If the resident is feeling overwhelmed or uncomfortable, have him complete the activity at his own table within the same room as the rest of the residents
- Provide one-step directions
  - **Example**: "First, sit or stand next to the piece of furniture you are working with. Then, grab the tools you are going to use."
- Allow residents to make decisions if able, to encourage their independence
  - **Example:** Let them decide if they want to remodel or paint the piece(s) of furniture

Social Isolation:

- Encourage resident to sit at table with other residents
- Introduce resident to other residents with similar interests and ability levels
- Encourage residents to work together to fix furniture and encourage conversation amongst each other

Cognitive:

Memory Changes:

- Depending on their memory, allow resident to either disassemble and reassemble the piece of furniture, or encourage painting of the furniture
- Provide written or visual instructions

Slowed Thinking Patterns:

- Provide extra time to complete activity or split activity into two days
- Use visual aids for completion of steps

Spiritual: Resident may value past hobbies or jobs that involve craftsmanship or fixing and remodeling.

Environment

Physical:

- Provide tables of varying heights and sizes
  - Tables that allow a resident in a wheelchair to sit at the table
  - Tables that allow for residents to complete project sitting, standing, or kneeling (only if they would like to)
  - Tables that allow for assembling larger pieces of furniture
  - Tables that can hold recently painted items to dry on
- Work on the activity in a room that has good ventilation
- Make sure the area is easily accessible
  - Place tables next to each other, but allow for movement between the tables to prevent falling and encourage safety while walking with a cane or walker
  - Remove extra chairs or arrange furniture appropriately to promote a safe environment
  - Remove trip hazards such as cords or wires from tools
- Provide proper lighting
- Manage a comfortable temperature, as many older adults tend to be cold due to slowed blood flow
- Reduce noise level due to many older adults wearing hearing aids

Social:

- Encourage residents to work at tables with other residents
- Provide limited amounts of material to encourage residents to share and communicate
- Place people of similar abilities, such as memory or thinking patterns, at the same table to enable communication
- Encourage residents to work together on the same project
    - For example, two men can work together to re-assemble the coffee table.

Cultural:

- Consider impact of rural and urban differences among male residents
- Guide conversations towards interests, values, and beliefs of residents
    - For example: conversations about past experience as a craftsman, or with previous remodels/fixing of tools, appliances, cars, furniture, etc.

Occupation

Older men have an appreciation for projects that use craftsmanship skills.

Ormsby, J., Stanley, M., & Jaworski, K. (2010). Older men's participation in community-based men's sheds programmes. Health and Social Care in the Community, 18, 607-613. doi:10.1111/j.1365-2524.2010.00932.x

Gardening: Indoors

GARDENING: INDOORS

Tools & Materials Needed:

- Tablecloth
- Gloves
- Tweezer
- Small Pots with Drainage Holes
- Dixie Cups
- Potting Soil
- Seeds (flowers, vegetables, herbs)
- Bowl to Label and Place Seeds
- Squirt Bottle
- Calendar for Watering Schedule
- Pencil (to poke into the soil and plant seed)

A. Introduce the activity:

"Today we are going to be gardening. We will be planting flowers, vegetables and herbs. We will be taking care of these potted plants and flowers together as a weekly activity." (Next, ask the warm-up questions)

B. Warm-up:

1. Please share if you had your own garden or one you cared for. Who has never gardened?
2. Did you have a garden at home?
3. Did you enjoy looking after and managing your garden?
4. Do we have any farmers? What types of crops did you plant or harvest?

C. Indoor Gardening Activity

Set-up:

1. Place tablecloths on each table.
2. Place flower pots at each resident's spot.
3. Place a bucket of potting soil plus Dixie cups at each table.
4. Place an assortment of seeds at each table for residents to choose from.
5. Place pencil on each table to poke soil and place seeds.
6. After the residents plant their seeds, place a squirt bottle at each table to water the seeds.
7. Provide calendar for watering schedule once all materials are cleaned up.

Staff note: Refer to activity instructions on the next page.

Recommendations for modifications can be found on the following pages. Modifications include techniques to simplify and adapt steps for gardening indoors to meet the needs of all residents.

D. Wrap-up:

- Ask the residents what other activities or crafts they would like to complete in the future.
- Ask if anyone would like to donate their potted plant to the porch area for viewing.
- Encourage residents to display their plants, though do not make it mandatory. This can allow for a sense of accomplishment in completing a product.
- Share with the residents the plan to complete another activity the following week.

Instructions for Indoor Gardening

1. **Pick which seeds you would like to grow.**

2. **Fill your pot with soil. Leave room in pot to add water.**

3. **Use a pencil to make a hole in the soil.**

4. **Place seed into the hole.**

5. **Smooth dirt to make sure the soil covers the seeds.**

6. **Use a squirt bottle to dampen the soil.**

7. **Please clean-up your workstation.**

8. **Place your pot in the window sill for sunlight.**

9. **Create a watering schedule.**

Activity Modifications for Indoor Gardening

Person

Physical:

Decreased Strength:

- Provide potting soil that has already been measured
- Provide built-up tool handles (pencil, tweezer, squirt bottle)
- Provide pre-potted plants
- Use of a tweezer to grasp seeds

Low Vision:

- Provide verbal instructions and demonstration
- Copy and increase size of instructions
- Place seeds in bowls with large print label to identify type of seeds

Hard of Hearing:

- Provide written instructions
- Staff can demonstrate the activity to encourage the resident to copy the steps needed to garden

Lack of Energy:

- Provide rest breaks throughout session
- Complete the project in multiple sessions (short durations)
- Complete activity in seated position (not standing or kneeling)

Staff note: Encourage residents to sit if they present with conditions such as low blood pressure, shortness of breath, dizziness and/or fatigue.

Affective:

Depression/Anxiety:

- If the resident is feeling overwhelmed or uncomfortable, have him complete the activity at his own table within the same room as the rest of the residents
- Provide one-step directions
    - **Example**: "First, pick the seeds you want to plant. Then, fill your pot with soil."
- Allow residents to make decisions if able, to encourage their independence
    - **Example:** Let them decide if they to take care of a plant that is already pre-potted plant.
- If the resident becomes frustrated, encourage deep breathing or allow for rest breaks. Encourage residents to also want talk about their frustrations out loud.

Social Isolation:

- Encourage resident to sit at table with other residents
- Introduce resident to other residents with similar interests and ability levels

Cognitive:

Memory Changes:

- Provide written or visual instructions
- Give one seed at a time to place in dirt

Slowed Thinking Patterns:

- Provide extra time to complete activity or split activity into two sessions
- Use visual aids for completion of steps

Spiritual: Residents value nature and past hobbies that involve having to take care of something that is meaningful to them. For example, a gardener taking care of his garden or a farmer taking care of his land.

Environment

Physical:

- Have materials readily available
  - Pot, soil, seeds, gloves, tools (garden trowels, garden forks), hose, watering can and kneeling pads
- Provide tables of varying heights
  - Tables that allow for a resident in a wheelchair to sit at the table
  - Tables that allow for residents to complete project standing
- Make sure the area is easily accessible
  - Place tables next to each other, but allow for movement between to prevent falling and encourage safety while using a cane or walker
  - Remove extra chairs or arrange furniture appropriately to promote a safe environment
  - Be cautious of tripping hazards
- Provide proper lighting, whether indoor or natural lighting
- Manage a comfortable temperature. Many older adults tend to be cold due to slowed blood flow.
- Reduce noise level due to many older adults wearing hearing aids
- Allow for the activity to be in an area that is ok to get dirty due to use of soil, placing a table cloth on the tables.

Social:

- Encourage residents to sit at tables with other residents
- Provide limited amounts of material to encourage residents to share and communicate

- Place people of similar abilities, such as memory or thinking patterns, at the same table to enable communication
- Encourage sharing seeds for flowers or vegetables being planted
- Create a schedule for plant care
    - Ex. Pete in room 143 waters the plants on Tuesdays after lunch. Jerry in room 122 waters the plants on Thursdays after lunch.

Cultural:

- Consider impact of rural and urban differences among male residents
- Guide conversations towards interests, values, and beliefs of residents
    - For example: conversations about gardening and farming

Occupation

Older men may have past experiences that are related to gardening, or farming, and valuing something they once had the role of managing. This is a common interest for them to engage in, whether it is a sedentary or group activity.

Park, N.S., Knapp, M.A., Shin, H.J., & Kinslow, K.M. (2009). Mixed methods study of social engagement in living communities: Challenges and implications for serving older men. *Journal of Gerontological Social Work*, *52,* 767-783. doi:10.1080/01634370903285541

Gardening: Outdoors

GARDENING: OUTDOORS

Tools & Materials Needed:

- Raised Flower Bed
- Gloves
- Potting Soil
- Seeds (flowers, vegetables, herbs)
- Markers to Label Seeds
- Tweezers
- Watering Can
- Calendar for watering schedule

A. Introduce the activity:

"Today we are going to be planting flowers, vegetables and herbs in the raised flower beds outside. We will be taking care of this outdoor garden together each week." (Next, ask the warm-up questions)

B. Warm-up:

1. Please share if you have ever had your own garden, or one that you took care of? Who has never gardened?
2. What kinds of seeds did you plant in the garden (vegetables, flowers)?
3. During which months did you care for your garden? Year round? Seasonal?
4. Do we have any farmers? What types of crops did you farm?

C. Outdoor Gardening Activity:

Set-up:

1. Place materials on outside table or patio.
2. Set chairs in front of raised flower beds.
3. Fill raised flower beds with soil.
4. Place markers in flower bed to label which area contains flowers, vegetables and herb.
5. Place an assortment of seeds at each table for residents to choose from.
6. After residents plant seeds, place water at each table so residents can water seeds.
7. Place gardening tools on each table.
8. Provide calendar for watering schedule once all materials are cleaned up.

Staff note: Refer to instructions on the next page.

Recommendations for modifications can be found on the following pages. Modifications include techniques to simplify and adapt steps for gardening outdoors in a way that meet the needs of all residents.

D. Wrap-up:

- Ask the residents what other activities or crafts they would like to complete in the future.
- Ask if anyone would like to donate their potted plant to the porch area for viewing.
- Encourage residents to display their plants, though do not make it mandatory. This can allow for a sense of accomplishment in completing a product.
- Share with the residents the plan to complete another activity the following week.

Instructions for Outdoor Gardening

1. **Pick which seeds you would like to grow.**

2. **Locate the raised flower bed that your seeds can be planted in (flowers, vegetables or herbs).**

3. **Use your thumb to make a hole in the soil. Then place the seeds into the hole.**

4. **Smooth the dirt to cover the seeds with soil.**

5. **Add water to dampen the soil.**

6. **Please clean-up your workstation.**

7. **Create a watering schedule.**

Activity Modifications for Outdoor Gardening

Person

Physical:

Decreased Strength:

- Provide potting soil that has already been measured
- Provide built-up tool handles (tweezer, watering can)
- Provide pre-potted plants
- Use of a tweezer to grasp seeds

Low Vision:

- Provide verbal instructions and demonstration
- Copy and increase size of instructions
- Place seeds in bowls with large print label to identify type of seeds

Hard of Hearing:

- Provide written instructions
- Staff may demonstrate how to complete the gardening activity, by planting seeds in order for the resident to copy and complete on their own

Lack of Energy:

- Rest breaks throughout session
- Complete the project in multiple sessions (short durations)
- Complete activity in seated position (not standing or kneeling)

Staff note: Encourage residents to sit if they present with conditions such as low blood pressure, shortness of breath, dizziness and/or fatigue.

Affective:

Depression/Anxiety:

- Provide one-step directions
  - **Example**: "First, pick the seeds you want to plant. Then, fill your pot with soil."
- Allow residents to make decisions if able, to encourage their independence
- If the resident becomes frustrated, encourage deep breathing or allow for rest breaks. Encourage residents to also that want to talk about their frustrations out loud.

Social Isolation:

- Encourage resident to sit with other residents outside.
- Introduce resident to other residents with similar interests and ability levels

Cognitive:

Memory Changes:

- Provide written or visual instructions
- Give one seed at a time to place in dirt

Slowed Thinking Patterns:

- Provide extra time to complete activity or split activity into two days
- Use visual aids for completion of steps

Spiritual: Residents value nature and past hobbies that involve having to take care of something that is meaningful to them. For example, a gardener taking care of his garden or a farmer taking care of his land.

Environment

Physical:

- Have materials readily available
  - Soil, seeds, gloves, tools (garden trowels, garden forks), hose, watering can, chairs, and kneeling pads
- Make sure the area is easily accessible
  - Place raised beds next to each other, but allow for movement to prevent falling and encourage safety while walking with a cane or walker
  - Provide chairs for rest breaks
  - Be cautious of tripping hazards such as a water hose
- Remind residents to dress appropriately to be outside
- Allow for the activity to be in an area that is ok to get dirty due to use of soil, placing a table cloth on the tables if using tables to lay out materials/tools.

Social:

- Encourage residents to work with other residents
- Provide limited amounts of material to encourage residents to share and communicate
- Place people of similar abilities, such as memory or thinking patterns, at the same raised flower bed to enable communication
- Encourage sharing seeds for flowers or vegetables being planted
- Encourage working together in raised flower beds
- Create a schedule for plant care
  - Ex. Pete in room 143 waters the plants on Tuesdays after lunch. Jerry in room 122 waters the plants on Thursdays after lunch.

Cultural:

- Consider impact of rural and urban differences among male residents
- Guide conversations towards interests, values, and beliefs of residents
    - For example: conversations about gardening and farming

Occupation

Older men may have past experiences that are related to gardening, or farming, and valuing something they once had the role of managing. This is a common interest for them to engage in, whether it is a sedentary or group activity.

Park, N.S., Knapp, M.A., Shin, H.J., & Kinslow, K.M. (2009). Mixed methods study of social engagement in assisted living communities: Challenges and implications for serving older men. *Journal of Gerontological Social Work*, 52, 767-783. doi:10.1080/01634370903285541

Staff-Guided Discussion Group

STAFF-GUIDED DISCUSSION GROUP

Materials Needed Based on Topic of Discussion:
Each discussion group may not require the use of all the materials stated.

- Informational Videos
- TV and VHS/DVD Player
- Computer
- Projector
- Newspaper
- Whiteboard
- Markers

Staff note: Prior to session, gather topic ideas for discussion from male residents in the facility. Staff member may need to gather information or resources prior to group (movies based off history, current newspaper, etc.)

Discussion Topics:
• Historical Events: Vietnam War, Pearl Harbor • One this day in history (www.onthisday.com) • Farming: planting and harvest seasons • Hunting/Fishing • "How It's Made" • Have men choose topics they want to learn more about and staff will gather information for discussion

A. Introduce the activity:

Be cautious of your tone when asking residents to be respectful, we do not want to seem like we are scolding them! While we do not expect residents to be disrespectful, there may be a difference of opinion.

"Today we are going to have an open discussion about (topic). We will be learning and sharing stories and experiences related to (topic). Please be respectful of other group members during discussion." (Next, ask the warm-up questions)

B. Warm-up:

1. Ask residents what they know about (topic)?
2. Ask residents about what they want to discuss?

C. Discussion Group

The activities staff teaches the group about chosen topic.

D. Wrap-up:

- Ask what other activities or crafts they would like to complete in the future.
- Ask what other discussion groups the residents would like to have.
- Share with the residents the plan to complete another activity the following week.

Activity Modifications for Staff-Guided Discussion Group

Person

Physical:

Decreased Strength:

- Allow men to sit in comfortable seating during discussion

Low Vision:

- If watching a movie, allow men with low vision to sit closer to television
- Provide enlarged printed material
- Provide magnifying glass for reading
- Read newspaper articles out loud

Hard of Hearing:

- Talk loud enough so everyone can hear
- Allow people who are hard of hearing to sit in places where they may lip read
- Provide written materials if discussing current events

Lack of Energy:

- Provide rest breaks throughout the session
- Allow people to leave whenever they need to
- Complete discussion in seated position

Affective:

Depression/Anxiety:

- If the resident is feeling overwhelmed or uncomfortable, allow the resident to leave or to step out of the room for a few minutes
- If the discussion topic causes someone to become emotional, allow the resident to leave or step out of the room for a few minutes
    - Let them know it is okay to get emotional over certain topics

Social Isolation:

- Encourage residents to sit in on discussion even if they do not talk
- Introduce resident to other residents with similar interests and ability levels

Cognitive:

Memory Changes:

- Encourage residents to engage in discussion, but if they forget what they are talking about, summarize what they had previously said
- Use visual aids to help residents remember what the discussion is on (ex. write topic on whiteboard)

Slowed Thinking Patterns:

- Provide extra time for residents to share their ideas

Spiritual: Residents value being able to connect with others who share similar interests.

Environment

Physical:

- Provide comfortable seating for residents
  - May sit at tables or place chairs in a circle
  - If watching a movie, make sure chairs are positioned so all residents are able to see television
- Make sure the area is easily accessible.
  - Place tables next to each other, but allow for movement between the tables to prevent falling and encourage safety while walking with a cane or walker
  - Remove extra chairs or arrange furniture appropriately to promote a safe environment
  - Remove trip hazards such as cords
- Provide proper lighting
- Manage a comfortable temperature, as many older adults tend to be cold due to slowed blood flow
- Reduce noise level due to many older adults wearing hearing aids

Social:

- Encourage residents to sit together during discussion

Cultural:

- Consider impact of rural and urban differences among male residents
- Guide conversations towards interests, values, and beliefs of residents
  - For example: conversations about farming, gardening, bird watching, history, current events

Occupation

It has been found that older men are less likely to be involved in social events and have less social supports. Leading a discussion group allows men to connect with other men who have similar interests, which increases social supports.

Park, N.S., Knapp, M.A., Shin, H.J., & Kinslow, K.M. (2009). Mixed methods study of social engagement in assisted living communities: Challenges and implications for serving older men. *Journal of Gerontological Social Work*, 52, 767-783. doi:10.1080/01634370903285541

Resident-Guided Discussion Group

Resident-Guided Discussion Group

Materials Needed Based on Topic of Discussion:

Each discussion group may not require the use of all the materials stated.

- Informational Videos
- TV and VHS/DVD Player
- Computer
- Projector
- Newspaper
- Whiteboard
- Markers

Staff note: Prior to session, gather topic ideas for discussion from male residents in the facility. Staff member may need to gather information or resources prior to group (movies based off history, current newspaper, etc.).

Discussion Topics:
• Historical Events: Pearl Harbor, Korean War, Vietnam War • On this day in history (www.onthisday.com) • Farming: planting and harvest seasons • Hunting/Fishing • "How It's Made" • Have men choose topics they want to learn more about and staff will gather information for discussion

A. Introduce the activity:

Have residents introduce topic of the day.

B. Warm-up:

1. Ask the residents what they know about the topic of choice?
2. Have the resident that is leading the group introduce the topic.

C. Discussion Group

The male resident teaches the group about chosen topic.

Staff note: Prior to session check in with resident who is leading the group discussion to see if he will need any assistance to gather information. Male resident can lead a group about a topic that he already has knowledge about or a topic that he wants to learn more about. If the resident does not have previous knowledge on topic, assist resident in locating information or resources.

D. Wrap-up:

- Thank the resident for leading the group discussion.
- Ask what other discussion groups the residents would like to have.
- Ask what other activities or crafts they would like to complete in the future.
- Share with the residents the plan to complete another activity the following week.

Activity Modifications for Resident-Guided Discussion Group

Person

Physical:

Decreased Strength:

- Allow men to sit in comfortable seating during discussion

Low Vision:

- If watching a movie, allow men with low vision to sit closer to television
- Provide enlarged printed material
- Provide magnifying glass for reading
- Read newspaper articles out loud for residents

Hard of Hearing:

- Talk loud enough so everyone can hear
- Allow people who are hard of hearing to sit in places where they may lip read
- Provide written materials if discussing current events, etc.

Lack of Energy:

- Rest breaks throughout session
- Allow people to leave whenever they need to
- Complete discussion in seated position

Affective:

Depression/Anxiety:

- If the resident is feeling overwhelmed or uncomfortable, allow resident to leave or to step out of the room for a few minutes
- If the discussion topic causes someone to become emotional, allow the resident to leave or step out of the room for a few minutes
    - Let them know it is okay to get emotional

Social Isolation:

- Encourage resident to sit in on discussion even if they do not talk
- Introduce resident to other residents with similar interests and ability levels

Cognitive:

Memory Changes:

- Encourage residents to engage in discussion, but if they forget what they are talking about, summarize what they had previously said

- Use visual aids to help residents remember what the discussion is on

Slowed Thinking Patterns:

- Provide extra time for residents to share their ideas

Spiritual: Residents value being able to connect with others who share similar interests.

Environment

Physical:

- Provide comfortable seating for residents.
  - May sit at tables or place chairs in a circle
  - If watching a movie, make sure chairs are positioned so all residents are able to see television
- Make sure the area is easily accessible.
  - Place tables next to each other, but allow for movement between to prevent falling and encourage safety while using a cane or walker
  - Remove extra chairs or arrange furniture appropriately to promote a safe environment
  - Remove trip hazards such as cords
- Provide proper lighting
- Manage a comfortable temperature, as many older adults tend to be cold due to slowed blood flow
- Reduce noise level due to many older adults wearing hearing aids

Social:

- Encourage residents to sit together during discussion

Cultural:

- Consider impact of rural and urban differences among male residents
- Guide conversations towards interests, values, and beliefs of residents
  - For example: conversations about farming, gardening, bird watching, history, current events

Occupation

It has been found that older men are less likely to be involved in social events and have less social supports. Leading a discussion group allows men to connect with other men who have similar interests, which increases social supports.

Park, N.S., Knapp, M.A., Shin, H.J., & Kinslow, K.M. (2009). Mixed methods study of social engagement in assisted living communities: Challenges and implications for serving older men. *Journal of Gerontological Social Work*, 52, 767-783. doi:10.1080/01634370903285541

Parties and Events

Parties and Events

Staff note: Start a committee of male residents to help plan and set-up parties.

Materials Needed Based on Topic of Discussion:

Each party may not require the use of all the materials stated.

- Decorations (dependent on party or event theme)
- Food
- Drinks
- TV and VHS/DVD Player
- Newspaper
- Whiteboard
- Markers

Party and Event Ideas:	
• Birthday • Harvest Season • Hunting Opener • NASCAR • Super Bowl • World Series • Dancing	• Poker • Bible Study • Holiday • Game Night • Mini Golf • Hockey • Happy Hour

Set-up:

1. Prior to party, place party invitations throughout facility.
2. Decorate area where the party or event will be held.
3. Place chairs and tables in an accessible arrangement for residents to access.
4. Provide each resident with food, due to some residents having food restrictions.
5. Set out the necessary materials, for example, if they are watching the Super Bowl, place the TV in a location where all of the chairs can visibly see it.

A. Introduce the activity:

Welcome residents to the party. Provide schedule of events, for example when games will begin, and when snacks will be provided.

B. Party/Event

C. Wrap-up:

- Thank the residents for coming to the party.
- Ask what other parties or events they would like to complete in the future.
- Share with the residents the plan to complete another activity the following week.

Activity Modifications for Parties & Events

Person

Physical:

Decreased Strength:

- Provide seating for all residents attending party

Low Vision:

- If watching the television, allow men with low vision to sit closer to television
- Provide enlarged printed material (cards, game pieces, etc.)

Hard of Hearing:

- Talk loud enough so everyone can hear
- Allow people who are hard of hearing to sit in places where they may lip read
- Provide written materials, if needed
- Do not play music (it may interfere with residents being able to hear each other)

Lack of Energy:

- Allow residents to leave whenever they need to
- Allow residents to sit throughout the party or event

Affective:

Depression/Anxiety:

- If the resident is feeling overwhelmed or uncomfortable, allow resident to leave or to step out of the room for a few minutes
- If the party causes someone to become emotional, allow the resident to leave or step out of the room for a few minutes
    - Let them know it is okay to get emotional

Social Isolation:

- Encourage residents to attend
- Introduce resident to other residents with similar interests and ability levels

Cognitive:

Memory Changes:

- Encourage residents to engage in discussion, but if they forget what they are talking about, summarize what they had previously said

Spiritual: Residents value being able to connect with others who share similar interests.

Environment

Physical:

- Provide comfortable seating for residents.
    - May sit at tables or place chairs in a circle
    - If watching the television, make sure chairs are positioned so all residents are able to see the television
- Make sure the area is easily accessible.
    - Place tables next to each other, but allow for movement between the tables to prevent falling and encourage safety while walking with a cane or walker
    - Remove extra chairs or arrange furniture appropriately to promote a safe environment
    - Remove trip hazards such as cords
- Provide proper lighting
- Manage a comfortable temperature, as many older adults tend to be cold due to slowed blood flow
- Reduce noise level due to many older adults wearing hearing aids

Social:

- Encourage residents to sit together

Cultural:

- Consider impact of rural and urban differences among male residents

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