



ENHANCING SOCIAL DIVERSITY AND COMMUNICATION IN AN ASSISTED LIVING FACILITY FOR OLDER ADULTS: A COMMUNITY HEALTH NURSING PROJECT

By:

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Abstract

Improving the health of specific populations requires community partnerships, collaboration, and an in-depth understanding of the diverse health status and health care needs of the population. The purpose of this paper is to describe a community health project that the authors, in conjunction with the staff and residents, implemented at an assisted living facility for older adults who needed assistance with activities of daily living but who were otherwise fairly independent. The LODGE (pseudonym) community is located in a large urban centre in Western Canada. The focus of this three and half month project was to gain information about this community in order to help optimize the function and independence of its members. The guiding frameworks included the nursing process, the Community as a Partner model and the Population Health model. The community assessment included a windshield survey, a general survey of 142 residents living in the facility (74% response rate), key informant interviews, literature review, and several brainstorming sessions with staff and residents. The focus of data analysis was on the salient areas of strength and areas that needed improvement. The major finding regarding how to best optimize the function and independence of the residents included interventions related to (a) obtaining a more specific in-depth interview with residents who are inactive in both a physical and social sense in order to obtain more specific information about the activities and interests they valued in the past, and which ones they could still participate in if specific types of resources were provided, (b) enhancing relational communication and (c) increasing accessibility to information regarding the eligibility and benefits of the government funded Home Care services. Interventions were viewed positively by members of the community. Recommendations are provided for expansion and sustainability of future community interventions.

Keywords: Community health promotion; enhancement of seniors' health; nursing education; nursing clinical practice; community partnership and collaboration.

Introduction

The LODGE is an independent assisted living facility for individuals aged 55 and up. Assisted living facilities are designed for individuals who are capable of making autonomous decisions about their daily activities. Although they are fairly independent, they may need assistance with activities such as bathing, dressing, and preparing meals (Diffen, 2017). The facility is located in the northwest quadrant of a vibrant city in a western province of Canada. Currently 142 residents live in this facility. The LODGE is privately owned and operated, but partners with the province's Health Services (AHS) for individuals needing additional support, such as Home Care services. There are a variety of in-house services including meals, transportation, housekeeping, and complimentary health services (i.e. podiatrist, chiropractor, esthetician services). In addition, there are extensive recreational programs in place including, but not limited to group exercise, cards, crafting, Nintendo Wii, and bingo.

Drawing on the nursing process (Kozier, Erb, Berman et al., 2014), the Community as a Partner model (Vollman, Anderson, & McFarlane, 2012), and the Population Health model (Hamilton & Bhatti, 2001; Stamler & Yiu, 2012), we conducted a health project with a focus on gaining information about the community to optimize function and independence of its members. Our goal was to improve the overall health and wellbeing of the residents at The LODGE. The Nursing Process is defined as "a systematic, problem solving approach to diagnose and guide treatment for patient responses to health and illness, is considered a critical thinking competency" (Ferguson & Rohatinsky, 2015, p. 455). Adopting the Population Health Promotion model approach, we took action to address the interrelated conditions that influence the residents' health status (Stamler & Yiu, 2012). A multifactorial and upstream approach was used because it "encourages the community health nurse to address the root causes of health issues" (Stamler & Yiu, 2012, p. 98). The purpose of this report is to demonstrate how we had conducted our in-depth assessment of the health and health care needs of one assisted care community, developed community health diagnoses, and implemented interventions to enhance social inclusivity and communication with the intent to foster quality of life and maintain independence of the older adults in this community. Institutional research ethics board approval was not required because this project was a community engagement project and not a research study. However, a rigorous research approach was used and ethical principles strictly applied. Information regarding the project activities, participants' rights, privacy, confidentiality and anonymity were clearly explained to each participant prior to obtaining their voluntary participation.

Community Health Assessment

Community assessment is the process of understanding the health needs of a community, getting to know and involve the community as a partner (Vollman et al., 2012). Community assessment enables nurses to: assess and critically analyze the potential problems or issues; make inferences on the implications and consequences of the problems or issues; formulate community nursing diagnoses; plan and implement the interventions, and evaluate the outcomes (Stamler & Yiu, 2012; Vollman et al., 2012).

By using various assessment methods, we hoped to obtain an in-depth understanding of the health needs of the community. "Needs are what the community perceives as the gap between its current situation and desired situation" (Stamler & Yiu, 2012, p. 218). It was important to identify the strengths and weaknesses pertaining to the health of the community as a foundation for developing intervention strategies that would be likely to optimize the functional independence of residents thus promoting their health and wellbeing (Vollman et al., 2012). We recognized that community development principles such as readiness of the group to participate, empowerment strategies, issue resolution strategies, and gathering support resources would be important to achieving our goals (Stamler & Yiu, 2012).

Methods of Data Collection

As recommended by Vollman et al. (2012), a variety of data collection techniques were used to gain a more comprehensive data set on which to base our analysis and intervention. Windshield surveys, resident general survey, key informant interviews with staff and residents, and literature review were all used as methods of data collection.

Windshield survey.

The windshield survey is a method of data collection by which "the observer is trying to understand the social setting and lives of the people in the community by observing or participating in events that occur in everyday life" (Vollman et al., 2012, p. 246). Our evaluation of the community was focused on three areas: the immediate vicinity of The LODGE, which included the indoor and outdoor environment, the local community in which The LODGE is located, and the northwest quadrant of the city. Each area was observed by foot or by car, as well as by reviewing City census data (2010), the local community association website, Statistics Canada National Household Survey (Statistics Canada, 2011), and the previous Community Health Report (Ballantyne-Rice, Chopp, Evans et al., 2016).

General resident survey.

A general resident survey was conducted via short (15 minute) individual interviews to obtain demographic data, as well as information on the residents' general interests and function in the areas of mobility and memory loss because these areas were identified as important by the community stakeholders (residents' representatives, facility managers, and community liaisons). For residents unavailable for the interview, questionnaires were left in their mailboxes for them to complete and place in a collection box at their convenience. Surveys were completed by 105 of the 142 residents for a 74% response rate. Researchers designed questionnaire items were developed in collaboration with community stakeholders. Interview questions used a mixture of Likert Scale ratings, "yes" or "no," and multiple-choice response options.

Key informant interviews.

The goal of the key informant interviews was to gain more detailed information and insight into the lived experiences of the residents at The LODGE from the staff's and residents' perspective (DiCicco-Bloom & Crabtree, 2006). Seven people were interviewed, including the resident services manager, life enrichment manager, one registered nurse (RN), one licensed

practical nurse (LPN), one health care aide (HCA), and two residents. Individual in-depth interviews were conducted at the facility, using semi-structured questionnaires with a series of open-ended questions focusing on gaining further insight into the operations of The LODGE, the quality of life, health care needs of the residents, ways to increase mobility of the residents, strengths and weaknesses of the programs offered, and the role of the health care staff. Each individual interview was conducted by two students and written notes were obtained.

Data Analysis and Results

Data Analysis

The data were analyzed by ten project team members through group discussion and collation of individual findings. The information obtained from the general resident survey was analyzed quantitatively while the key informant interviews were analyzed qualitatively. The key informant interviews were analyzed for recurring themes, which were summarized into a chart that also detailed the informants' perspectives on the topics of interest. Quantitative data acquired from the general resident survey were entered into Microsoft Excel in order to perform analyses. Graphs were created depicting demographic data (age ranges and gender) and confidence levels in residents' memory. Using *STATA*, residents' perceived levels of confidence of their memory were also correlated to age range to see if a significant relationship existed between the two variables. We also calculated the percentage of residents who answered yes, no, or sometimes to relevant survey questions.

Results

Windshield survey.

The windshield survey findings suggested a connected, caring, and engaged community within The LODGE and a safe surrounding local community. The local community is an affluent suburb neighborhood with a high average household income (Statistics Canada, 2011). In addition, we noticed that the community itself was well cared for as evidenced by the upkeep of homeowners' yards, the quantity of well-kept parks and green space, which account for 50% of the land use. Services such as recreation, shopping, and health care are available through independent transportation or by accessing Calgary Transit Services. Immigrant and visible minority populations account for 19% and 15% of the population respectively in the local community (Statistics Canada, 2006).

As an affluent facility with a high average monthly rent, and with the majority of residents being Caucasian, the population within The LODGE is more homogeneous than the general population of the local community. The facility appeared well kept with many amenities to promote community engagement ranging from recreational and leisure activities to chapel services. The outside environment is serene and includes miniature golf, a gardening area and many areas for residents to sit and enjoy nature. Indoors, there are many different rooms for activities and services including: a library, exercise facility, hair and nail salon, and a beverage lounge. Opportunities are provided for residents to be involved in the planning and implementation of activities and services through the Residents' Council and the Ambassador Program. In addition to staff-facilitated activities, there are opportunities for residents to use the

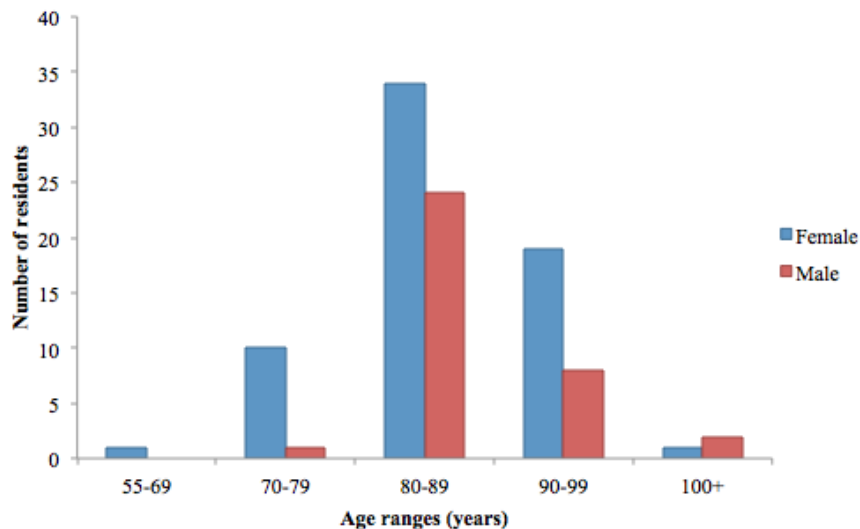
computer lab, play video games, and access Wi-Fi. Residents are encouraged by staff to participate in activities which can be viewed on the bulletin board, their televisions, a monthly newsletter, and many other sources. Accommodation for accessing services and activities outside The LODGE is offered through the use of a company-owned bus which will transport residents on outings to appointments, the mall, meals out, and scenic drives. From our observation, The LODGE appears to be a close-knit community with residents having communal meals daily in the dining room and residents and staff offering social support through conversation and participation in activities.

General Resident Survey.

Our initial survey of The LODGE's residents included specific questions regarding mobility, memory loss/dementia, and Home Care services. In order to understand the population we were working with, in comparison to previous research, we included general demographic questions. Of the 105 completed surveys, 67 residents indicated their gender as female and 35 as male. Our survey results revealed that 41% of the population were between the ages of 80-89 years old, and 20% were between the ages of 90-99 years old (Figure 1).

Figure 1.

Age Ranges of the Residents at The LODGE



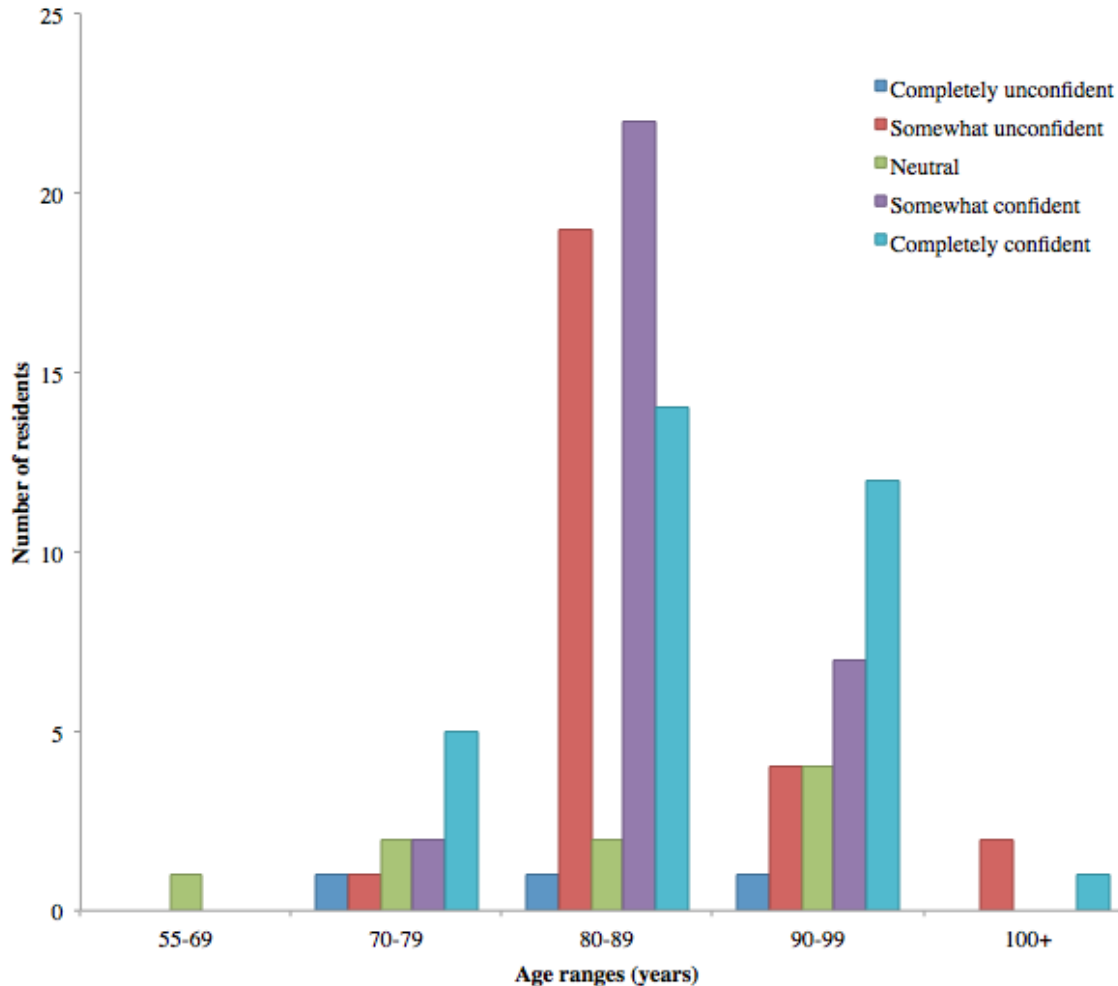
Note. Out of the 105 surveyed residents, 65% were female and 35% were male (three residents did not indicate their gender). The most common age range seen in both genders was 80-89 years of age, which accounted for 52% of females and 69% of males (58% of the total sample).

The results of the survey showed a positive correlation between increasing age and being more concerned about memory loss (Figure 2); these results reflected the findings from current literature, as memory loss with aging is expected in 40% of individuals over the age of 65

(Alzheimer's Society of Canada, 2015). A Chi-Squared test showed that there was a statistically significant relationship ($p < .05$) between age and perception of memory loss in these residents - indicating increasing age is associated with decreasing self-confidence regarding memory.

Figure 2.

The Perception of Individual Confidence Levels Stratified by Residents' Age Ranges



Note. The question from the questionnaire asked the residents how they felt about their memory, and they replied by selecting an answer that ranged from completely unconfident to completely confident

Our main goal working with the residents of The LODGE was to assist and enhance the residents' level of functioning and independence; this was identified by the community key stakeholders as a priority. We addressed this priority in our initial general survey by assessing mobility needs and concerns. Significantly, 30% reported either "yes" and 27% reported

“sometimes” for having noticed increased difficulties in standing up over the past year, as well as 33% indicated “yes” and 31% indicated “sometimes” for feeling unsteady when they walk (Table 1). This data is meaningful because, according to the resident services manager, the primary reason for individuals moving into long-term care facilities is due to mobility and memory decline. The residents' fear of losing their ability to maintain independence was also significant, with 57% of the total respondents identifying this as a concern.

Table 1.
Mobility Section Results of the General Resident Survey Questionnaire

Questions	Answers		
	Yes	Sometimes	No
Have you been finding it more difficult to sit down or stand up in the past year?	31 (30.4)	27 (26.5)	44 (43.1)
Are you currently using a mobility aide?	61 (60.4)	11 (10.9)	29 (28.7)
Do you feel unsteady when walking?	33 (32.7)	31 (30.7)	37 (36.6)
Are you concerned about your ability to stay independent?	33 (32.7)	24 (23.8)	44 (43.6)

Note. Specific questions were chosen to illustrate the residents' attitudes towards their personal mobility and independence.

Key informant interviews.

Key informant interviews with staff members provided information regarding salient health concerns for the residents and the barriers to their participation in their community. The staff noted that one of the main barriers to participation is that some individuals are more resistant to change and new lifestyle ideas. This concept of resistance to change was mentioned by all members of the staff. The staff expressed concern for the residents' mobility and its contribution to decline and loss of independence, however, none were able to identify specific solutions to address this issue. Management at The LODGE stated that they were interested in increasing the number of residents accessing Home Care services and working on decreasing the stigmatization associated with using these services. Overall, members of the staff were in agreement with the areas of strength and areas for improvement at The LODGE.

Two key informant interviews with Brain Gym® (physical exercise sessions for residents) participants provided us with information regarding The LODGE's activities, resident's motivation for participating, and the convenience of when the activities are offered and advertised. Participants thought Brain Gym® was a good exercise class offered at a convenient time and for an appropriate duration. The main motivating factor for attending Brain Gym® was having a supervised activity to ensure exercise was done with proper body mechanics. The other motivating factor was the socialization aspect of the group fitness class; residents counted on

each other for encouragement and support. The participants who participated in Brain Gym® also participated in other LODGE activities (e.g. Bridge, board games, active video games, painting class, tai-chi, yoga, mountain-view outings, etc.). They found The Lodge’s activity calendar, monthly newsletters, the bulletin board, and word-by-mouth were helpful methods of communication to residents regarding what activities were being offered at The Lodge that day/week/month. Themes from the key informant interviews are summarized in Table 2. The themes were chosen based on the recurring motifs observed in interviews. The interviewees’ specific thoughts on each topic are discussed in the details section of the table.

Table 2.
Themes from Key Informant Interviews

Theme	Interviewee	Details
Perceptions of mobility	Administrative Staff	<ul style="list-style-type: none"> • Emphasizes importance for residents to remain mobile enough to stay in an independent living facility. • Majority of new residents entering The LODGE bring a mobility aide with them. • Current activities flexible enough to include residents who use mobility aids, but The LODGE could advertise this better.
	Residents	<ul style="list-style-type: none"> • Participate in group activities because they "need to" stay healthy.
	Health Care Staff	<ul style="list-style-type: none"> • “Mobility is key” to remaining healthy and independent as people age. • People currently living at The LODGE with mobility issues, would not have been in the past. • Limited available space at assisted living complexes, so people are held here longer than they should be. • More residents could benefit from the walking program offered by homecare, but there is a lack of staffing (residents are prioritized).
Motivation to participate	Administrative Staff	<ul style="list-style-type: none"> • Motivation is resident specific. • Residents attend physical activity programming because they "know it's a good choice for them physically and health wise." • Residents enjoy belonging to a social group and having fun.
	Residents	<ul style="list-style-type: none"> • Participate in group activities to maintain mobility and independence. • Do the activities because "they can."

Theme	Interviewee	Details
	Health Care Staff	<ul style="list-style-type: none"> • Participate to socialize, support, and encourage friends. • Residents need to be "self-motivated", and some are not. • Difficult to change residents motivation, often the reality of death is a "wake up call." • More teaching about benefits of participation • Go door-to-door to motivate less involved residents. • Residents enjoy performances, more are needed.
Barriers to participation	Administrative Staff	<ul style="list-style-type: none"> • Mobility aid use could be better promoted to increase participation in group activities. • Various reasons for not attending events: dementia, lack of self-confidence, physical barriers, depression, anti-social nature. • The LODGE can provide an escort. • Residents unlikely to appreciate too frequent event announcements or reminders.
	Residents	<ul style="list-style-type: none"> • Some people simply "lack interest." • Some forget activities due to Dementia. • Residents unsure about their capability to participate.
	Health Care Staff	<ul style="list-style-type: none"> • "Some residents are joiners, and some are not." • Not enough staff to motivate everybody individually.
Perceptions of Home Care	Administrative Staff	<ul style="list-style-type: none"> • Choosing to access homecare services is up to the individual resident. • Would like to find ways to make Home Care more well received by residents at The Lodge.
	Health Care Staff	<ul style="list-style-type: none"> • If they have a negative perception of what homecare is, they will not participate. • Home Care is not well received by residents, as they feel like it takes away their independence.

Community Diagnosis

A community diagnosis synthesizes assessment data and draws conclusions about the relationships among data, which in turn allows for a description of a situation, and implying an etiology that gives evidence to support the inference (Vollman et al., 2012). In addition, “a nursing diagnosis limits the diagnostic process to those diagnoses that represent human responses to actual or potential health problems” (Vollman et al., 2012, p. 278). Drawing on NANDA Nursing diagnosis categories (NANDA International, INC, 2016), our community diagnosis for The LODGE is derived from our analysis of the community assessment data and the inferences are stated in both positive and negative statements (Table 3).

Table 3.
Community Diagnosis

Description	Focus	Etiology	Manifestations
Healthy community environment with significant community resources	Among staff-residents	<ul style="list-style-type: none"> • Financial backing • Interprofessional collaboration • Residents engagement 	<ul style="list-style-type: none"> • Student observations during windshield survey • Data gathered in key informant interviews and general surveys
Readiness for enhanced relationships	Between staff-residents and residents-residents	<ul style="list-style-type: none"> • Residents’ participation in programs offered by The LODGE • Staff and resident participation in Community Engagement Project • Initiation and development of The Ambassador Program • Commitment from the administrative team to enhance relationships 	<ul style="list-style-type: none"> • Involvement in The Ambassador Program demonstrates residents’ willingness to bridge a connection between staff and residents • Administrative team want to improve communication and relationships • Scheduling time for students to conduct surveys and interviews • Supporting students’ involvement at The Lodge • Providing honest and valuable responses
Risk of communication deficit	Between staff-residents	<ul style="list-style-type: none"> • Learning styles • Lack of directive • Limited staff resources 	<ul style="list-style-type: none"> • Lack of understanding of the location of the activity calendar by residents • Residents’ statements concerning the staff’s ability to effectively

Description	Focus	Etiology	Manifestations
			engage the residents <ul style="list-style-type: none"> • Information displayed in ways that fail to enhance seniors' learning styles • Lack of staff resources due to budgetary constraints
Potential stigmatization from accessing Home Care services provided by AHS	Among the residents	<ul style="list-style-type: none"> • Fear of judgement • Fear of having to relocate • Ineffective presentation of information resources 	<ul style="list-style-type: none"> • Staff reported potential stigma associated with accessing Home Care • Staff report hesitancy amongst residents to access Home Care services • Residents stated confusion regarding what Home Care services are offered and how to access them
Risk for impaired social interaction	Among the residents	<ul style="list-style-type: none"> • Ineffective promotion and engagement of events • Barriers caused by present health status • Potential social exclusion 	<ul style="list-style-type: none"> • Low attendance at events • Limited data relating to attendance • 37 residents identified as not participating in group physical activities • Differences in social preferences
Potential lack of connection and understanding	Between the staff-residents	<ul style="list-style-type: none"> • Generational gap between staff and residents • Communication styles vary between staff and residents 	<ul style="list-style-type: none"> • Residents' disliked "being talked down to" • Residents' statements concerning the staff's ability to effectively engage the residents

Note. Community diagnosis was determined using NANDA Nursing Diagnosis (NANDA International, INC, 2016). Etiology and manifestations were rationalized using assessment data.

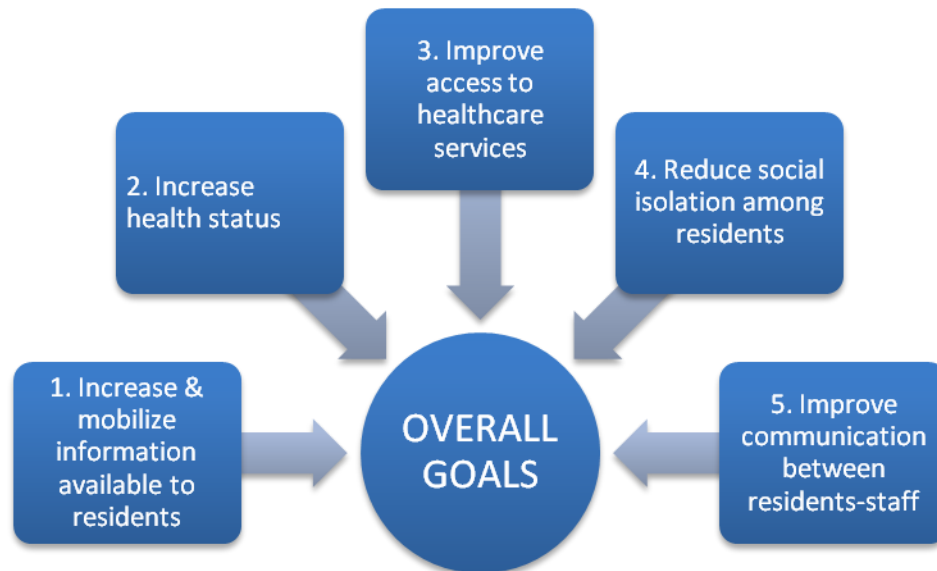
Goals and Rationale

Based on the data collected from all assessment methods, analysis, and further collaborative feedback from staff members, key stakeholders, and resident representatives, we selected five goals to guide the development, implementation, and evaluation of our intervention (Figure 3).

Overall goals in enhancing the Community Health Improvement Project include:

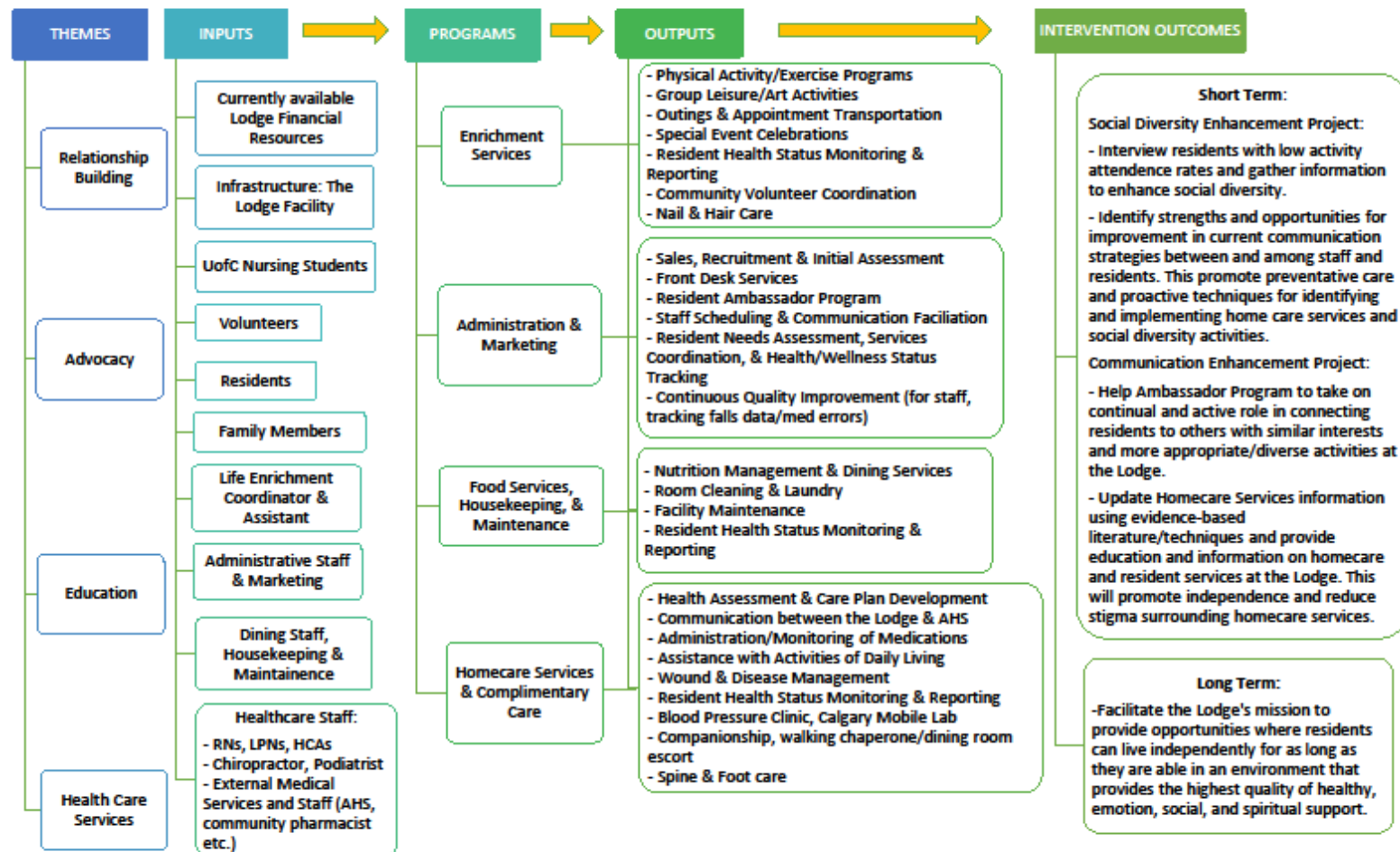
1. Modify information available to residents:
 - a. Use resources such as *Making Your Printed Health Materials Senior Friendly* (National Institute on Aging, 2016) to determine the best way to present and promote knowledge transfer so residents are fully informed and aware of the services offered by The LODGE and how to access them.
2. Improve health status of residents:
 - a. Improve overall quality of life by targeting specific physical, social, psychological components of each senior's health through the Enhancing Social Diversity initiative.
 - b. Increase participation at events, activities, and services offered at the facility.
3. Facilitate residents' access to Home Care services:
 - a. Reduce the stigma associated with accessing Home Care services and promote a proactive and preventative approach to health among residents to maintain independence.
4. Reduce social isolation among residents:
 - a. Work with the individuals identified through the Enhancing Social Diversity Initiative to increase their participation in LODGE activities.
5. Improve relational communication (IGI Global Disseminator of Knowledge, 2017) between staff and residents:
 - a. Interview residents to facilitate communication of their needs, to enhance the activities and services provided at the facility.
 - b. Provide recommendations to The Ambassador Program to act as a conduit between staff and residents throughout their time at The LODGE.

Figure 3.
Overall Goals for Community Engagement Project



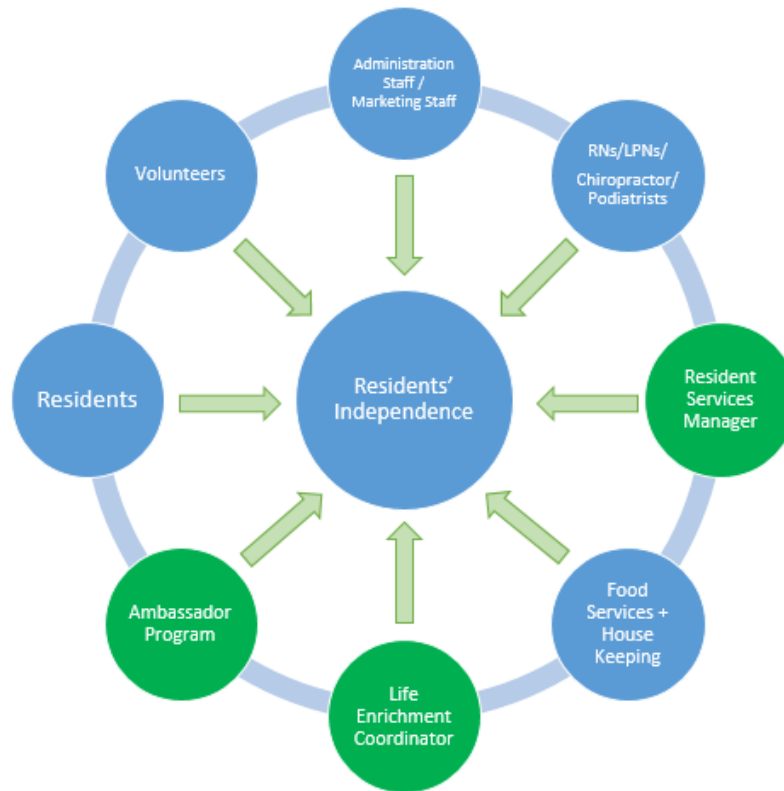
Based on findings from the assessment, we then created a Logic Model (Figure 4) to tie together the key themes and goals with The LODGE’s current inputs, programs, and outputs (Ferguson & Rohatinsky, 2014; Taylor-Powell & Henert, 2008). Through brainstorming discussions and consultations with key stakeholders at the facility, we identified specific, measurable, achievable, realistic, and timely short-term and long-term outcomes that can be evaluated by staff, residents, and other health care providers/researchers.

Figure 4.
 The Lodge Intervention Logic Model



A concept map (Daley, Shaw, Balistieri et al., 1999; Vollman et al., 2012) was created to identify all of the lines of formal and informal communication at the facility that contribute to the overall health and wellness of the residents living at The Lodge (Figure 5). This helped us to see the areas of strength and opportunities for improvement in which our interventions would be built upon. The development of a concept map ensured interventions or recommendations were grounded in the current organizational structure of The LODGE, enhancing sustainability by utilizing currently available inputs/activities in an upstream manner.

Figure 5.
Communication Concept Map



Through further multiple collaborative brainstorming sessions with our team members, the resident services manager, the life enrichment manager, the marketing manager, and the team of resident Ambassadors, the community supported the short- and long-term outcomes identified in the Logic Model (Figure 4). We concluded that the majority of services that residents require currently exist at The LODGE and that staff are very responsive and adaptable to the needs of the residents. However, we found that the lines of communication between and amongst staff and

residents could be improved upon. Some miscommunication and misunderstanding about the purpose, benefits, and organization of life enrichment activities and health care/community services at The LODGE were identified. It was determined that by improving communication, the independence of all residents living at the facility could be enhanced and further mental and physical decline prevented. Additionally, we recognized that a select group of residents who were not as active or engaged in their community were potentially at risk of being socially isolated. Therefore, our efforts aimed to enhance advocacy, education, and relationship-building within the community. The table below (Table 4) summarizes the short- and long-term interventions (Figure 4) proposed by our team as they relate to the overall goals of our interventions (Figure 3) and functional themes at the facility.

Table 4.
Connections between Themes, Outcomes, Interventions and Goals

Themes	Outcomes	Interventions (Figure 4)	Goals Addressed by Intervention (Figure 3)
Relationship Building		Social Diversity Enhancement Project:	1-5
		<ul style="list-style-type: none"> Nursing students to provide manpower to interview residents with low activity attendance rates to gather information Data will be used to enhance and promote communication between staff and residents, inform future decision-making to enhance social diversity and communication regarding services, resources, and activities available at facility 	
Advocacy	Short- Term	Communication Enhancement Project:	1, 3-5
		<ul style="list-style-type: none"> Share our results with The Ambassador Program to facilitate communication between residents regarding needs and preferences Encouraged Ambassador program to take on a continual and active role in helping residents settle into The Lodge for a longer period, reduce information overload, and connect residents to others with similar interests and more appropriate/diverse activities 	1-5
Education		<ul style="list-style-type: none"> Identify strengths and opportunities for improvement in current communication strategies Promote preventative care and proactive techniques for identifying and implementing 	1-3, 5

Themes	Outcomes	Interventions (Figure 4)	Goals Addressed by Intervention (Figure 3)
Health Care Services		Home Care services and social diversity activities <ul style="list-style-type: none"> • Update Home Care services literature provided to residents based on evidence-based written communication guidelines • Provide education/information on Home Care and resident services to promote independence and reduce stigma regarding accessing Home Care services 	
	Long-Term	<ul style="list-style-type: none"> • Facilitate The Lodge’s mission to provide opportunities where residents can live independently for as long as they are able in an environment that provides the highest quality of healthy, emotional, social and spiritual support 	1-5

Intervention Implementation

Social Diversity Enhancement Project

A survey focusing on 37 “less-active” residents was conducted using the same methods as the general survey. Questions were developed based on recommendations from staff and our previously collected data. These targeted residents participated in fewer than four LODGE physical activities per month and were identified as being less active by the resident services manager and the life enrichment manager. Our group interviewed targeted residents with the intent to: a) learn about their preferred activities and interests in order to provide this information to staff to help them enhance the diversity of their social activities; b) act as advocates to support the residents who may not come in contact with staff as frequently as others; c) clarify the residents’ current level of understanding regarding the life enrichment activities and Home Care services provided by the LODGE; d) provide information to these residents on current life enrichment activities and Home Care services available based on their interests and the goal of promoting a positive message regarding preventative health care; and e) determine perceptions on how The Ambassador Program might take a more active role in the residents' lives.

Of 37 possible residents, 28 in-depth resident interviews were conducted using a structured and semi-structured questionnaire. To allow the facility to better meet their needs, the residents were asked if they would be willing to provide their names along with information about specific hobbies, interests, and barriers that prevent them from participating in activities. Twenty-six of the 28 interviewees agreed to this and signed consent forms. We identified trends including: physical disability or lack of confidence in their physical and mental capabilities,

higher incidence of individuals who prefer independent activities, and finally, individuals who had very specific hobbies or interests that were not provided at The LODGE. We also found that those already accessing Home Care services were extremely pleased with the care provided to them and enjoyed spending time with the health care staff.

Communication Enhancement Projects

We researched methods regarding effective written communication for elderly populations (National Institute on Aging, 2016) and restructured the Home Care services brochure. This restructuring was based on Home Care information provided through the provincial health care system (Alberta Health Services, 2016) and was intended to better reflect messaging that promotes accessing Home Care services early to supplement and enhance independent living. We also created a Home Care services flyer with pull tabs containing the contact information of the resident services manager. Our group presented the results of the Social Diversity Enhancement Project and the Communication Enhancement Projects to the Resident Services Manager, Life Enrichment Coordinator, Marketing Manager, and The Ambassador Program to promote communication and provide information that would allow The LODGE to better meet the needs and promote health and wellness of the residents.

Recommendations and Evaluation

The LODGE provides a diverse and numerous set of activities and opportunities that promote mental and physical health and wellness while maintaining the residents' independence and privacy. Based on the results of the community needs assessments, the implemented interventions, and feedback from the residents and staff, we have created a list of recommendations that The LODGE and any future groups of health care providers may choose to implement for the purposes of enhancing The LODGE's already exceptional services (Table 5).

Table 5.
Recommendations for continued community engagement at The Lodge

Written Communication	Life Enrichment Activities	Ambassador Program
<ul style="list-style-type: none"> • Activity calendar redesigned to include larger font, legend explaining colour scheme, greater use of white space, and changed from monthly to weekly to simplify layout • Use bulletin boards on each floor outside of elevators rather than inside to allow more time to read and comprehend information • Information regarding Home Care services should incorporate positive wording about supplementing independent living to increase accessibility and reduce stigma around physical/mental decline • Utilize written communication guidelines to enhance readability and comprehension of posted documents (e.g. larger and simplified font, posted at eye level, increase use of white space etc.) 	<ul style="list-style-type: none"> • Take attendance at all activities/events to gain a greater sense of community participation • Provide staff with training in troubleshooting and communicating technology issues between staff (e.g. DVD/CDs, screens, speakers etc.) so they can be resolved • Explore idea of approaching residents or family members to donate used technology such as DVDs, CDs etc. to facilitate diversification of social activities • Utilize Social Diversity Enhancement data to tailor activities and programs to a wider variety of interests, preferences, physical and mental needs while still promoting independence 	<ul style="list-style-type: none"> • Meet with new residents periodically during the first few weeks of moving in to reduce amount of overwhelming information provided to residents on first day • Create a "buddy program" to connect residents with similar interests and hobbies to enhance social diversity • Periodically provide scheduled face-to-face contact with current residents living at the facility to communicate accurate and detailed information about logistics of activities/events and how to find/use activity calendar • Act as a resource to encourage resident engagement and empowerment by helping with communication about services and changes as the facility and promoting residents to volunteer for even coordination

We presented the evaluation outcomes of our interventions to The Ambassador Program with positive and encouraging feedback. They made suggestions regarding the font size and requested clarification on some of the details about accessing Home Care services. They also confirmed that communication materials presented from the staff to the residents should be

presented using more senior friendly details, as some found the current materials confusing and difficult to read. The Ambassadors also noted the importance of clarifying where to find the activity calendar and requested that this information be made more accessible. Through the evaluation, our goal was that our initiatives provide a framework for future expansion of these interventions. It is recommended that the staff and future researchers evaluate the impact and sustainability of these programs. We recommend that additional future interventions and evaluation of outcomes can also be considered by consulting Nursing Interventions Classifications (NIC) (Bulechek, Butcher, Dochterman et al., 2013) and Nursing Outcomes Classification (NOC) (Moorhead, Johnson, Maas et al., 2013).

Conclusion

By working with the staff and residents at The LODGE, as well as drawing upon the work previously done by a group of nursing students, we were able to complete an in-depth survey and conduct individual in-depth interviews aimed at a subset of residents in order to obtain further information about their activities of interest and barriers to participation. Thus, we were able to implement key interventions that will be beneficial to the residents. In addition to this, we were also able to develop a new Home Care services information brochure and flyer, both of which have been styled to be more senior friendly. Combined, these created the basis for our two interventions: the Social Diversity Enhancement and Communication Enhancement Projects.

To facilitate knowledge translation, the work we completed was presented to the academic staff, staff and residents at the facility with a Prezi presentation. This served as another opportunity to explain the interventions that were completed, present our findings, and suggest other interventions that might be effective at maintaining and increasing level of wellbeing and independent for the community members.

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References

- Alberta Health Services. (2016). *North zone homecare: Keeping you well and independent*. Retrieved from <http://www.albertahealthservices.ca/assets/info/seniors/if-sen-home-care-brochure-north.pdf>.
- Alzheimer's Society of Canada. (2015). *Alzheimer Society of Canada*. Retrieved from: <http://www.alzheimer.ca/en>.
- Ballantyne-Rice, M., Chopp, K., Evans, L., Ho, V., Hsiung, W., Simon, M. M., Wu, K., & Donnelly, T. T. (2016). A Client-Centered Community Engagement Project: Improving the Health and Wellness of Older Adults in an Assisted Living Facility. *Journal of Gerontological Nursing*, 42 (8), 44-51.
- Bulechek, G.M., Butcher, H.K., Dochterman, J.M., Wagner, C. (2013). *Nursing Interventions Classifications (NIC) (6th Ed.)*. United States of America: Mosby, Inc.
- City of Calgary: Community & Neighbourhood Services. (2010). Community social statistics: Retrieved from: www.shargarmanagement.com/industry_pdfs/calgary/ValleyRidge.pdf.
- Daley, B.J, Shaw, C.A., Balistieri, T., Glasenapp, K., and Piacentine, L. (1999). Concept maps: A strategy to teach and evaluate critical thinking. *Journal of Nursing Education*, 38(1), 42-47. DOI: 10.3928/0148-4834-1999010-12
- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical education*, 40(4), 314-321.
- Diffen (2017). Assisted Living vs. Nursing Home. Retrieved from http://www.diffen.com/difference/Assisted_Living_vs_Nursing_Home
- Ferguson, L., & Rohatinsky, N. (2014). The nursing process. In B. Kozier, G. Erb, A. Berman, S. Snyder, M. Buck, L. Yiu, & L. Stamler, (Eds.), *Fundamentals of Canadian nursing* (pp. 454-507). Toronto, Ontario: Pearson Canada.
- Hamilton, N. and Bhatti, T. (2001). *Population health promotion: an integrated model of population health*. Ottawa, Ontario: Health Promotion Development Division.
- IGI Global Disseminator of Knowledge (2017). What is Relational Communication. Retrieved from <http://www.igi-global.com/dictionary/relational-communication/24935>
- Kozier, B., Erb, G., Berman, A., Snyder, S.J., Buck, M., Yiu, L., and Stamler, L, L. (2014). *Fundamentals of Canadian Nursing: Concepts, process and practice* (3rd Ed.). Toronto, Ontario: Pearson Canada Inc.

Moorhead, S., Johnson, M., Maas, M.L., Swanson, E. (2013). *Nursing Outcomes Classification (NOC)* (5th Ed). United States of America: Mosby, Inc.

NANDA International, INC. (2016). *NANDA Nursing Diagnosis List*. Retrieved from <http://www.nandanursingdiagnosislist.org/>.

National Institute on Aging. (2016). *Making your printed health materials senior friendly*. Retrieved from: <https://www.nia.nih.gov/health/publication/making-your-printed-health-materials-senior-friendly>.

Stamler, L. L., & Yiu, L. (2012). *Community health nursing: A Canadian perspective* (3rd Ed.). Toronto, Ontario: Pearson Canada Inc.

Statistics Canada. (2006). *2006 Census of Population*. Retrieved from <http://www12.statcan.ca/census-recensement/2006/index-eng.cfm>

Statistics Canada. (2011). *2011 National Household Survey*. Retrieved from <https://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/dt-td/Index-eng.cfm>