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Activities in a Long-Term Care Facility Amidst a Global Pandemic

Kayla Valente

Honors Project

Submitted to the Honors College at Bowling Green State University in partial fulfillment of the requirements for graduation with University Honors May 2021.

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Abstract

This paper focuses on the lives of individuals in Wood Haven Health Care in Bowling Green, Ohio during the COVID-19 global pandemic. Living in a long-term care facility can be difficult any time, but since the lockdown began life has been especially challenging for the individuals in nursing facilities. I worked directly with the residents at Wood Haven during my internship with the activities department. With this position, I was tasked with creating fun and engaging activities that also kept residents safe. I will be discussing different research about activities in long-term care facilities, specifics about activities during the COVID-19 pandemic, and what I implemented during my internship.

Introduction

Our society is constantly aging. In the United States currently, there are 46 million older adults and by 2050 that number is expected to almost double (“Demographic changes and aging population”, n.d.). According to the CDC, there are 1.3 million older adults living in long-term care facilities (“Fastfacts-nursing home care, 2021”). Although this is a small percentage, that is still over a million individuals that live in a facility and need to be accounted and cared for.

When thinking about the global COVID-19 pandemic, older adults are one of the most at-risk populations. The COVID-19 pandemic has undoubtedly impacted everyone in some way or another, but it has heavily impacted older adults especially those in long term care facilities. In the United States approximately 80 percent of all COVID-19 deaths have been people over the age of 65 (Freed et al., 2020). Even with the small percentage of older adults in long term care, long term care facilities have become hotspots for the coronavirus which has led to high mortality rates and grieving families (Freed et al., 2020).

As a gerontology student at Bowling Green State University, it is a requirement for graduation that I complete an internship with the older adult population. Looking for an internship was already scary but finding an internship during a global pandemic where I would work with one of the most at-risk populations in nursing facility was terrifying. I was fortunate enough to find an internship at Wood Haven Health Center in Bowling Green, Ohio where I worked with the activities department and received the COVID-19 vaccine before I began. Wood Haven set up covid precautions to keep their residents as safe as possible but trying to navigate activities that kept residents engaged and covid safe seemed like a daunting task. I will be discussing what activities in long term care facilities look like before the pandemic and during, why activities are essential to the well being of the residents, and what activities I implemented.

My original project idea was to survey the residents about how their overall wellbeing was impacted since the pandemic began. I know that the lockdown has been difficult for the residents and I wanted to collect a representative sample of what their experiences were and what we as a staff could do better to help them during this difficult time. I gained approval from both my supervisor and the administrator at Wood Haven and went through the process of getting in person research approval through the university. Due to COVID-19 there is an added step of getting approval to do in person research to make sure all participants are safe and following guidelines. I was granted approval to do in person research; however, it took some time to get approval. The next step was to gain IRB approval to do research with human subjects. I knew this was going to be another lengthy process because of all the guidelines that needed to be assured and my timeline was getting shorter. So, I made the decision to look at other research that has been done instead of conducting my own, and to document my experience at Wood Haven during the global pandemic. Since I felt like my survey was still valuable in terms of

knowing what the concerns were during the pandemic, the survey I created for the original project plan can be found appendix A, the informed consent form can be found in appendix B, and the approval for in person research during the COVID-19 pandemic can be found in appendix C.

Literature

Activities are a part of everyone's day to day life. People want to do something meaningful to them and that does not change when an individual ages or enters a long-term care facility. Finding an activity that residents enjoy is key to good mental health and wellbeing. A study done by Chao and Chen (2019), discovered that environment and activity participation relate directly to older residents' mental health. The activity involvement in this study ranged from self-care acts, participating in the community, and social events. Chao and Chen (2019), discuss the value in the activity's theory which states, "older individuals must continually perform various activities to maintain a positive self-concept and support their sense of mastery and competence, which are critical to the well-being in later life."

The study by Chao and Chen (2019) also discusses the importance of a broad range of activities especially in long term care facilities by observing 634 residents in 155 long term care facilities. For example, some residents may have physical limitations where they could not attend an exercise class but could do something like a painting or a game that is meaningful to them. Chao and Chen (2019) also discuss the importance of promoting and fostering meaningful social interactions and connections. Another point is continuing staff training and education for how to foster a positive attitude on older adults and help residents reach their fullest potential (Chao and Chen, 2019). The residents in this study were split into different environmental levels: low, moderate, and high support. The results showed that residents in the moderate and high support

groups had better mental health and thus higher participation rates. Ultimately the study showed that environment and activity participation had a correlation with good mental health (Chao and Chen, 2019).

As stated by Registered Nurse, Nordin et al. (2017), activities and social interaction for older adults (especially those in long term care facilities) can provide structure, meaningfulness, enhance quality of life, and increase cognitive ability. Lack of social interaction and quality activities have shown a strong correlation between high mortality rates, disabilities, and increased depression (Nordin et al., 2017). The study found that residents in care facilities were found to be lying or sitting down for about ninety percent of the day and without company for about forty percent of the day (Nordin et al., 2017). Despite the findings on the importance of keeping an active lifestyle, studies have shown there is commonly a deficiency of activities offered for residents in long term care. Some of the most common activities were watching television and listening to the radio then followed by passive social interactions (Nordin et al., 2017).

In addition to Nordin's study, the activity theory looks from a sociology perspective about the positive correlation between life satisfaction, social interactions, and activity levels (Bonham Howe, 2014). The goal of the activity theory is an 'antiaging' approach to living one's later years in life and to delay the onset of disease and decline. Being active throughout one's lifetime and into later years reduces age related deterioration. For example, a study done by Booth and Zwetsloot (2010), found that a group of 80-year-olds who had spent their lives doing consistent aerobic and strength training exercises, had the same muscle and aerobic capacity as a group of sedentary individuals age 50 to 55 years old. Recognizing that if one keeps both their mind and body active throughout their lifetime, they can reach optimal levels of aging.

The study of aging goes back as far as psychologist, Erik Erickson who recognizes there are many social interactions that influence human development. Erikson is a psychologist known for researching and dividing the stages of life into categories. Specifically, adults over the age of 65 are in the integrity vs despair stage, when individuals start asking themselves if they accomplished what they wanted to and if they considered their life to be meaningful. If individuals feel they did everything they set out to do in this life they would be at the integrity stage, but if they have regrets or unfulfilled goals, they most likely would feel more despair (Sigelman and Rider, 2006). In terms of residents' activities living in long term care facilities, it is important to recognize Erikson's stages of psychosocial development because of how it may fluctuate if someone is isolated or left with little fulfillment. Key to staying on the integrity side of Erikson's last stage of development is continuing to do things that is meaningful to the individual. If the individual is not doing what they hoped to or their life is not still enjoyable, they may find themselves more on the despair side of Erikson's final stage (Sigelman and Rider, 2006).

Research makes it clear that meaningful activities for long term care residents are vital for maintaining a positive wellbeing, but what does this look like during the COVID-19 pandemic when social interactions are limited and visitations from loved ones are only via electronics and window visits. A study done by Monin et al. (2020), wanted to observe what communication methods, other than in person visits, were associated with the most positive emotional experiences. The study found that synchronous and familiar methods of communication were key to maintain high emotional well being when in person visits are restricted (Monin et al., 2020). Monin et al. (2020), discovered that communication through

phone and email had the highest positive reactions, but mail was associated with the most negative reactions.

A study conducted by Litton (2020), asked residents in 365 nursing homes about their lives and how they were impacted by the COVID-19 pandemic. The number of social interactions outside the facility drastically decreased. Before the pandemic, 56 percent of residents reported having visitors at least three days a week whereas when the pandemic began only five percent of residents reported having visitors. Before the pandemic, 83 percent of residents reported going outside for fresh air at least once a week, but since the pandemic began only 28 percent reported being outside in the last week (Litton, 2020). The study also found that social interaction and activities at the nursing homes also decreased since March of 2020. For example, 54 percent of residents reported not participating in activities in the facility, such as exercise and art, compared to only 14 percent that was unactive in activities before the pandemic (Litton, 2020). When it comes to mealtime only 13 percent reported eating in the dining room since the lockdown, but before the lockdown 69 percent of residents would eat in the dining room. 76 percent of the residents' report feelings of loneliness and 64 report no longer even leaving their rooms (Litton, 2020). The results from the study, show that it is important to account for more than just the residents' protection against the virus, but their well-being also.

Activities at Wood Haven

Starting in January 2021, I worked in the activities department at Wood Haven Health Center in Bowling Green, Ohio. As many would imagine, the activities department was not the first concern when it came to what to do when the pandemic first began; they were worried about the logistics of how to keep residents covid free. So, when I started my internship, there were already many precautions put in place, the pandemic was in full swing, residents were confined

to the building unless they had a medical appointment, no visitors were allowed, and the activities department had new leadership in the office. Despite all the obstacles, I had a great experience at my internship, and I feel like Wood Haven is making the most of their activities department while staying within covid guidelines. With everything that has been taken away from the residents along with the fear of being a high-risk population for the coronavirus, the activities department wanted to make sure we provided exciting, fun, and safe activities for the residents.

When planning activities there was a great deal we had to keep in mind. As a department, we wanted to find engaging activities that were meaningful to the residents, but also follow the proper safety measures. Recognizing that the activities we planned were the residents main form of interaction and stimulation in their day, made the task seem much larger than a typical game of bingo. When facilitating activities, we ensured that residents wore their masks, maintained social distancing, did not pass items around, and kept things well sanitized before and after resident use. One thing the department usually does that we could not implement was taking residents to the store when they wanted to shop or to different restaurants in town. So, what we did to account for these restrictions is the activity department employees would take turns going to Walmart for the residents to pick up anything they wanted. To account for them not being able to go to their favorite restaurants, we would do biweekly order ins from local places the residents selected during our resident council meetings that would either be delivered, or we would pick up.

Resident council meetings are held the last Monday of every month. These meetings are set in place for residents to voice their concerns regarding any aspects of their home. The meetings are structured so we go through each department: activities, nursing, housekeeping, and

dietary. The residents can then say areas where maybe they feel like staff has been slacking or where they want to see change. The meetings were informative for me to know how the residents felt about how the building was being operated, but they were often long meetings and I felt powerless because many of their concerns were regarding restrictions put in place or due to staffing issues or the pandemic. However, it was important to our mission that residents were reassured just because we were dealing with staffing, they still had the right to live in their home how they wanted. It is important to remember that although to staff it is just a job, to the residents it is their home, and we are the ones entering their house.

With everything we learned at resident's council and by talking with the residents one-on-one, we try to create the best activities possible. The key to having an impactful activities department is doing activities that residents find worthwhile. There were some key enjoyable functions that residents participated in that were no longer possible when the pandemic happened. One regular activity that was no longer possible was having church groups come in and worship with the residents who wanted to join. Now, the residents were restricted to watching their church services on an electronic device. Many of which, the residents did not have or know how to operate. During my time at Wood Haven, I helped some residents set up their electronic devices to watch the service in their rooms. Another activity the residents enjoyed is the 'Awakening Minds' program where someone would come in to teach them how to paint. The paintings were step by step and created a beautiful piece of art that residents could take with them when they left the facility, or their family could take when they passed away. However, with no visitors the instructor was no longer able to come in. The residents also loved their holiday parties when their family and friends could come in and enjoy food and music with them with a decorative theme. The residents used to enjoy the live entertainment that would

come in such as musicians, children's choirs, and dance groups. However, like I mentioned none of this was possible once the pandemic hit and as a department, we knew we had to get creative with new ideas to keep the residents busy.

One of my favorite parts of the internship was coming up with activities for the residents. Much of the process of creating activities was trial and error to find out what they enjoyed. Especially since the turnover rate is so high, it is often difficult to rule out an activity that the current residents do not enjoy because one of the new admits may enjoy it in the future. Based on the findings in the study done by Booth and Zwetsloot (2010), I knew how important physical activity and movement was for keeping a healthy body and mind. Since, I have a background teaching older adult fitness classes, I knew I wanted to implement some form of stretch or exercise routine. With the findings from the study done by Nordin et al. (2017), the average resident spent about 90 percent of their day lying or sitting down, I knew I wanted to help them be more active. However, my attempts were not very successful. First, I tried implementing morning stretch every Tuesday morning. My first time doing leading the stretch, I had a good turnout and we stretched and listened to 60s rock music for about twenty minutes. The following few weeks, I struggled to get anyone willing to participate. I recognized that there were some physical limitations which did not allow for most of them to stand on their own, but I modified the exercises to be seated and to be inclusive of everyone. There were a few times I had one or two residents which was still fun and made for a chance to create a more personal connection.

One of the main responses to not wanting to come to the morning stretch was the resident had just gotten back from occupational, physical, and/or speech therapy and were tired. I understood this and recognized that therapy should be their main priority since that would ultimately help them get stronger and go back to their own home. My supervisor and I decided to

adapt the activity to make it in the afternoon instead and call it ‘seniorcise virtual moving.’ Unfortunately, the turnout for this activity was also not very high. However, the activity staff decided this was an important activity to leave on the calendar, so it is there as an option for the residents if they change their mind or for the few residents who are interested. As an activities staff, we decided to make the activity virtual, playing YouTube videos of premade chair exercises, that way if no one was interested, we did not spend time creating a workout.

Another activity I wanted to implement more on the calendar was the ‘nail salon.’ Although this is not a new activity at Wood Haven, I made a point to make sure it was on the calendar more regularly. There was always a high turnout, of usually women, that wanted to get their nails done and be pampered. For a few months, there was no beautician coming in because of the COVID-19 pandemic and the process of hiring someone new. For the residents, getting their nails done was a way to feel pampered and a bit of normalcy. Many of them expressed how much better they felt when they would look at their nails and see how kept together they were. One resident, never wanted to come out of her room. So, I would go to her room on a regular basis to paint her nails. She would light up after she saw her freshly painted nails. This was also a great activity to do for the residents who were on isolation.

In addition to doing nails, I played a key role in implementing happy hour every other Friday. Happy hour was a new initiative to get residents who maybe do not enjoy doing crafts or games out of their rooms to socialize. The happy hours were always a big hit with the residents. We usually did an alcoholic drink and a nonalcoholic drink with some appetizer style foods. Then to keep them entertained, we did trivia questions or games like ‘have you ever?’ It was important for the residents to be able to live their lives as normal as possible and for many of them that meant having a drink every so often.

Many of the activities we do involve crafts or board games, so I wanted to implement competitive tournament style activities. Some of the resident's favorite activities were ones that were a tournament style and involved a prize. One activity I implemented was a basketball shoot out tournament. I set up a bracket style tournament on the whiteboard and the residents played the classic basketball game, PIG. The residents would shoot the foam basketball into the hoop and if they won their one-on-one tournament, they would move on to the next round. There was a great turn out and although they stayed seated the whole time, it got them moving. Another competition the residents enjoyed was the paper airplane competition. The residents created their own paper airplane, and we did an elimination style tournament to see who could throw their plane the furthest. The maintenance men even created an airplane trophy for the winner of the tournament which caused the competition to be much more exciting for them.

One of my first projects was implementing kindle use with the residents. When I started there was a box of unopened kindles that had been donated from a covid relief fund. I unpacked the box, charged the devices, labeled the kindles, created a checkout binder, and added apps that I thought the residents would enjoy. However, I realized many of the residents did not know how the kindles worked and the functions they could use on it. So, I added an activity to the calendar called 'kindle games and tech Q&A' where I sat with a few of the residents, showed them a few key functions of the kindles, and helped answer any questions they had about the device.

Although I had a small turnout, they loved the activity. I later helped a few residents one on one figure out how to download games they liked and even got them set up with the virtual book check out through the public library. Using the kindles is an ongoing resource in Wood Haven's activity department now and the residents can check them out to have them in their rooms for as

long as they like. The kindles are very useful to the residents who are on isolation since they are not able to leave their rooms and it keeps them busy.

Many residents spent much of their time watching television in their rooms. For some time, the residents were confined to their rooms and not allowed to come down to activities. So, they got comfortable not leaving their rooms and when they were constantly seeing coronavirus cases increasing and death rates rising, it was no surprise that many of them wanted to stay in their rooms out of fear. However, based on evidence from studies like Chao and Chen (2019), high activity participation correlates with better mental health than those who do not participate in as many activities. So, keeping this study in mind, I knew I wanted to implement an incentive to encourage residents to get out of their rooms. After brainstorming many different ideas, I came up with the idea to implement a raffle. What this meant was each time the residents came to an activity, we would write their name on a raffle ticket. Then, at the end of each month we would raffle off a basket full of goodies and fun things that usually coordinated with a theme. For example, one month the basket was filled with things for a 'cozy night in' like a fuzzy blanket, a coffee cup, popcorn, candy, a movie, and slippers. The residents love the raffle idea and would often remind us to put their name on a ticket so they could be entered into the raffle because they did not want us to forget.

As shown in appendix D, Wood Haven had opportunities for many different activities for residents of all abilities. In appendix D, I included the activities calendar from each month I was an intern at Wood Haven. As an intern I helped come up with new and engaging activities for the residents. As shown on the calendar, the number of activities offered each day increased as my time with the internship continued. As stated, the facility had new leadership, in terms of a new activity's director. The director who was with the facility before had retired after thirty years of

service. My supervisor and I both agreed that there needed to be more for the residents, especially during a time with limited contact to their families and friends. However, it was important to recognize the residents had been on a similar schedule for many years now. We did not want to implement too many changes too quickly and break a comfortable routine. So as shown in the calendar schedule, new times and activities were added such as sports tournaments and step by step crafts, but some things were kept the same. For example, bingo and cardo are games that the residents have done for years and always have a good turnout. So, we kept those activities consistent as well as morning coffee break which is a time for residents to socialize and have their favorite drink and treat. If the conversations were not flowing naturally, we would implement trivia or prompting questions to get the conversation started.

A few weeks after I started one of the staff members tested positive for COVID-19. Wood Haven has been very cautious throughout the pandemic, and thus had a very low number of positive cases. When this staff member tested positive, every resident that the employee had been in contact with had to quarantine in their room for two weeks. Residents that would leave the facility for more than 24 hours (usually for medical reasons) or were a new admit would have to quarantine in the separate hall for two weeks. The quarantine time for the residents can be very isolating so we knew how important it was to give the residents things to keep them engaged. One thing we would do is create to go crafts for the residents to do in their rooms. Sometimes that involved pages to color or something more involved with paints and glue. The kindles were also very useful for the residents to use when quarantined, whether that meant playing games, reading books, or a zoom call with a loved one. When multiple hallways were quarantined, we did hallway bingo and room to room coffee cart. I also made an extra effort to visit with those in isolation more than normal in my full PPE to keep them company.

I knew I wanted to do something extra since the residents had limited contact with the outside world, especially those in isolation. Since I am an officer with the gerontology student association, I also decided to implement a card making activity with the student organization. Students in the group made cards and dropped them off to me and I distributed one to every resident. The residents were so appreciative, especially those who do not often get mail.

Conclusion

Overall, I think the activities I implemented during my internship went well and created a difference in the lives of the residents. I choose to implement multiple smaller projects instead of one big one because I knew all the residents had different interests and I wanted to cater to all their abilities and hobbies. I think the raffle ticket incentive went especially well and I think that is a project the activities department will continue to do after I leave. The exercise activities did not go over as well as I hoped. I know that physical activity is important for the residents and I tried to make the activities fun, but there is not much I could do if this was just not an interest for the residents. If I were to start my internship over, I would have still tried the different physical activities because even if just one resident was interested, it was worth it.

I learned that it is never personal if residents do not come to an activity I planned. Often, residents would not come because they did not feel well, they were tired, they had therapy, or simply not interested in the activity I planned. I realized that not all the residents are going to be interested in every activity and I cannot please every resident every time. I learned that I needed to embrace the activity whether I had fifteen residents or just two, either way I was there to provide an engaging and fun experience for the individuals. Something else I quickly learned was making sure to give myself plenty of time before the activity started to remind residents what was happening and aiding those in wheelchairs to the room. Although we gave the residents

a copy of the calendar every month, sometimes they needed a reminder for when things were happening, and it was a nice way for us to express we wanted them there. If I could have done something differently, I would have created more times on the calendar to learn how to use the kindle. I think if I would have created more sessions there could have been more interest in renting out kindles in the future. Also, there is much to learn with the technology, there is no way to fit it all in just one session.

My experience at Wood Haven has taught me about adaptability and the importance of social interaction and stimulation for residents in long term care. I was nervous to do an internship at a nursing facility during the COVID-19 pandemic but am thankful I was able to see firsthand what the residents experienced during this difficult time. Research has shown just how important engaging activities are for older adults and the pandemic proved even more so just how vital that stimulation is.

Appendix A

Survey for Residents at Wood Haven Regarding Life during the Pandemic

Participation in this survey is voluntary and participants can discontinue at any point. All information will be kept confidential. Please rate each question on a scale of 1 to 5 by circling the number. 1 being strongly disagree and 5 being strongly agree. A few questions will ask for extended responses or short answers.

Preliminary questions:

1. How long have you been at Wood Haven?
2. How old are you?

3. Are you a short term or long-term resident?

Questions related to the Covid-19 pandemic:

1. My experience at Wood Haven has been negatively impacted by the COVID-19 pandemic.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

2. I have participated in enjoyable activities since the COVID-19 pandemic began.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3. I participated in enjoyable activities before the COVID-19 pandemic.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

4. I have felt disconnected from the outside world since the pandemic began including connections to family and friends.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

5. My appetite has been impacted since the pandemic began and has either increased or decreased.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

6. My mental health has been impacted since the pandemic began.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

7. I have experienced feelings of depression since the pandemic began.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

If comfortable, please further explain how the pandemic has impacted your mental health? I.e. feelings of isolation, depression, anxiety, etc.

-
-
-
8. I had existing mental health concerns/ conditions before the pandemic began.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

9. I have utilized technology since the pandemic began to keep in touch with my loved ones (such as through phone calls, texting, facetime, zoom, etc).

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

10. The events that the activity department hosts (such as bingo, room to room crafts, and coffee break) have positively impacted my experience and mental health.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

11. Before the pandemic I spent what percentage of my time sedentary? (on a scale of 1-100%)

12. After the pandemic I have spent what percentage of my time sedentary? (on a scale of 1-100%)

13. Please describe what a typical day looks like for you before the pandemic (whether that be at Wood Haven or your own home).

14. Please describe what a typical day looks like for you since the pandemic began (whether that be at Wood Haven or your own home).

15. What activities do you find most fulfilling? (circle all that apply)

- Bingo
- Cardo
- Crafts
- Morning coffee break
- Happy hour
- Other group games
- Movie

- Trivia
- Doing puzzles
- Other:

16. What would you want to see more of in activities?

Appendix B

Informed Consent Form for Wood Haven Pandemic Survey

Purpose and Benefit

You are invited to participate in a survey about how your mental health and wellbeing has been at Wood Haven since the pandemic began. There will be a survey now and another at the end of April 2021. The goal of the survey is to see how residents have been amidst the pandemic and how we can best support you in the activities department. Activities will continue to host events and engaging activities throughout the pandemic, all of which are voluntary.

Risks

There may be risks when answering the survey questions. The surveys will not ask participants to directly recall past traumatic experiences, but participants will be asked about their general mental health history. Recalling mental health and feelings surrounding the pandemic may be difficult topics and the participant has the right to not answer questions they are uncomfortable with.

Participant Rights

Participation in the program is completely voluntary and participants have the right to quit the program at any time. Participants can do only certain aspects of the study or decide to not answer questions they do not want to. There will be no penalty if participants decide to quit at any point. Participants' information will be kept confidential throughout the program.

Contact Information

If there are any questions or concerns, please reach out.

Kayla Valente

kayvale@bgsu.edu

Print Name

Signature

Date

Appendix C

Endorsement of Safety and Operations Plan

Section A

- I endorse this Safety and Operations Plan.
 I do not endorse this Safety and Operations Plan. I will contact the PI to recommend revisions and resubmission.

Department Chair/School Director: 

Date: 03/12/2021

Section B

- I endorse this Safety and Operations Plan.
 I do not endorse this Safety and Operations Plan.

Comments:

Given the fact that the student already works with individuals and follows COVID-19 protocols, this plan is acceptable.

IRB Chair: 

Date: 03/13/2021

Final Approval

- I approve this Safety and Operations Plan.
 I do not approve this Safety and Operations Plan.

Comments:

the student is already working at this site and safety protocols are in place. No increased risk in performing this work.

Vice President for Research & Economic Engagement: 

Date: 03/15/2021

Appendix D

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
 <p>January 2021 Wood Haven Health Care Activities</p>						
10:15 Coffee Bar Room-to-Room	10:15 Coffee Bar Room-to-Room 2:00 Guesstures Game	10:15 Coffee Bar Room-to-Room 2:00 Cardo 6:00 Q-tip Snowflake Craft	10:15 Chef Corner with Sue & Coffee 2:00 Bingo	10:15 Coffee Bar Room-to-Room 2:00 Baking	Independent Activities <small>New Year's Day</small>	10:15 Coffee Bar Room-to-Room 1:30 Hangman
10:15 Coffee Bar Room-to-Room	10:15 Coffee Bar Room-to-Room 2:00 Would You Rather Game	10:15 Coffee Bar Room-to-Room 12:00 Lunch Order In 2:00 Cardo 6:00 Bingo	10:15 Coffee Bar Room-to-Room 2:00 Bingo	10:15 Coffee Bar Room-to-Room 2:00 Movie Day	10:15 Coffee Bar Room-to-Room 2:00 Nail Salon one- on-one sign up in activities!	10:15 Coffee Bar Room-to-Room 1:30 Jewelry Making
10:15 Coffee Bar Room-to-Room	10:15 Coffee Bar Room-to-Room	10:15 Coffee Bar Room-to-Room 2:00 Craft 6:00 Red Hot Ornament Craft	10:15 Coffee Bar Room-to-Room 2:00 Winter Bingo	10:15 Coffee Bar Room-to-Room 2:00 Cardo	10:15 Coffee Bar Room-to-Room 2:00 Making Bird Seed Ornaments	10:15 Coffee Bar Room-to-Room
10:15 Coffee Bar Room-to-Room	10:15 Coffee Bar Room-to-Room 2:00 Residents Council	10:15 Coffee Bar Room-to-Room 2:00 Cardo 4:30 Dinner Order in 6:00 Bingo	10:15 Coffee Bar Room-to-Room 2:00 Bingo	10:15 Coffee Bar Room-to-Room 2:00 Can You List This Game	10:15 Coffee Bar Room-to-Room 2:00 Happy Hour	10:15 Coffee Bar Room-to-Room 1:30 Movie Day
10:15 Coffee Bar Room-to-Room	 <p>Calendar subject to change.</p>					

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Calendar subject to change.	10:15 Coffee Bar 2:00 Craft Making Sun Catchers 6:00 Card Games	9:30 Morning Stretch 10:15 Coffee Bar 2:00 Cardo	10:15 Chef Corner with Sue and Coffee Bar 2:00 Bingo	10:15 Coffee Bar 2:00 Craft Making Valentine Pins 6:00 Guesstures Game	10:15 Coffee Bar 2:00 Nail Salon one-on-one	10:15 Coffee Bar 1:30 Frozen Yogurt Bar and Trivia 3:00 Room Visits One-on-one
10:15 Coffee Bar 1:30 Movie & Popcorn "La La Land" 3:00 Room Visits One-on-one	10:15 Coffee Bar 2:00 Noodle Ball	9:30 Morning Stretch 10:15 Coffee Bar 2:00 Cardo 6:00 Bingo	10:15 Coffee Bar 12:00 Subway Order-In 2:00 Scavenger Hunt	10:15 Coffee Bar 2:00 Baking Valentine Cookies 6:00 Learn Kindle Games with Tech Q & A	10:15 Coffee Bar 2:00 Happy Hour 3:30 Valentine Surprise Room-to- Room	10:15 Coffee Bar 1:30 Valentine Nail Salon one-on-one 3:00 Room Visits One-on-one
10:15 Coffee Bar 1:30 Valentine Cupcake Decorating 3:00 Room Visits One-on-one	10:15 Coffee Bar 2:00 Can You Name 5 Game 6:00 Game Name That President	9:30 Morning Stretch 10:15 Coffee Bar 2:00 Mardi Gras Donut Decorating	10:15 Coffee Bar 2:00 Bingo	10:15 Coffee Bar 2:00 Whack the Piñata 6:00 Snowman Craft	10:15 Coffee Bar 2:00 Making Dog Treats	10:15 Coffee Bar 1:30 Baking Muffins 3:00 Room Visits One-on-one
10:15 Coffee Bar 1:30 St Patty's Day Craft *Pot of Gold Flower Pot* 3:00 Room Visits One-on-one	10:15 Coffee Bar 2:00 Residents Council Meeting 6:00 Bingo	9:30 Morning Stretch 10:15 Coffee Bar 2:00 Make Amish Friendship Bread 4:30 Big Boy Order-In	10:15 Coffee Bar 2:00 Bingo	10:15 Coffee Bar 2:00 Do the Hokey Pokey 6:00 St Patty's Day Wreath Craft	10:15 Coffee Bar 2:00 Happy Hour	10:15 Coffee Bar 1:30 Basketball Shoot-Out Tournament 3:00 Room Visits One-on-one
10:15 Coffee Bar 1:30 Name That Tune 3:00 Room Visits One-on-one	 <p>February 2021 Wood Haven Health Care Activities</p>					

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	10:15 Coffee Bar 2:30 I Spy Game 6:00 Bingo	9:30 Morning Stretch 10:15 Coffee Bar 2:30 Cardo	10:15 Chef Corner with Sue and Coffee Bar 2:30 Bingo	10:15 Coffee Bar 2:30 Shaved Crayon Art 6:00 The Price is Right	10:15 Coffee Bar 2:30 Nail Salon One-on-one	10:15 Coffee Bar 1:30 Church Group Singing in Lobby Window 3:00 Room Visits One-on-one
10:15 Coffee Bar 1:30 Charades 3:00 Room Visits One-on-one	10:15 Coffee Bar 2:30 Pong Toss 6:00 Bingo	9:30 Morning Stretch 10:15 Coffee Bar 2:30 Cardo	10:15 Coffee Bar 2:30 Bingo	10:15 Coffee Bar 2:30 Making Mint Truffles 4:30 Order In Sundae Station 6:00 Make a Stress Ball	10:15 Coffee Bar 2:30 Happy Hour	10:15 Coffee Bar 1:30 Hula Dance 3:00 Room Visits One-on-one
10:15 Coffee Bar 1:30 Paper Airplane Competition 3:00 Room Visits One-on-one	10:15 Coffee Bar 2:30 Noodle Ball 6:00 Bingo	9:30 Morning Stretch 10:15 Coffee Bar 2:30 St Patrick's Day Cardo	10:15 Coffee Bar 2:30 Bingo	10:15 Coffee Bar 2:30 Squishy Ball Toss 6:00 Salt Painting Project	10:15 Coffee Bar 2:00 Movie "I Can Only Imagine"	10:15 Coffee Bar 1:30 Pot of Gold Craft 3:00 Room Visits One-on-one
10:15 Coffee Bar 1:30 Board Games 3:00 Room Visits One-on-one	10:15 Coffee Bar 2:30 Craft Making Slime 6:00 Bingo	9:30 Morning Stretch 10:15 Coffee Bar 12:00 Lunch Order In Call of the Canyon 2:30 Cardo	10:15 Coffee Bar 2:30 Bingo	10:15 Coffee Bar 2:30 Yarn Eggs Craft 6:00 Family Feud	10:15 Coffee Bar 2:30 Happy Hour	10:15 Coffee Bar 1:30 Craft Paint a Flower Pot 3:00 Room Visits One-on-one
10:15 Coffee Bar 1:30 Planting Flower Pot 3:00 Room Visits One-on-one	10:15 Coffee Bar 2:30 Residents Council Meeting 6:00 Bingo	9:30 Morning Stretch 10:15 Coffee Bar 2:30 Cardo	10:15 Coffee Bar 2:30 Bingo	March 2021 Wood Haven Health Care Activities		

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
April 2021 Wood Haven Health Care Activities				10:00 Coffee Bar 1:00 Room Visits 2:00 Easter Egg Roll 6:00 Easter Mason Jar Craft	10:00 Coffee Bar 1:00 Coloring Café 2:00 Nail Salon	10:00 Coffee Bar 1:30 Spring Craft 3:00 Room Visits
10:00 Coffee Bar 1:30 Scrapbook Eggs 3:00 Room Visits One-on-one	10:00 Coffee Bar 1:00 Room Visits 2:00 Crotchet Club 6:00 Bingo	10:00 Coffee Bar 1:00 Room Visits 2:00 Cardo 3:15 Seniorcise Virtual Moving	10:00 Coffee Bar 10:30 Chef Corner with Sue 1:00 Room Visits 2:00 Bingo 3:30 Card Games	10:00 Coffee Bar 1:00 Room Visits 2:00 Board Games 4:30 Order in El Zarape 6:00 Game "Who is most likely to..."	10:00 Coffee Bar 1:00 Room Visits 2:00 Ice Cream Sundae Happy Hour	10:00 Coffee Bar 1:30 Craft Coffee Filter Butterflies 3:00 Room Visits
10:00 Coffee Bar 1:30 Baking Easter Egg Rice Krispies 3:00 Room Visits One-on-one	10:00 Coffee Bar 1:00 Room Visits 2:00 Canvas Painting with Broccoli 6:00 Bingo	10:00 Coffee Bar 1:00 Room Visits 2:00 Cardo 3:15 Seniorcise Virtual Moving	10:00 Coffee Bar 1:00 Room Visits 2:00 Bingo 3:30 Dominoes	10:00 Coffee Bar 1:00 Room Visits 2:00 Making Fudge 6:00 Craft Create a Floral Wreath	10:00 Coffee Bar 1:00 Coloring Café 2:00 Pickles to Penguins Game 3:00 Room Visits	10:00 Coffee Bar 1:30 Corn Hole 3:00 Room Visits One-on-one
10:00 Coffee Bar 1:30 Game Would You Rather 3:00 Room Visits One-on-one	10:00 Coffee Bar 1:00 Room Visits 2:00 Crotchet Club 6:00 Bingo	10:00 Coffee Bar 12:00 Order In Bamboo Garden 1:00 Room Visits 2:00 Cardo 3:15 Seniorcise Virtual Moving	10:00 Coffee Bar 1:00 Room Visits 2:00 Bingo 3:30 Card Games	10:00 Coffee Bar 1:00 Room Visits 2:00 Dot Flower Painting 6:00 Headbands Game	10:00 Coffee Bar 1:00 Room Visits 2:00 Happy Hour Margaritas & Karaoke	10:00 Coffee Bar 1:30 Bowling Competition 3:00 Room Visits One-on-one
10:00 Coffee Bar 1:30 Bubble Wrap Art 3:00 Room Visits One-on-one	10:00 Coffee Bar 1:00 Room Visits 2:00 Residents Council Meeting 6:00 Bingo	10:00 Coffee Bar 1:00 Room Visits 2:00 Cardo 3:15 Seniorcise Virtual Moving	10:00 Coffee Bar 1:00 Room Visits 2:00 Bingo 3:30 Guesstures Game	10:00 Coffee Bar 1:00 Room Visits 2:00 Garden Art 6:00 Funny Money Auction	10:00 Coffee Bar 1:00 Coloring Café 2:00 Make Chunky Monkey Dips	Calendar subject to change. 

References

- Booth, F. W., & Zwetsloot, K. A. (2010). Basic concepts about genes, inactivity and aging. *Scandinavian Journal of Medicine and Science in Sports*, 20(1), 1–4. doi: 10.1111/j.1600-0838.2009.00972x
- Bonham Howe, Brenda L. M. R. B. (2014). *The Gerontology Nurse's Guide to the Community-Based Health Network*. Springer Publishing Company.
- Chao, S.-F., & Chen, Y.-C. (2019). Environment patterns and mental health of older adults in long-term care facilities: the role of activity profiles. *Aging & Mental Health*, 23(10), 1307–1316. <https://doi-org.ezproxy.bgsu.edu/10.1080/13607863.2018.1484889>
- Demographic changes and aging population – rhibub aging in place toolkit*. (n.d.). <https://www.ruralhealthinfo.org/toolkits/aging/1/demographics#:~:text=The%20U.S.%20p opulation%20is%20aging,grow%20to%20almost%2090%20million.>
- FastStats - nursing home care*. (2021, March 1). <https://www.cdc.gov/nchs/fastats/nursing-home-care.htm>.
- Freed, M. F., jcubanski, T., & Cubanski, J. (2020, July 24). *What Share of People Who Have Died of COVID-19 Are 65 and Older – and How Does It Vary By State?* KFF. <https://www.kff.org/coronavirus-covid-19/issue-brief/what-share-of-people-who-have-died-of-covid-19-are-65-and-older-and-how-does-it-vary-by-state/>.
- Litton, S. (2020, October 22). *Nursing Home Life Under Covid-19 Restrictions*. Altarum. <https://altarum.org/news/survey-nursing-home-residents-reveals-deep-emotional-toll-social-isolation-under-covid-19>.

- Monin, J. K., Ali, T., Syed, S., Piechota, A., Lepore, M., Mourgues, C., Gaugler, J. E., Marottoli, R., & David, D. (2020). Family communication in long-term care during a pandemic: Lessons for enhancing emotional experiences. *The American Journal of Geriatric Psychiatry*, 28(12), 1299–1307. <https://doi.org/10.1016/j.jagp.2020.09.008>
- Nordin, S., McKee, K., Wallinder, M., Koch, L., Wijk, H., & Elf, M. (2017). The physical environment, activity and interaction in residential care facilities for older people: a comparative case study. *Scandinavian Journal of Caring Sciences*, 31(4), 727–738. <https://doi.org/10.1111/scs.12391>
- Sigelman, C. K., & Rider, E. A. (2006). *Life-span human development* (5th ed.). Belmont, CA: Thomson Higher Education.