

Project *THRIVE*: Intervention Phase Strategy Options

We are excited to continue our collaboration with your remarkable facility and begin the intervention stage of Project *THRIVE*. We appreciate your dedication to your residents, your willingness to share best practices you have developed, and your ongoing efforts to foster a safe, inclusive and engaged community. We would also like to thank the American Seniors Housing Association, Watermark Retirement Communities and Mather Lifeways for funding this innovative grant.

The following inclusive strategies have been derived from our onsite focus groups, the resident's surveys, our Modified Delphi Method and our expert faculty and consultants. As the next step, please select three (3) strategies to implement from **Inclusive Strategies: Facility-wide**, and two (2) strategies from **Inclusive Strategies: Area Specific**. As you know, the goal of these strategies is to help to build and sustain an inclusive, engaged, supportive and safe community.

Please inform us of your choices by September 1st and provide implementation specifics by September 8th. Please let us know how we can assist you with your plans. We will visit your site approximately 2-3 times a month during the intervention phase (September 15 – February 15) to help identify any implementation barriers and discuss possible resolutions or process modifications.

INCLUSIVE STRATEGIES: FACILITY-WIDE

A. Verbal Strategies

1. Educate staff and residents on appropriate language frames to incorporate into daily conversations to minimize unintended ageism, stereotyping and/or ease uncomfortable situations or difficult requests. The goal is to have the language frames become a shared norm throughout the facility, modeling desired behaviors. Examples include how best to communicate with residents who have physical disabilities, sensory impairments, or cognitive issues. A sentence frame might be, "I agree with you when you said _____, but I think that _____." "You will have to excuse me, I have to _____." "If you could repeat what you just said, I would appreciate it very much."
2. Conduct trainings to optimize resident and staff interactions: a) offer staff and resident empathic education classes on aging, ageism, and age-associated conditions (e.g., Parkinson's); b) offer compassionate communication classes; c) offer specific communication training to facilitate non-competitive activities appropriate for residents of all abilities (e.g., for residents of different cognitive abilities) and d) offer staff specific communication training to use (and model) when interacting with residents who are hearing or vision impaired.

B. Socialization Strategies

1. Establish a resident-led program that is geographically based to aid in inclusivity efforts. For example, assign one leader per hallway who is in charge of welcoming new residents, introducing them to their neighbors, and encouraging them to attend facility social events. The goal is to create a safe zone for a resident that develops into an increased level of comfort throughout the facility. The program can be implemented with varying levels of interaction and structure.
2. Establish communication procedures to improve resident-to-resident and staff-to-resident communication. For example, standardize a process to inform staff and residents of any personal updates they wish to share (health updates, marriages, deaths). Communication procedures must be agreed upon by both staff and residents.
3. Establish a method to allow residents to share their past life experiences (where they have lived, where they have worked, etc.,) and a photo of themselves. For example, this information can be compiled into a book that is housed in a central public area and when new information is included a visual sign will notify residents.

C. Sensory Strategies

1. Incorporate activities, equipment and materials for residents with sensory impairments. For example, stationary headphones in common room with announcements and/or reading of the menu.

INCLUSIVE STRATEGIES: AREA-SPECIFIC

A. Verbal Strategies

1. Language frames specific to dining room communication. For example, offer to “valet” a walker or cane in the dining room instead of “take it away,” learn strategies to avoid comments or jokes that promote age/ageism, addressing birthdays differently, etc.

B. Socialization Strategies

1. Establish a community table that allows specific populations to comfortably join. For example, a singles table, lady’s only, men’s only, dine with our staff (rotate through administration and staff to allow community members to get to know them better).
2. Post residents’ pictures in the kitchen for easier recognition by staff and encourage them to address the residents personally (but not by first name unless the resident has given them permission).

C. Sensory Strategies

1. Improve communication at the tables. For example, place “Pocket Talkers” (auditory enhancement devices) on each table and normalize their use (for example, by using language frames), and minimize centerpieces to encourage lip-reading.