

Articulating the essence of a community-
based intervention for older adults

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Problem

- The community-based Health Enhancement Program works (HEP) – but why?
- Outcomes are great, but *what happens* in the nursing office/'black box'?
- Participants in HEP are motivated and become self-managers, but *how*?

Research Question

- How do participants in the Health Enhancement Program describe the *what happens* and *how* regarding their motivation to make behavior changes?

Methods

- Qualitative, grounded theory
- Semi-structured, tape-recorded interviews of 16 participants who responded to letter of invitation
- Transcribed and analyzed using NUD-IST software

Results

- “It was very simple. You get *connected* to people you know have the *resources* that can help you. It’s helpful being with people....people who have *problems like you.*”
- “You extract by osmosis...absorb what’s in the atmosphere.”
- “They’re very good at *encouraging, caring, supporting*....and they never push....giving me *confidence.*”

Results (continued)

- “It’s my choice.”
- BIG AHA: in HEP, there is a *valuing* of each individual, no matter how ill, how frail, how old or abled. Choice, confidence and connection are valued, *modeled* and *supported*.

Next Steps

- Merge this data with what nurses in HEP have already said.
- Capture the trainable methods of supporting choice, confidence and connections.
- Develop and pilot a curriculum with Dr. Suzanne Sikma at UWB.
- Change practice?