



What a
Difference
a Day Makes

What a Difference a Day Makes

FINAL REPORT

January 2020



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EXECUTIVE SUMMARY

What a Difference a Day Makes (WDDM) is a donor-driven campaign designed and implemented by the Room 217 Foundation to determine the impact of music on social cohesion within Adult Day Programs (ADPs) across Canada. ADPs are a critical component of many communities; they provide a safe and nurturing environment for clients, and respite for family caregivers. ADPs are often run on shoestring budgets, and therefore have limited funds to purchase resources. Based on this need, Room 217 decided to target ADPs through the 2017-2019 donor-driven campaign.

The Pathways Singing Program is a high-quality, ready-to-implement resource designed for people living with dementia, the primary population served by many ADPs. Through the WDDM campaign, any ADP in Canada was eligible to receive and keep the Pathways Singing Program. Room 217 invited each ADP to participate in the 12-week program evaluation associated with the campaign to understand the outcomes of Pathways, with a primary focus on the outcome of social cohesion.

The purpose of this report is to share with WDDM participants, their caregivers, ADPs, donors, and stakeholders the outcomes from the three-year WDDM campaign. Quantitative analysis indicated that ADP clients were three times more likely to respond actively during the Pathways program, compared to other group programs. In addition, participants were 24% more likely to pay attention during the Pathways Singing Program compared to other group programs at their ADP.

Qualitative analysis of observers' reflections revealed six key theme areas: music drives the benefit; active participation and physical responses; mood changes and emotional responses; conversations, connections and social responses; cognitive responses; and clients finding themselves.

In addition, the "ripple effect" of the Pathways program describes all of the lasting or ongoing impacts indicated by participating ADPs. These included ongoing conversations and reminiscence after the end of the program, clients singing or humming at lunch time, clients choosing to come to the ADP on a certain day to participate in Pathways, and individuals with dementia *remembering* the host of the program, and looking forward to the program.

In summary, the WDDM campaign helped more than 300 ADPs across Canada access a high-quality music resource, the Pathways Singing Program, to improve social cohesion among clients. Through the WDDM program evaluation, we showed that the campaign had positive outcomes and elicited positive participation for ADP clients. WDDM will have lasting impact since all ADPs are able to keep and continue to use the **Pathways Singing Program to improve social cohesion among their clients.**

INTRODUCTION

Adult Day Programs in Canada

Adult Day Programs (ADPs) provide an array of services, and they all serve the same purpose – to provide care, structure, and social interaction for older adults in the community. Typically, ADPs are operated four or five full days a week, in the same location, and clients will attend part- or full-time, depending on the needs of a client’s family. Often, a client attends because their caregiver at home (a spouse, or adult child) needs respite, or a safe and nurturing space while the caregiver works. A high percentage of people with dementia attend, because it may be unsafe for them to be home alone during the day.

As we contacted ADPs across Canada to participate in What a Difference a Day Makes (WDDM), we discovered that some ADPs are run by not-for-profit organizations, some are run for profit; some are held in long-term care homes and are considered part of the continuum of senior living care; some staff in rural areas travel from town to town on a weekly basis, providing the service; some are run as stand-alone programs in communities; some operate under the umbrella of a larger organization which operates several ADPs in a geographic area. In Ontario, where Room 217 is located, ADPs tend to be funded on shoestring budgets, with money for rent, staff and food, and are available for anyone to attend in a user pay program.

In other locales, ADPs require a referral by a primary care provider, and receive funding from a province’s health ministry or authority.



Music – The Language We All Understand

Music is considered to be a natural choice by many experts in helping people living with dementia. Singing is particularly beneficial in

dementia care because it can benefit health on many levels. Singing provides a point of human contact, enhances emotional connection, and intimacy, and links people living with dementia to prior experiences. Singing is something that is done in groups in many settings, for example, choirs, rock bands and sporting events. Singing brings people together.

Pathways – A Singing Solution for Adult Day Programs

Pathways is a singing program designed to enhance the quality of life for people living with dementia and their caregivers. It can be used in large groups, small groups, and with individuals. It is a turnkey program and provides a solution for music making for ADP staff and volunteers who perceive that they are not musical themselves. Staff members are involved in the Pathways program by facilitating singing sessions that are led by a singing host on a DVD. The staff facilitator can therefore engage with residents in the music program whether they are “singers” or not. There are accompanying activities for each singing session should the facilitator choose to use them.

Social Cohesion

Social cohesion or group cohesion arises when bonds link members of a social group to one another and to the group as a whole. Social cohesion appears to be a desirable feature of a social entity. Yet, there is a lack of consensus in the research literature as to what social cohesion is.

In 2017, Schiefer and van der Noll completed a literature review on social cohesion in society. They summarized their findings as follows:

“The essential elements of social cohesion are social relations, identification, and orientation towards the common good. Subsequently, we define social cohesion as a descriptive attribute of a collective, indicating the quality of collective togetherness. Following this definition, a cohesive society is characterized by close social relations, pronounced emotional connectedness to the social entity, and a strong orientation towards the common good. We conceptualize cohesion as a gradual phenomenon, meaning that the societies may exhibit greater or lesser degrees of cohesion. This degree of cohesion manifests itself in the attitudes and behaviors of all individuals and groups within the society and comprises both ideational and relational components.”

According to their research, close social relations includes participation, trust and mutual tolerance. Emotional connectedness is demonstrated by feelings of attachment and a sense of belonging. Shared feelings of responsibility for the common good through acceptance and compliance of social order and norms appears to be a strong orientation. Furthermore, Schiefer and van der Noll identify shared values, (in)equality, and quality of life as antecedents and consequences of social cohesion.

These authors suggest that monitoring social cohesion requires assessable indicators. Based on results from the 2015 Pathways BETA test, we hypothesize that Pathways is a means of developing and improving social cohesion within ADPs. Using Schiefer and van der Noll’s three core essentials of social cohesion, our results fit well into their framework (Table 1).

Schiefer and van der Noll Framework	Pathways Results
Close social relations	Bonding
Emotional Connectedness	Expression, Meaning
Orientation	Participation, Environment

Table 1. Essential elements of social cohesion

The equivocal nature of social cohesion makes it adaptable, which is an important feature when referring to ADPs, as the group can be fluid and extremely dynamic based on attendance. WDDM is an opportunity for ADPs in Canada to use Pathways as an instrument to help develop social cohesion in their daily groups.



Bulletin board created at a WDDM program site after using Pathways and its activities. Components include whose hands are working hands, who's the apple of your eye, and what are you thankful for.

THE CAMPAIGN – WHAT A DIFFERENCE A DAY MAKES (WDDM)

About WDDM

Room 217's What a Difference a Day Makes (WDDM) is a donor-driven program that brings the Pathways Singing Program to Adult Day Programs across Canada. Participating sites agree to be part of a process that tracks the use and outcomes of the Pathways Singing Program as it relates to social cohesion over a period of three months. The purpose of the campaign is to extend the delivery and accessibility of Room 217's benefit-designed music resources to persons with dementia who attend ADPs across Canada. The WDDM campaign took place from January 2017 until December 2019.

Funding and Accountability

WDDM is funded by Room 217 donors and supporters. \$254,719.54 was raised during the campaign, through donations from individuals, foundations, corporations, as well as the Voices that Care fundraising concerts (Figure 1). Room 217 hosted a Voices that Care concert during all three years of the WDDM campaign. At Voices that Care, ticket sales, donations at the event, and sponsorship are the three ways that money is raised.

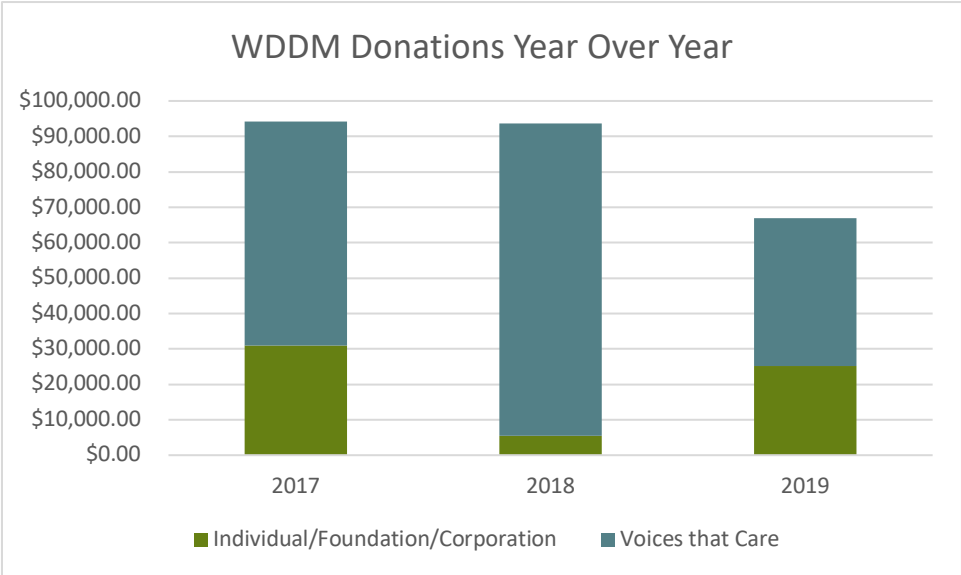


Figure 1. WDDM donations by category, year over year. Voices that Care is a benefit concert hosted by the Room 217 Foundation.

WDDM is designed to improve access to music care resources within ADPs in Canada, and to collect data on the effectiveness of the Pathways Singing Program at improving social cohesion. The budget includes the cost of site recruitment, initial support, outcomes measurement, oversight, and communication (i.e. report writing, grant writing, and knowledge translation of program outcomes with various stakeholders).

Timeline

2017

January	✓ Create program plan of action
February	✓ Create case for support, program materials, evaluation protocol ✓ Identify major donors
April	✓ Launch program ✓ Begin recruitment ✓ Tracking begins of participating sites
May	✓ Voices that Care fundraising concert
June	✓ Orientation phone calls to on-boarded ADPs
July	✓ Pathways implementation at first sites

2018

January	✓ Continue recruitment of ADPs
March	✓ Year 1 report compiled and sent to stakeholders
April	✓ Voices that Care fundraising concert
August	✓ Milestone reached: 100 Pathways sets shipped to participating ADPs
October	✓ Observation requirements modified

2019

January	✓ Begin shipping Pathways to Alzheimer Societies to add to client libraries (total of 77 locations) ✓ Milestone reached: 200 (cumulative) Pathways sets shipped
May	✓ Voices that Care fundraising concert
November	✓ Milestone reached: 300 (cumulative) Pathways sets shipped
December	✓ Last Pathways set shipped

2020

January	✓ Final report compiled and sent to stakeholders
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Table 2. Timeline of the WDDM campaign.

In addition to the highlighted timeline items in Table 2, there were a number of other ongoing tasks associated with the WDDM program. Grant writing was a process required to secure campaign donations from sponsors and foundations. Room 217 staff spent time onboarding ADPs, and continued to correspond with ADPs throughout the campaign to answer questions. The program was monitored, and sites were tracked as they progressed through the program. Each ADP received emails throughout the process to remind them of key program deliverables, such as returning the research Duo-Tang to Room 217 using the pre-addressed pre-stamped envelope for evaluation purposes.

Evaluation

In addition to getting music care resources to ADPs all over Canada, WDDM included an evaluation component to determine if the Pathways Singing Program improves social cohesion in Adult Day Programs. The key evaluation objectives include:

1. To quantify results from the 2015 Pathways Beta test around the 5 emerging themes (Table 1)
2. To measure the effects of Pathways specifically on 5 indicators of social cohesion
3. To determine how Adult Day Programs integrate Pathways into programming

METHODOLOGY

Recruitment

Before we could begin recruiting, a comprehensive list of ADPs had to be compiled. This work continued well into Year 3 of the program. Because ADPs are run by different organizations in different provinces, there was no one place to access this information; we sought it out one province and town at a time. We found ADPs online through community service organizations, through health authorities, through long-term care homes, and by referral. As we found contact information for an ADP, they were called and/or emailed, introducing Room 217 and the WDDM program to the manager. If the site was not interested, they were removed from the list so as not to be contacted at a later date. Notes were made to reach out again to sites that were interested, but not at that time. Sites that were interested were sent information about WDDM, the expectations on both sides, and a participation agreement.

Once the participation agreement was returned signed by a lead at the ADP, the site was documented as a participant, and the Pathways set and tracking Duo-Tang were shipped out to that person.

Nearing the end of WDDM, some sites were sent out the Pathways sets, without an observation booklet. Many staff had expressed interest in having the program because they acknowledged the benefits of singing and music, but did not have the staff resources to be able to commit to running the program consistently for 12 weeks.

Implementation

Implementing WDDM at an ADP involved the following three activities:

- 1) Running the Pathways program for 12 consecutive weeks at the ADP
- 2) Running a group activity at the ADP (not Pathways) pre- and post- the 12-week Pathways program
- 3) Observing the pre/post group program and the 12-week Pathways program participants and documenting the outcomes that were observed during the program

Six online tutorials were provided to ADP program staff, to get oriented to Pathways and the WDDM data collection process prior to starting the program. The WDDM program takes at least two staff members: one to act as the facilitator to encourage clients to sing and participate; a second (or more) to make and record observations of clients as they responded to the program, and make anecdotal notes. It is important to note that the Pathways program itself is designed to be turnkey and easy to implement by one individual in healthcare settings, including ADPs. The second staff member is required for the WDDM data collection process only.

Once sites confirmed their participation, they were sent the Pathways set and an observation booklet. Within the booklet, staff were prompted to run a group activity (but not a Pathways episode) as a pre-test, and make observations; run Pathways for 12 weeks and make observations; run the initial group activity as a post-test, and make observations. The booklet was then to be sent back to Room 217 so that the WDDM program evaluation could occur.

Importantly, for the 12 consecutive weeks of running the Pathways Singing Program, ADP staff were asked to run Pathways for observation on the same day of the week and time of day for consistency. For each Pathways session, the facilitator was able to choose whichever episode they wanted, and could run

the program as they wanted (straight through, pause for conversations, etc.), and were encouraged to use the activity book to supplement the session.

The observation booklet information included the program name and site location, total number of people participating, and how many of them had dementia. No names or other identifiers were documented.

Data Collection

Each WDDM site was provided with a Duo-Tang containing a summary of the data collection process and a data collection sheet for each of the 14 data collection periods included in this evaluation (i.e. 12 weeks of Pathways data collection, 1 pre-test and 1 post-test). The Room 217 program and research teams determined key variables relating to social cohesion that would be important to observe. Each week, one staff member was required to sit through the duration of the program and record every instance that one of the social cohesion observables occurred within the group. For example, every time a program participant engaged in conversation during the program, the staff member responsible for observing would add a tally mark to the appropriate box on the appropriate page of the data collection Duo-Tang (Figure 2).



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Pathways Session Observation

Site: _____ Date: __/__/__ WEEK # ____

Observer: _____ Facilitator: _____

Pathways Episode: _____ Activity used: Y N

Total # participants: ____ Participants who **do not** have dementia: ____

Please put a check mark beside **each meaningful moment** every time it is observed during the *Pathways* session.

Singing		Reminiscing	
Engaging in conversations		Smiling	
Participating eagerly		Paying attention	
Laughing		Engaging in activity	
Responding musically i.e. whistling, humming		Responding actively i.e. dancing, clapping, swaying	
Other:		Other:	

Reflections:

Figure 2. Sample WDDM data collection sheet

After the first year of WDDM, the research team streamlined the variables collected through the program. Specifically, from the original 23 variables that were collected during year 1, the 10 social cohesion variables that showed the highest variance during year 1 were kept (Table 3).

Singing	Reminiscing
Engaging in conversations	Smiling
Participating eagerly	Paying attention
Laughing	Engaging in activity
Responding musically (i.e. whistling, humming)	Responding actively (i.e. dancing, clapping, swaying)

Table 3. variables collected from Year 2 and Year 3 of the WDDM program. These variables were chosen because they had the highest variance within the Year 1 WDDM data collection booklets. Variance is an indicator of how effective a variable is at detecting meaningful changes in quantitative research data.

Amendments were made to the data collection process at the end of Year 1 in order to make WDDM more accessible to ADPs across Canada. By reducing the amount of variables, the data collection process became less cumbersome for the WDDM program observer.

Roles & Oversight

- Deb Bartlett – Program Lead
- Shannon Shier – Program Coordinator
- Chelsea Mackinnon – Evaluation Coordinator
- Bev Foster – Executive Advisor
- Marian Constable – Program Support

RESULTS

Demographics

A total of 317 ADPs participated in the WDDM program. The majority of homes were located in Ontario (54% of participating ADPs). Table 4 breaks down the number of participating ADPs per province.

Province/Territory	Number of participating ADPs
Alberta	31
Nova Scotia	22
Ontario	170
Manitoba	23
British Columbia	35
Saskatchewan	25
Newfoundland	3
Quebec	0
Prince Edward Island	0
New Brunswick	7
Northwest Territories	1

Table 4. WDDM participants broken down by province.

A total of 134 ADPs (42%) participated in the data collection component of the WDDM program. Due to resource limitations, the remaining ADPs participating in WDDM did not complete the evaluation booklet.

On average, a total of 11 ADP clients were present at each WDDM program session. Across the 797 recorded Pathways sessions, 1539 individuals living with dementia participated. The most popular Pathways episodes were the United Kingdom and Europe, which together were played during 19% of the WDDM sessions.

Quantitative Results

Count Data

Based on the information gathered from the WDDM data collection booklets, we estimate that Pathways was enjoyed by clients over 38,380 times¹. It is important to note that this is most likely a conservative number, as many participating ADPs continued (and still continue) to utilize Pathways on a weekly basis. In this analysis, we are only considering 12 weeks of impact that the Pathways program had.

Within the WDDM program, ADP clients sang 43,200 times. Clients reminisced within the Pathways program 7680 times. The Pathways program was captivating and attention-holding for 97% of program participants. Often, clients responded actively, by tapping, swaying, clapping, dancing, or gesturing. On average, 12 instances of active engagement were recorded per Pathways session. This means that on average, there were more active engagements per Pathways session than there were participants, indicating that clients often engaged actively on multiple instances within the same session.

Quantitative Analysis

We compared the probability of an ‘outcome’, such as engaging in conversations, smiling, responding actively, etc. during the Pathways program to an alternative non-Pathways group program. Individuals were three times more likely to respond actively during the Pathways program, compared to the pre- and post- non-Pathways programs. In addition, participants were 24% more likely to pay attention during the Pathways Singing Program compared to the pre- and post- programs.

Interestingly, during the After Pathways observation, clients were much more likely to engage in the activity, compared to the Before Pathways observations (Table 5). This may indicate that the positive social cohesion outcomes that occurred within Pathways could have had a ‘ripple effect’. At Room 217, we use the term *ripple effect* to refer to positive outcomes that occur because of music, but outside of the context of the intervention/program/process that we are investigating.

Event type	Engaging in Conversations	Participating Eagerly	Laughing	Smiling	Responding Actively
Pre-Activity	6.61	6.08	6.89	7.66	4.56
Pathways	5.24	6.94	5.12	8.12	12.0*
Post-Activity	7.4	9.0	8.06	9.19	4.03

¹ This number includes every instance that each individual participated in the Pathways program. For example, if Joe was present for all 12 weeks of the Pathways program within WDDM, that would count as 12 instances of clients participating in Pathways. If Akshdeep was present for 6 of the 12 sessions, that would count as 6 instances of clients participating.

Event type	Reminiscing	Engaging in the Activity	Paying Attention
Pre-Activity	3.24	8.72	7.80
Pathways	3.25	6.89	10.3*
Post-Activity	3.75	9.09	8.67

Table 5. Comparison of the average number of events occurring during the WDDM pre-activity, the Pathways program, and the WDDM post-activity. *indicates significance.

Qualitative Data

Each week, in addition to completing the count data, the individuals filling out the Pathways observation sheet were invited to provide qualitative reflections regarding the session from that day. We completed a thematic analysis of these qualitative comments, which provide context to the quantitative and count data collected through this program evaluation. Please note that for the purpose of this report, spelling mistakes from the hard-copy data have been corrected. Any word changes or additions were made to enhance clarity/readability, and are indicated in square brackets.

Six key themes emerged from the data. The first, most prominent and overarching theme, was **music as the driver of social cohesion**. Reflections across all weeks and sites pointed to the importance of the *musical* component of Pathways having a positive impact on the outcome of social cohesion. In many cases, social cohesion was improved, developed, or enhanced during the WDDM program. The music had a noticeable impact on quiet and shy clients, and was able to draw these individuals out of their shells. This is exemplified by a number of reflections about these clients engaging *with* the music, or engaging in the context of the group, *through* the music. For example:

“A client who is non-verbal attempted to sing.”

“A female participant who is shy and unsure participated and came out of her shell.”

“A new client was resistant; she stated she can’t sing; she immediately began to sing along and participate in discussion.”

“Sally who’s normally not responsive sang!”

“One lady who typically doesn’t participate, began tapping her feet and gently rocking.”

“One participant, who is usually more reserved, sang strongly and clearly.”

The reflections above indicate that the music played a critical role in the engagement of clients in the program. In addition to drawing out quiet and shy clients, music was the driver of engagement when certain episodes were used in a purposeful way. For example, a number of reflections involved using a seasonal episode in the opposite season that the day program was operating. The music and Pathways episode in these cases led to a high level of engagement, and social interactions:

“We did this [winter episode] one late summer hot hot day. Lots of discussions and laughter about winter pictures and summer heat. Everyone enjoyed talking about winter activities and traditions. Much sharing of memories.”

Other instances of music leading to enhanced social cohesion was the integration of a 1-year-old child into the Pathways program, the use of live music following the Pathways music to enhance the activity associated with the program, and a client with an intellectual disability (not a dementia client), expressing his excitement about Pathways: *“Goody good gumdrops. We are doing music!”*

Interestingly, the remaining five themes are representative of the five domains of health (Figure 3). The five human domains, physical, cognitive, social, emotional, and spiritual, represent a wholistic way to approach health and wellness. At Room 217, and among many healthcare scopes of practice the five domains are an important concept when caring for the “whole person”. Each of the remaining themes, the human domain they are associated with, and examples of each, are discussed below.

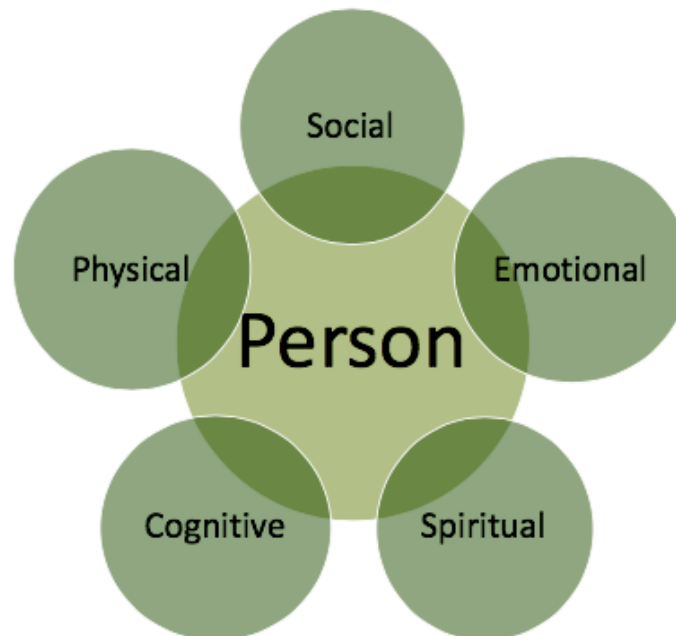


Figure 3. 5 human domains representing whole-person care.

The theme of **active participation and physical responses** includes the outward, action-related responses to the Pathways Singing Program. Physical responses, such as singing and responding together (“*I’ve never heard Amazing Grace sung so loud!*”), dancing, toe tapping, clapping, and facial responses such as smiling and laughter were important sub-themes. Statements such as, “*the majority of responding actively is in the form of tapping feet*”, “*one client played the air violin*”, and “*one client stood up three times to dance*” are representative observations of typical Pathways sessions within the WDDM program. It is important to note that not every resident actively participated, or engaged in a positive way. For example, “*one participant who typically repeats ‘my wife’ and ‘I’m home’ maintained this through the video*”, and “*Robert lost interest by the last couple of songs. He seemed to only really like the first song.*” Therefore, while there is great evidence to show that Pathways induced positive active participation and physical responses in many participants, not every individual had this experience.

In a number of cases, the Pathways program seemed to create an open or fluid environment, where clients were welcome to wander in and out of the room as they wished:

“Two clients left half way through and one joined.”

“Client joined part way through the program after hearing singing. Two clients began dancing with each other.”

“Clients helped each other by moving their chairs so clients can leave as desired.”

In addition to physical movements around, and in and out of the program room, lots of participants danced: *“one client stood up three times to dance”, “one client was not engaged in the beginning but after listening to the music started to smile and stood up to dance.”*

The next theme, **mood changes and emotional responses** includes subthemes of tears, calming effect, attentional effect, sleep, and heightened mood. Numerous instances of these emotional responses and shifts in mood or alertness occurred in the WDDM program. There were many instances of tears occurring in the WDDM program, as indicated in the following comments:

“Tears were coming out of her eyes and [she] still continued singing.”

“One woman got teary when listening to Farewell to Nova Scotia because she was born there.”

“Some tears today, not of sadness, but of memories. Seemed to be very good emotional response and many clients were eager to share personal stories.”

“[She] shed tears when wife told story of how she met her husband. [The program] brought tears to eyes of one of our gentlemen – he loved the music”.

In some cases, tears occurred at multiple occurrences in the program. Pathways had a powerful calming effect, especially for clients who were agitated:

“One lady who is usually very hyper sat through the entire episode.”

“A client who normally doesn’t sit still was calm, relaxed, hummed and held hands with staff and other clients.”

“The music did calm our client that has dementia. He was very restless before this program being played.”

Words such as calm, quiet, and reflective recurred across many Pathways sessions. In some cases, Pathways had an intense calming effect, which led residents to sleep:

“One person appeared sleepy, closing his eyes and visibly enjoying music.”

“We had one person doze off because it was relaxing.”

“Client slept intermittently throughout the program and woke up during the singing portion.”

“One man did nap for most of it.”

A final change in mood that consistently occurred was in clients who were distracted and wandering, which shifted to focused and attentive during the Pathways sessions. Many reflections included a list of the number of individuals who paid attention for the whole program. For some clients, Pathways was significantly more attention-capturing than most stimuli: *“K.E. stayed through the whole program and didn’t ask to go home or ask for his wife.”* The attentional component of Pathways is also discussed in the following theme, however it is important to also mention it here in the context of a significant shift in mood and/or emotion that occurred for many clients.

The theme of **cognitive responses** includes engaging executive functions, memories and story sharing, reminiscence, and remembering Pathways. Executive functions refer to complex brain processes that allow us to plan movements, organize information, synthesize knowledge, and self-regulate. In the context of dementia care, activities that activate executive functions are brain-nourishing and beneficial. Evidence of clients engaging their executive functions include:

“One client seemed to know all the songs – was singing ahead of the singer.”

"Today we had a smaller group of ladies. They were comparing today's episode with other episodes we had done."

"The words across the screen cued and participant read, which he has never done before. Sang with great gusto."

"Everyone recognized the singer and were eagerly waiting to sing along. Out of 9, 6 clients were singing and doing actions. Four clients were clapping and tapping their feet. Two clients were talking about their visit to Nova Scotia. Two clients were engaged in conversation but when the singing started they joined in singing. One client commenting on the flowers and animals in the pictures."

"[Participants were] speaking to each other about the songs. Discussing faith and each person's experience/past with religion. When the descriptions would be spoken about the songs, participants would guess what was to come."



The latter comment above, regarding the faith-based discussion, is an example of both activation of executive functions and story sharing. Other examples of residents interacting and sharing stories are discussed in detail in the final theme, titled conversations, connections, and social responses. However, it is important to note the cross-over between story sharing within this current

theme of cognitive responses. The act of recalling past events, and sharing them in the *context* of a conversation or the singing program indicate a high level of cognitive engagement.

Another sub-theme of cognitive responses is remembering. Clients remembered Pathways, Briar (the singing host), and personal stories and events:

"'Home on the Range is sung too slow, too high pitch,' [a client stated]."

"Oh, I remember this!"

"Participant described having seen these already – remembering participation – typically is unable to express past experiences that make sense. Some participants finished Briar's sentence before her with the next verse... amazed. Another participant particularly enjoys singing these songs – 'oh that brings back memories' – enjoys Briar as well. Lost interest during last song."

"Some want Pathways every time they come."

"Some clients with dementia are familiar and remembering the songs."

"Oh, there she is!" [in response to Briar appearing on the screen]

The next theme, **conversations, connections, and social responses** is most closely linked to social cohesion in ADPs across Canada, as it involves active *group* engagement. Sub-themes include: lasting connections, client to client interactions, client to staff interactions, language, and culture.

Lasting connections were exemplified when clients continued to converse and engage together after the singing program and any associated activities were complete. For example, “some [clients] started singing on their own after the video”. In some cases, the connections and conversations occurred prior to the program: “clients worked together to arrange chairs so that two clients could sit next to each other.”

Connections also occurred during the Pathways program, in the form of client-to-client interactions:

“One client complimented another in their vocal skills. Client stated he used to be in a choir.”

“Clients shared memories of their homeland and some found out they were born in the same area.”

“Clients wanted to dance [with] one another.”

“Cooperative and very interested to hear each other’s stories.”

“One person with moderate dementia sought to hold hands with person next to him during Silent Night.”

Staff indicated that Pathways provided an opportunity to relate, get to know clients, and hear their personal stories. In addition, many conversations between staff members and clients were started as a result of the Pathways program or the associated activities. A detailed account of the staff perspective of Pathways is included in the following section, Enablers and Barriers of Pathways Program Delivery.

There were many observations made about ADP clients and how they responded to Pathways when songs or music or photographs were about the place in which they were born, or raised, and linked to their language, culture, or personal identity. Through this singing program, clients who were frequently withdrawn had an outlet in which to celebrate their heritage with their peers. Among the comments made by ADP staff were:

“A Jamaican client who doesn’t usually participate was singing along to Day-O, she also answered questions. She expressed thanks to staff.”

“Clients from Jamaica were singing/dancing to old traditional dance moves from Jamaica with staff.”

“A lot of singing with this episode. Particularly moving for one client born in Barbados. Beautiful, bright colours.”

The French Canada episode was not well received in sites where there were only English speakers, but it had an impact at sites where there were French Canadian clients. ADP leaders wrote:

“Only one who keeps to herself and reads was thrilled because she is French - shared stories, really participated.”

“We had one lady today who speaks French as a first language and she really connected with the Canada DVD. She reminisced about living in Quebec and was able to sing along to the songs.”

The reactions to “home” were not confined to only people born outside of Canada. Two different program leaders wrote that clients had reactions to Farewell to Nova Scotia, such as:

“One woman got teary...as this is where she was born and spent her childhood there. She smiled as tears ran down her face and began to reminisce of the days she lived there.”

“[Client] had watery eyes and pointed to the screen when Farewell to Nova Scotia played.”



The Pathways episodes gave these clients an outlet to celebrate and share their heritage. These responses indicate that ADP staff can incorporate music from around the world (whether they are knowledgeable about the music or not) and allow their clients to share information about culture and heritage with their peers.

The final theme is **clients finding themselves** and is related to the spiritual domain. Pathways became a safe space for clients to express their emotions, feelings, and participate in the context of a group program. ADP leaders indicate that the singing program is a way for people to find parts of themselves they've been unable or unwilling to share. One ADP leader wrote

"I have noticed the most dramatic change in my blind and challenged client. She sings out loudly, taps her toes, hums, participates in all the activities and physical movements that Briar suggests in the video. What a difference in her from the beginning when she was so reserved."

Pathways gave this ADP client the means to flourish. Another ADP leader noted:

"Pathways has been a very successful program in my ADP. The clients eagerly looked forward to it each week and sang louder and with more confidence as time went on."

Yet another said:

"As the program progressed, more people felt at ease and participated more freely."

Through WDDM, clients who had held back found a space in which to safely express themselves.

DISCUSSION

Program Outcomes

The WDDM program was designed to accomplish the following outcomes:

1. The WDDM campaign will improve social cohesion within ADPs in Canada
2. The WDDM campaign will increase access to music care resources in ADPs in Canada
3. The WDDM campaign will build upon previous research investigations conducted on the outcomes and effectiveness of the Pathways Singing Program

The WDDM program led to hundreds of ADP clients singing, reminiscing, and engaging together. A total of 317 ADPs received the Pathways Singing Program through the WDDM program. Numerous ADPs indicated to Room 217 that Pathways has become a staple program within their centre. Certain clients even attend their ADP on a specific day because Pathways is happening. Based on quantitative and qualitative evidence, we can conclude that the WDDM program improved social cohesion within ADPs in Canada.

Enablers and Barriers

Throughout the three years of delivering the WDDM program, and within the qualitative comments provided during the data collection, a number of enablers and barriers emerged, related to the WDDM program delivery. It is important to note that these enablers and barriers are related to WDDM program delivery, including logistics, enrolment, ongoing support/communication, and the Pathways Singing Program itself.

Two prominent enablers to Pathways delivery within the WDDM program were aesthetics and the activities associated with the Pathways program. Specifically, clients and staff felt that the images were “beautiful”, that clients “love her [Briar’s] singing”, and that the photos accompanying each episode were aesthetically pleasing. Referring to Briar, the host of the Pathways program, an observer reflected “she is a good host.” Each Pathways episode is accompanied by a set of complementary activities. Repeatedly, ADP staff shared that the activities were engaging, enjoyable, and fostered group cohesion and reminiscence.

Language acted as a barrier to program delivery in some cases. For example, certain ADPs used the French episode within an anglophone population: “none of the clients were French-speaking, so not very engaged in the episode.” While it was not a requirement to use every episode of Pathways, the instructions were interpreted by some ADPs incorrectly. Certain participating ADPs cater to a specific culture or language, and therefore participating in a primarily English singing program was challenging. In other cases, language acted as a barrier to *verbal* participation, but invited alternative ways of engaging in the program. For example, some clients whistled, clapped, or danced, even if they did not speak English and/or French.

In regards to delivery of the WDDM program (i.e. the evaluation and program components), one unexpected barrier emerged. When staff of Room 217 began contacting Adult Day Programs across Canada to offer them the opportunity to participate in WDDM, they were surprised to find out that many of the program staff did not reply to emails because they thought the “offer” was a scam. ADP staff who were not familiar with Room 217 assumed there was a catch to the offer of a free program for their site. This was particularly difficult in the first round of recruiting, when staff couldn’t say there were sites on-boarded and participating in the program. Even after making phone calls to sites as a follow-up to the email, site leaders would just say they weren’t interested. It was only after several months of very slow recruiting progress that a few site leaders who did decide to participate admitted to Room 217 staff they were reluctant at first because they thought there was some sort of scam. They said it sounded too good to be true, that they would get the Pathways program and be able to keep it at no cost, with no

subscription fees or costs in the future. Those conversations led staff to reword the initial email to address some of those concerns, and to assure the site leaders that Room 217 was a legitimate organization, whose donors were paying for the program.

Finally, the Room 217 staff members involved in WDDM program delivery were excited to hear positive feedback about the WDDM program, as more time and energy than expected had to go into ADP recruitment. Even among ADP site leaders who loved music, there was skepticism that Pathways would contribute much. There were times when Room 217 really had to “sell” site leaders on how great a resource Pathways was, and how beneficial it could be to the ADP. One leader in particular was concerned that their clients would not benefit from the program. Noting that their clients were high-functioning with mild dementia, she was concerned that the program, as described, would be childish, and not well received. She was advised to run and trial the free episode on Room 217’s website. She did, and replied “I have to say they loved it! So we are interested in starting up the program.” Staff was able to visit this ADP site later, and the clients were very thankful to Room 217 and its donors for bringing music into their ADP on a regular basis. Even after WDDM ended, staff was still using Pathways as a regular part of programming.

LIMITATIONS

An important limitation of this report is that not all of the WDDM participating ADPs returned their data collection Duo-Tangs. Of those that did return them, 12% were filled out incorrectly and therefore unusable in the data analysis section. This could lead to a decreased generalizability in the results gathered from this program evaluation. For example, it is possible that ADPs with limited resources (and therefore were not able to complete the data collection process) had a different experience running the Pathways program. We did not look into the factors that did or did not lead to ADPs returning their data collection booklets; this may be an important step for future study to ensure accessibility across all ADPs.

CONCLUSION

The WDDM campaign was designed and implemented by the Room 217 Foundation to increase social cohesion in ADPs across Canada. We showed through quantitative and qualitative analysis that through this three-year donor-driven campaign, that Pathways positively impacted clients and staff at more than 300 ADPs across Canada. The WDDM campaign will have lasting impact as participating ADPs continue to use the Pathways Singing Program as a component of their weekly routines.