

CREATION OF AN EDUCATIONAL SOCIAL CAPITAL WORKSHOP FOR THE
“FRIENDS OF IBASHO” GROUP IN HAWAII
UNIVERSITY OF HAWAI‘I AT MĀNOA NANCY ATMOSPORA-WALCH SCHOOL OF
NURSING

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Abstract

Problem: Loneliness and social isolation negatively impact the older adult population and are linked with increased morbidity and mortality. Evidence-based interventions that increase social capital, such as the Ibasho program, have been used to combat social isolation among older adults. The “Friends of Ibasho” in Hawaii is a potential Ibasho site, yet interventions targeted at social capital have not been implemented with this group. **Purpose:** This presentation describes an educational intervention designed to build knowledge, attitudes, and practices regarding social capital within the “Friends of Ibasho” group. **Approach:** A 60-minute educational workshop was developed and implemented, which included activities focused on the domains of social capital (trust, networking, and volunteerism). Pre/post- intervention questionnaires were used. Data collected were analyzed using descriptive statistics and qualitative analysis. **Results:** 24 people participated in the intervention of which 16 were older adults. Data analysis was limited to this group. Aggregate group (n=16) mean knowledge scores increased from 3.0 to 5.9, attitudes from 4.1 to 4.6, and practices from 3.6 to 3.9 between the pre- and post-intervention questionnaires. **Discussion:** Results suggest the intervention resulted in increased knowledge, attitudes, and behaviors related to social capital. The group listed various activities that would move them towards increasing social capital amongst their group’s members and the community. **Recommendations:** This project demonstrates how a short intervention may increase social capital among older adults in the community. Further projects are recommended to carry out more social capital building activities in order to prepare communities to initiate the Ibasho program in Hawaii.

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Creation of an Educational Social Capital Workshop for the “Friends of Ibasho” Group in Hawaii

According to the World Health Organization (2022), those aged 60 years and older made up 12% of the total world population in 2015. It is projected that in 2030, 1 in 6 people in the world will be 60 years or older (World Health Organization, 2022). This trend is also seen within the United States, where in 2030, 1 in 5 people will be an older adult categorized by the age of 65 years or older (AARP, 2023). The pattern of significant increase in older adults is also observed in the population of Hawaii. There were a reported 1,455,271 people living in Hawaii according to the 2020 Census, those aged 65 years and older were estimated to make up 277,200 of those people (Kim & Fossett, 2021). Those aged 65 years and older made up 19% of the population in 2020, up from 14.3% in 2010. The percentage of older adults is expected to continue to rise with a predicted percentage of older adults at 22.6% of the population in 2030 (Kim & Fossett, 2021).

Loneliness is a risk factor for increased mortality in older adults and has been compared to other leading causes of premature death including smoking, obesity, and physical inactivity (National Academies of Sciences, Engineering, and Medicine, 2020). Furthermore, those who are lonely have an increased risk of dementia, heart disease, stroke, depression, anxiety, and suicide (National Academies of Sciences, Engineering, and Medicine, 2020). According to the National Academies of Science, Engineering, and Medicine (2020), nearly one in four adults over the age of 65 years old fit the criteria of being socially isolated, characterized by having few social relationships or infrequent social interactions. Hawaii Health Matters (2022) reported that 50,007 people aged 65 years and older lived alone in Hawaii between 2016 and 2020 according to the American Community Survey 5-Year. There is no surprise that those living alone have

increased from 48,131 people in 2015 to 2019 with an upward trend of individuals over the age of 65 years and older (Hawaii Health Matters, 2022). The risk factors for social isolation that an older adult may encounter after retirement are living alone, the loss of family and friends, hearing loss, and the complications of chronic illnesses (National Academies of Sciences, Engineering, and Medicine, 2020).

Evidence-based interventions exist to prevent social isolation among the older adult population. Ibasho is one example of a program that addresses social isolation by enabling older adults to take on leadership roles rather than passively attending activities within the community. The Ibasho program was created by Dr. Emi Kiyota, an environmental gerontologist, as a way to socially integrate older adults back into the communities after an earthquake struck Japan. The Ibasho model provides a high-yield intervention as the sustainable program's foundations are run by the older adults within the community. Ibasho focuses on increasing social capital amongst the older adult participants as social capital will combat loneliness, strengthen resilience in the community, and combat the effects of a natural disaster through better disaster outcomes and recovery times (Aldrich & Kiyota, 2017). Its successful implementation in Japan led the program to be replicated in other areas such as the Philippines and Nepal (Kiyota et al., 2020). An important element of the Ibasho approach is that it is informed by an approach of building social capital, which has been defined as "features of social organizations, such as trust, norms, and networks, that can improve the efficiency of society by facilitating coordinated actions" (Putnam et al., 1993). While the Ibasho program has not been established in Hawaii, there is great interest among older adult community members regarding the program and its approach to building social capital among participants.

Problem Statement

The “Friends of Ibasho” group was identified as a potential Ibasho site in Hawaii. An assessment and education on social capital was not completed yet due to the group being in the early stages of becoming an Ibasho group, time constraints, and delays due to the COVID-19 pandemic. Interventions that target the “Friends of Ibasho” group’s knowledge, attitudes, and practices related to social capital were not previously completed. Conducting such interventions may help increase their readiness to serve as an Ibasho site in the future.

PICOT

For the older adult participants of “Friends of Ibasho” (P), how does an educational intervention focused on enhancing social capital as defined by the group (I), compared to no education (C), influence the group’s knowledge, attitude, and practices related to social capital within the group (O)?

Purpose and Objectives

The purpose of this project was to provide an educational intervention designed to build knowledge, attitudes, and practices regarding social capital within the “Friends of Ibasho” group. This DNP project targeted the following objectives:

Objective one: Conduct a workshop focused on social capital among the “Friends of Ibasho” group, with an emphasis on defining what social capital means for the group.

Objective two: Improve knowledge, attitudes, and practices related to social capital (as defined by the group) amongst the “Friends of Ibasho.”

Conceptual Framework

The Consolidated Framework for Implementation Research (CFIR) was used to guide this DNP project. The CFIR compartmentalized different domains that influenced the implementation process of a project and therefore adaptations to the implementation process

were made. CFIR is composed of five domains: innovation, outer setting, inner setting, individuals, and implementation process. The “innovation” domain in relation to this project was the educational intervention and activities aimed at increasing knowledge and attitudes of social capital and the Ibasho program amongst the “Friends of Ibasho” group. The “outer setting” identified for this project was the community of Kalihi, sociocultural values and beliefs, economic and political conditions, and the environment. The “inner setting” consisted of the “Friends of Ibasho” group composed of about 25 older adult participants, the church in Honolulu and its infrastructure, previous connections as an established church group, meetings held once monthly, and culture. At the “individual” level, all participants of the “Friends of Ibasho” were invited to participate in the intervention as implementation team members and innovation recipients. Lastly, the “implementation process” consisted of educating, engaging, and the use of reflection by the “Friends of Ibasho” group on social capital components and their relationship to the Ibasho project. A Logic Model was created to guide this DNP project through the implementation phase. Logic Models provide a systematic way to visualize the relationship between the program, plan, and results (W.K. Kellogg Foundation, 2004).

Synthesis of the Evidence

Evidence Search

CINAHL and PubMed databases were used to search the literature. Search terms used in CINAHL and PubMed were “social capital,” “aged or elder or older adult,” “trust,” “health outcomes,” and “community.” Filters applied to the literature search include “English,” “within 10 years,” and full articles online. Over 10,000 articles were found using CINAHL and PubMed, and a total of fourteen articles were appraised after removing duplicate and non-relevant articles. A summary of the articles may be found in the literature matrix (Table 8). Mosby’s Level of

Evidence Grading Tool was utilized to critically appraise these articles and to identify their level of evidence (Table 1). The majority of the articles were descriptive studies (Level VI).

Synthesis

Several themes were apparent through a literature search including 1) social capital in the older adult population, 2) barriers to attending activities outside of their home experienced by older adults, and 3) the effect of social capital among the older adult population following natural disasters.

Social capital in the older adult population. After older adults retire, they enter Erikson's final stage of psychosocial development, integrity vs. despair, in which they start to reflect on their lives in search of accomplishment and fulfillment. Increased social capital as an older adult has been shown to have many benefits across the literature. Volunteerism and social activities outside of the home have been shown to increase the quality of life, create purpose, instill a sense of belonging, increase resilience, and have better health outcomes amongst the older population (Gibb, 2018; Haseda et al., 2019; Madsen et al., 2018; Williams & Shepherd, 2016; Xu et al., 2022). Creating resilience within the community is a protective factor against declining sensory functions and fear of death (Tan et al., 2021). Furthermore, many older adults can find positive coping skills by attending church through self-empowerment, belongingness in their environment, and finding meaning and purpose in life or the perceived afterlife (Baldacchino et al., 2014). Finding a common place for older adults that supports leadership opportunities will benefit the community (Reyes & Meyer, 2020).

Barriers experienced by the older adult population. Barriers experienced by older adults in the communities in the literature could be broken down into intrapersonal, interpersonal, and organizational. The most common barrier addressed within the literature at the

intrapersonal level was having an illness or disability (Choi, 2020; Galenkamp & Deeg, 2016; Goll et al., 2015; Liljas et al., 2017; Yamazaki et al., 2021). Liljas and colleagues (2017) researched ways to reach “hard-to-reach” older adults and found that barriers encountered by this age group include a lack of motivation (Yamazaki et al., 2021), lack of self-confidence, and language barriers. Goll and colleagues (2015) also mentioned many barriers to social participation in their findings including difficulties adapting to aging, minimizing the difficulties of loneliness, keeping busy with solitary activities (Yamazaki et al., 2021), and fear of rejection or anxiety. On the interpersonal level common trends seen were loss of contact with friends/family and ageism (Goll et al., 2015; Yamazaki et al., 2021). On the organizational level, Goll et al. (2015) mentioned barriers such as the lack of acceptable social activities (Yamazaki et al., 2021), lack of a supportive community, perceived danger in the neighborhood (Choi, 2020; Yamazaki et al., 2021), and the feeling of loss of community. Other barriers that could be categorized under organizational include the lack of information about activities (Choi, 2020; Liljas et al., 2017) and transportation (Choi, 2020; Galenkamp & Deeg, 2016; Liljas, 2017).

Effect of social capital of the older adult population in the face of natural disasters.

Older adults are at risk of delayed recovery and increased mortality after a natural disaster due to their preexisting comorbidities, physical limitations, lack of access to family or institutional support, and delayed or lack of information needed to complete government assistance programs (Lee et al., 2022). The study of social capital before a natural disaster is highly understudied, therefore the literature describes the effects of social capital amongst the post-disaster populations. Social capital indicators, such as personal network and trust within a person’s neighborhood, have proven to have a positive association with post-disaster recovery at the personal and family level (Lee et al., 2022). Social capital intervention projects, such as Ibasho,

have proven to improve post-disaster recovery among older adult participants (Aldrich & Kiyota, 2017; Lee et al., 2022).

Methods

Project Design

This DNP project aimed to increase the knowledge, attitudes, and practices surrounding social capital among the “Friends of Ibasho” group. This project guided participants through activities based on the domains of social capital, as defined by Putman, including trust, networking, and volunteerism (Lee et al., 2022). Emphasis was placed on having the group define what “social capital” means to them.

Setting

This project was conducted in a gathering place associated with a church located in Honolulu, Hawaii. The gathering hall is a common place for larger meetings with association to the church to be held. This location is accessible to all members of “Friends of Ibasho.” Meetings for “Friends of Ibasho” occur on the second Sunday of each month following a meeting of their previously established church group.

Participants

The participants of this DNP project belong to the “Friends of Ibasho” group. The “Friends of Ibasho” group was identified as one that may be suitable as an Ibasho site in Hawaii in the future. Persons invited to participate in the project are those who are older adults (persons 60 years or older) members affiliated with the “Friends of Ibasho” group.

Intervention

This DNP project consisted of an educational intervention focused on social capital building. The intervention included an educational session and a participant workshop. The

educational session introduced social capital to the participants. It also provided a review of the Ibasho program and its core principles (Appendix C), as an example of a program that builds social capital among older adults and their communities. Social capital was not a widely known subject among the group. Therefore, education was provided to promote a better understanding of ideas of social capital and help the group determine what social capital means and looks like in the Friends of Ibasho setting. The principles of Ibasho were reviewed to remind the group of what the Ibasho program is and provide a basis for the “Friends of Ibasho” group to navigate their way toward establishing an Ibasho site. The educational session was allotted 10 minutes. An age-appropriate handout was created by this DNP student with all the information that was provided in this lecture-style educational session.

The social capital workshop was structured around discussing and defining the components of social capital: trust, networking, and volunteerism. The goal of the workshop was to help the “Friends of Ibasho” group determine what these components “look like” in practice within their group. The complete workshop was conducted over two months, the first session included one 60-minute session of the educational intervention and social capital workshop and the second session included the program evaluation. These sessions were conducted during a meeting time that aligned with the “Friends of Ibasho” member meetings, held on the second Sunday of each month. Descriptions of each activity in the workshop are listed in Appendix E.

Data collection

A pre- and post-intervention questionnaire were provided to the “Friends of Ibasho ” group to assess their knowledge, attitudes, and practices of social capital amongst the group. Participants were asked to complete a pre- and post-questionnaire immediately before and after the implementation of the educational workshop. The questionnaires were completed on paper.

The pre-intervention questionnaire (Appendix D) provided to the group was to serve as a baseline understanding of the group before the implementation of this DNP project and included questions related to demographics and an assessment of the knowledge, attitudes, and practices of social capital amongst the group. Two knowledge-based questions were provided to the group, the first question asked participants to rate their knowledge of social capital using a numerical scale (1=no knowledge, 10=extremely knowledgeable). The second knowledge-based question asked participants to write down examples of characteristics or activities of the Ibasho program that could increase social capital in the community. Attitude and practice-based questions used a Likert-type response format, with “1” = “strongly disagree” to “5” = “strongly agree.” Following the completion of this social capital workshop, participants were asked to complete a post-intervention questionnaire (Appendix D). At the next meeting due to time constraints, there was a brief discussion of participant’s feedback regarding the educational session (Appendix F). All the data was collected and stored in a secured Google Drive located within the University of Hawaii at Manoa’s Google@UH Drive system.

Data Analysis

Responses from the paper format pre- and post-intervention questionnaires were transferred to a Google spreadsheet for analysis. Descriptive statistical analysis was performed to determine whether changes exist between the aggregate group mean scores on pre- and post-intervention questionnaires. Feedback provided by participants during the post-intervention discussion was written down, analyzed for themes, and reported in aggregate to help guide improvements for future educational interventions with this group.

Human Subjects Considerations

This DNP project was an implementation of an evidenced-based healthcare improvement process determined through quality improvement initiatives or program/system evaluation and was deemed non-human studies research. To improve and further develop process improvement and program effectiveness, DNP project activities are related to quality improvement and do not produce generalizable knowledge. Therefore, based on the Common Rule, this project did not require an IRB application review. Approval from the Project Committee was obtained before the initiation of this quality improvement project (University of Hawai`i Human Studies Program memorandum, 2021) (Appendix D).

Results

Of the 24 people who participated in the intervention, 18 met the criteria of being 60 years or older; 5 identified as male, and 13 identified as female. Sixteen participants completed both pre- and post-intervention surveys and were included in the analyses in the results section.

Knowledge of Social Capital Amongst the “Friends of Ibasho” Group. The first question (Q1) asked participants to rate their self-perceived knowledge of social capital activities using a scale of 1-10, (1=no knowledge, 10=extremely knowledgeable). The mean, median, and mode were calculated from the group’s responses and reported in aggregate in Table 1. Q1 responses showed an increase when comparing pre- and post-intervention mean scores, with pre-intervention mean score being 3 and the post-intervention mean score being 5.9.

Table 1. Comparison of Pre- and Post- Intervention Questionnaires of Question 1 (n=16)

Question	Pre-intervention			Post-intervention		
	Mean	Median	Mode	Mean	Median	Mode
On a scale of 1-10, how would you rate your knowledge of community activities that are examples of social capital?	3	2.5	1	5.9	6	6

The second question (Q2) asked participants to write down examples of characteristics or activities of the Ibasho program that could increase social capital in the community. Responses to Q2 were categorized by the DNP student into the three domains of social capital: trust, networking, and volunteerism, and summarized in Table 2. Responses related to trust increased from 4 to 7, networking increased from 5 to 8, and volunteerism increased from 1 to 6 in the post-intervention questionnaire. Examples of participant responses that did not align with Ibasho included: “game playing,” “exercising,” “Zumba,” and “karaoke.” Other examples are listed in Table 2. The number of responses provided by participants that did not align with activities or characteristics of the Ibasho program decreased from 15 in the pre-intervention questionnaire to 7 in the post-intervention.

Table 2. *Reported answers for Q2 categorized into the domains of social capital (n=16)*

Social Capital Domain	Pre-Intervention Questionnaire		Post-Intervention Questionnaire	
	Responses	Count	Responses	Count
Trust	“Helping the elderly”	4	“Building trust” “Help older adults feel wanted” “Knowledge of community activities”	7
Networking	“Meet new people” “Engage elderly participation in the community”	5	“Engage elderly participation in the community” “Communication with community members” “Socializing, meeting new community members”	8
Volunteerism	“Volunteer opportunities”	1	“To increase social capital within the community” “Volunteering with community” “Teaching/ learning a Filipino dance”	6
Not applicable	“I do not know”	15	“I do not know”	7

“Game playing” “Exercising”/ “Dancing” “Karaoke”/ "singing" “Gatherings – associated with the church”	“Zumba” “Learning hula lessons”
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Attitudes and Practices of Social Capital Amongst the “Friends of Ibasho” Group.

The last three questions were Likert-scale questions (1 = strongly disagree; 5 = strongly agree) measuring attitudes and practices of social capital. Group responses were aggregated for both pre- and post-intervention questionnaires and mean, median, and mode were calculated for each question and summarized in Table 3. Each of these questions showed an improvement between the aggregated pre- and post-intervention mean scores. Reported involvement in social capital activities (Q3) pre-intervention mean score was 3.6 and 3.9 in the post-intervention. Reported confidence in the “Friends of Ibasho” group to build social capital in their community (Q4) pre-intervention mean score was 3.9 and 4.4 in the post-intervention. Reported confidence in the group to create a program that aligns with the Ibasho program (Q5) pre-intervention mean score was 4.1 and 4.6 in the post-intervention.

Table 3. *Comparison of Pre- and Post-Intervention Questionnaires of Attitudes and Practices of Social Capital (n=16)*

Question	Pre-intervention			Post-intervention		
	Mean	Median	Mode	Mean	Median	Mode
I am involved in activities that improve social capital in my community.	3.6	4	4	3.9	4	4
I can help the “Friends of Ibasho” build social capital in my community.	3.9	4	4	4.4	4	4

I am confident that the “Friends of Ibasho” group can create a program that aligns with the values of Ibasho.	4.1	4	4	4.6	5	5
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Question 6 (Q6) was specific to the post-intervention questionnaire and asked, “What ideas do you have that the ‘Friends of Ibasho’ group can do to improve social capital in the community?” Responses varied and are listed in Table 4.

Table 4. *Reported Answers for Post-Intervention Q6 (n=16)*

Participant’s Suggestions for Improving Social Capital in the Community
“To volunteer with activities, not only with the church, but also with the community”
“Increase self-confidence, improve your trust in your friends”
“Planning, visiting, and working with community members”
“Sharing knowledgeable facts with others”
“Encouraging others to increase their social capital in the community”
“Spreading the word of Ibasho, encouraging others to join the group”
“Organize a free dance lesson open to the community”
“Attending activities such as environmental awareness and cleaning”
“Sharing with others the benefits of increased social capital”
“Continue to plan and sponsor religious social gatherings”
“Visiting and working with the community”
“Create connections with religious and ethnic groups”

Program evaluation

Following the completion of this DNP project, feedback was collected on the educational session and workshop and consisted of the participant’s verbal responses. Overall, the project was well-received amongst persons in the “Friends of Ibasho” group. Participants mentioned that this project increased their participation within the group and provided encouragement and knowledge regarding the Ibasho program. Further recommendations by the group to improve this project would be additional follow-up interventions and visual components in addition to the educational handouts provided during the session.

Discussion

The purpose of this project was to provide an educational intervention designed to build knowledge, attitudes, and practices regarding social capital within the “Friends of Ibasho” group. To achieve this, activities were created to cater to the structure of the group to allow participants to brainstorm ways that they can increase social capital for their group within the community. The results from this project showed that participants reported increased knowledge, attitudes, and behaviors related to social capital. The group was also able to list various activities that would move them towards increasing social capital amongst their group’s members and the community.

Knowledge and attitudes of social capital. This project revealed a relatively low mean pre-intervention score for self-rated knowledge of social capital activities and even lower on knowledge of examples of how the Ibasho program helps to increase social capital. On the pre-intervention questionnaire, participants provided multiple responses that did not align with an Ibasho (were more aligned with adult day care or church group activities that focused internally and not on branching out with the community). Examples of such responses included playing games, exercise groups, activities with religious affiliation, and singing. In the post-intervention questionnaire, participant’s answers were more aligned with the values and characteristics of Ibasho, such as activities that branched out to the community or sharing their culture with the community. Findings from this project indicate that social capital was not a widely known topic within this group, but knowledge of social capital improved slightly after the workshop.

This project demonstrated that even small-scale efforts can result in increased awareness of social capital, and this ultimately would have positive outcomes for the community. It is known that education on social capital brings awareness of the importance of building social capital in the older adult population as they commonly feel pushed outside of the modern culture

and disconnected from society (Claridge, 2019). If older adults learn more about social capital, they may become more deliberate in planning and conducting community activities that actively bolster social capital. This could lead to stronger community relationships, and better health outcomes for individuals within the community, ultimately contributing to increased resilience and decreased loneliness among older adults. Pandana and colleagues (2022) recommend continuous social capital educational efforts to be carried out by the government, healthcare workers, or other parties, to empower older adults to build and maintain strong social connections with their communities.

Practices of social capital. This project was created to guide the group through a brainstorming activity that allows them to think of ways to increase social capital amongst their group. The increased awareness of social capital building activities, when comparing pre- and post-intervention questionnaires, demonstrates how focused efforts encouraging reflection on social capital may help community members further engage and be more deliberate in planning such activities. Results of this project showed that members of the “Friends of Ibasho” group gained deeper knowledge and awareness of social capital building activities. A common barrier to social capital interventions among older adult groups that has been identified is a lack of acceptable social activities (Yamazaki et al., 2021). Encouragement for older adults to engage in community-building activities will draw them out of potential loneliness and social isolation (Lee et al., 2022). This project provided one further step for the “Friends of Ibasho” group towards sustaining and growing social capital within their group. Further interventions can continue to move the group towards planning and implementing activities that influence social capital activities with the larger community.

Align with principles of Ibasho. Although this group is not officially part of the Ibasho program, this project aimed to align with the principles of the Ibasho project (Appendix C). Education was provided on the core principles and their importance to the program. Emphasis was placed on the first principle, “older people are a valuable asset to the community,” as older adults have so much wisdom to share with younger generations (Claridge, 2019; Kiyota et al., 2020). The DNP student only provided the prompts for the activities, all the ideas and answers for the questions were a product of the participants following the third principle, “community members drive development and implementation.” Lastly, “local culture and traditions are respected” was reflected in the answers provided in the open-ended questions as participants shared their desire to share cultural dances and cooking classes with the youth group and community. Cultural traditions may serve as a foundation for social capital as shared traditions and experiences will bring the community together, in return social capital will strengthen culture by ensuring its dissemination and preservation by the next generation. As the group moves forward, gaining support from their community and finding activities that are acceptable and safe, as defined by the group, may result in new connections and overcoming common barriers (Choi, 2020; Yamazaki et al., 2021). Further guidance and education provided by the Ibasho program may assist the “Friends of Ibasho” through the Ibasho process.

The Role of the Advanced Practice Registered Nurse (APRN) in building social capital. Social capital interventions should be encouraged as much as possible, even in the traditional healthcare system, as they aid in aging in place which in return helps with our state’s overrun healthcare system. Thus, healthcare providers need to shift their focus from diseases and disabilities to supporting the active psychological state of older adults (Xu et al., 2022). Social isolation and loneliness could be screened for in the older adult population followed by prompt

referrals to social capital programs such as the Ibasho program, local senior centers, support groups, or volunteer activities. The work of the APRN should not stop after the referral, in addition, the APRN should be involved in the community setting. The APRN can contribute to a more holistic approach to patient care and wellness, address the impact of the social determinants of health, and help build capacity among community members to help each other promote health and connectedness. Through these efforts, older adult patients will have increased trust in the healthcare system and better health outcomes.

Strengths and limitations

There were many strengths for this DNP project. The first strength is that this is the first evidenced-based project to work with this specific group. The group was very receptive to the education and activities and expressed their desire to continue with the University of Hawaii at Manoa School of Nursing and the Ibasho Program. The second strength was that age-appropriate handouts were created for the educational session so that participants could review it later. Creating age-appropriate materials allows the information to be read and absorbed more easily (National Institute of Aging, 2007). Lastly, this project was cost-effective. All of the materials were low-cost items allowing this project to be easily replicable.

There were many limitations of this project. First, the “Friends of Ibasho” group was an established group within their church that already demonstrated a high level social capital compared to other older adults and groups who may not be involved in regular group activities. This may have resulted in higher pre-intervention questionnaire results. Secondly, because a member of the “Friends of Ibasho” group as well as a previous president of the church group is part of the DNP students’ nursing school administration, social desirability bias may have influenced responses among participants. Participants may have inflated their post-intervention

questionnaire results to provide desirable results decreasing the meaningfulness of the results of this study. The last limitation experienced in this project was time. Initially, the project was planned for one session, however, the project evaluation was not completed in the initial session as other matters needed to be addressed for the group's other club. Furthermore, increasing the practice of social capital of the group is not possible within a one-hour session. A true assessment of knowledge, attitudes, and practices with this group should be assessed through a longitudinal study.

Implications and sustainability

This DNP project demonstrates how a short, community-based educational intervention may have potential positive influences on social capital among older adult groups. Recommendations from the project evaluation may be used to better future social capital projects with other DNP students as they work with the "Friends of Ibasho" group. After completing this project, a teaching plan was left for the group to allow the group to produce activities that align with Ibasho. The teaching plan included the components that were provided to the "Friends of Ibasho" throughout this DNP project, including the core principles of Ibasho, information about social capital, and the components of social capital. The activities presented to the group are replicable if they need to brainstorm ways to increase social capital amongst their group and the community. Sustainability measures for this project include continuity of future DNP projects with the "Friends of Ibasho" group, continued work with the Ibasho project, and an assessment of barriers to social capital activities that the group may face. Further projects and sustained efforts are recommended to carry out more social capital building activities to prepare the participants to initiate the Ibasho program in Hawaii.

Conclusion

Social isolation and loneliness among seniors in Hawaii are serious, and more effort is needed to combat their deleterious effect on individuals and families in communities with large older adult populations. Increasing social capital amongst the older adult population may help to increase resilience, combat loneliness, create connections, and potentially decrease dependence on their families and society. Healthcare providers, especially advanced practice registered nurses, need to have awareness of how to design and carry out social capital interventions to boost social capital among community groups composed of older adults. Through working with the community, the APRN will gain a holistic view of their patient to address social determinants of health not commonly addressed in primary care and older adults will hopefully see improved health outcomes. Further attention and support from the government of Hawaii are needed to ensure that evidence-based social capital interventions, such as the Ibasho program, are properly supported to further support the aging population of Hawaii.

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Appendix A

Table 1. *Mosby's Level of Evidence and Number of Relevant Articles*

Mosby's Level of Evidence	Number of Articles (Total 14)
Level I: Meta-analysis	0
Level II: Experimental design (RCT)	0
Level III: Quasi-experimental design	1
Level IV: Case-controlled, cohort, longitudinal studies	2
Level V: Correlation studies	0
Level VI: Descriptive studies	8
Level VII: Authority opinion or expert committee reports	0
Other: Performance improvement, case reports, literature review, etc.	3

Appendix B

Table 2. *Logic Model*

Inputs	<ul style="list-style-type: none"> ● “Friends of Ibasho”, EBP research, time, paper, and pens ● One educational session of core values of Ibasho and introduction of the concept of social capital ● Social capital workshop: trust, networking, and volunteerism ● Pre- and post-intervention surveys to assess knowledge, attitudes, and practices of social capital amongst the group
Activities	
Outputs	<ul style="list-style-type: none"> ● Complete one educational session ● Complete the social capital workshop with the “Friends of Ibasho” group
Short term outcomes	<ul style="list-style-type: none"> ● Increased knowledge on social capital and ways to increase social capital amongst the group or individual level
Intermediate outcomes	<ul style="list-style-type: none"> ● The group will brainstorm activities that will allow the group to align with Ibasho and work on a plan to implement activities.
Long term outcomes	<ul style="list-style-type: none"> ● Increased social capital and understanding of Ibasho amongst the “Friends of Ibasho” group

Appendix C

Table 3. *Core Principles of the Ibasho Approach*

1. Older people are a valuable asset to the community (elder wisdom)
2. Informal gathering places allow people to connect (normalcy)
3. Community members drive development and implementation (community ownership)
4. All generations are involved in the community (multigenerational connections)
5. All residents participate in community life (normalcy and community resilience)
6. Local culture and traditions are respected (culturally appropriate)
7. Ibasho projects are environmentally, economically, and socially sustainable (self-sustaining)
8. The project grows organically and embraces imperfection gracefully (embracing imperfection)

(Kiyota et. al., 2020)

Appendix D

Pre-Intervention Questionnaire

Part 1: About YOU. Please write an “X” next to your answer

1. Are you: _____ Male _____ Female
2. Are you: _____ 59 years of age or younger? _____ 60 years of age or older?
-

Part 2: About “social capital.” Please answer the questions. **This is not a test!** 😊 It is OK if you don’t know an answer.

1. On a scale of 1-10, (1=no knowledge, 10=extremely knowledgeable), how would you rate your knowledge of community activities that are examples of social capital?
- _____
2. List 1 to 3 characteristics (or activities) the Ibasho program has that help to increase social capital within a community. It is okay to write “I don’t know”.

Circle your response to the following statements:

3. I am involved in activities that improve social capital in my community.
- | | | | | |
|-------------------|----------|----------------------------|-------|----------------|
| Strongly disagree | Disagree | Neither agree/
disagree | Agree | Strongly Agree |
|-------------------|----------|----------------------------|-------|----------------|
4. I can help the “Friends of Ibasho” build social capital in my community.
- | | | | | |
|-------------------|----------|----------------------------|-------|----------------|
| Strongly disagree | Disagree | Neither agree/
disagree | Agree | Strongly Agree |
|-------------------|----------|----------------------------|-------|----------------|
5. I am confident that the “Friends of Ibasho” group can create a program that aligns with the values of Ibasho.
- | | | | | |
|-------------------|----------|----------------------------|-------|----------------|
| Strongly disagree | Disagree | Neither agree/
disagree | Agree | Strongly Agree |
|-------------------|----------|----------------------------|-------|----------------|

Post – Intervention Questionnaire

About “Social Capital.” Please answer the questions. This is not a test! 😊 It is OK if you don’t know an answer.

1. On a scale of 1-10, (1=no knowledge, 10=extremely knowledgeable), how would you rate your knowledge of community activities that are examples of social capital?

2. List 1 to 3 characteristics (or activities) the Ibasho program has that help to increase social capital within a community? It is okay to write “I don’t know”.

Circle your response to the following statements:

3. I am involved in activities that improve social capital in my community.

Strongly
disagree

Disagree

Neither agree/
disagree

Agree

Strongly
Agree

4. I can help the “Friends of Ibasho” build social capital in my community.

Strongly
disagree

Disagree

Neither agree/
disagree

Agree

Strongly
Agree

5. I am confident that the “Friends of Ibasho” group can create a program that aligns with the values of Ibasho.

Strongly
disagree

Disagree

Neither agree/
disagree

Agree

Strongly
Agree

Share your thoughts:

6. What ideas do you have that the “Friends of Ibasho” group can do to improve social capital in the community?

Appendix E

Lesson plan created for educational session and social capital workshop.

Educational session

Objectives	Provide a review of the core principles of Ibasho (Appendix C) and introduce social capital to the “Friends of Ibasho”
Rationale	This session will serve as a review of Ibasho, previously introduced to the group by Dr. Kiyota. A review of the principles of Ibasho will remind the group of what Ibasho is as they navigate their way to becoming an Ibasho group. This session will also include an introduction to the concept of social capital. Social capital is not a widely known subject, therefore, providing education will promote better understanding of this DNP project and Ibasho.
Duration of lesson	10 minutes (including pre-intervention questionnaire)
Materials	Age-appropriate handouts following recommendations from the National Institute of Aging (2007) Pre-implementation questionnaire on paper Pens
Method	Lecture style method. Materials will be handed out before starting the lecture.

Trust and networking activity

Objectives	Assess the meaning of trust and networking to the group. Brainstorm activities to increase trust and networking for the “Friends of Ibasho” group.
Rationale	This activity will serve as a baseline understanding of how the group defines trust and networking.
Duration of lesson	25 minutes
Materials	Paper, pen
Method	Participants will be broken up into small groups to create a bubble map focused on one of the following terms “trust” or “networking.” <ol style="list-style-type: none"> 1. Groups will discuss and record on their answers on a large pad the following questions: <ol style="list-style-type: none"> a. “What does trust/ networking mean to you?” b. “What are ways to increase trust/ networking for the group?” 2. Each group will present their bubble maps to the group 3. After each group presents, a discussion will be held with the

	larger group on ways to increase trust and networking for the “Friends of Ibasho” including identifying activities that the group can carry out.
--	--------------------------------------------------------------------------------------------------------------------------------------------------

Volunteerism activity

Objectives	The “Friends of Ibasho” develop a plan for a culturally appropriate activity based off the ideas that they had in the previous activity. The group will propose a timeline for when this activity will take place and the materials that are needed.
Rationale	Encourage actionable steps towards social capital building activities for the “Friends of Ibasho” group.
Duration of lesson	15 minutes
Materials	Paper and pen
Method	<ol style="list-style-type: none"> 1. Participants will break into small groups to discuss activities previously discussed in the last activity and those that may be applied to volunteering 2. Gather as a large group to review ideas and prioritize those which can help to meet the group’s goals.

Appendix F

Concluding group discussion

Objectives	Group discussion on how to improve the workshop.
Rationale	Feedback is encouraged for a project evaluation and to improve future DNP projects with the “Friends of Ibasho.”
Duration of lesson	10 minutes (including post-intervention questionnaire)
Materials	Post-intervention questionnaire on paper Pens
Method	Discussion questions <ol style="list-style-type: none"> 1. “What went well for you?” 2. “How can we make this workshop better?” 3. “Anything else that you would like to share?”

Appendix G

Literature Review Summary Table

Reference and Purpose				Subjects	Variables	Conclusion
APA Citation	Year	Purpose	Level of Evidence, Study Design	Sample Description	Intervention	
Aldrich, D., & Kiyota, E. (2017). Creating community resilience through elder-led physical and social infrastructure. <i>Disaster Medicine and Public Health Preparedness</i> , 11(1), 120-126. https://doi.org/10.1017/dmp.2016.206	2017	The purpose of this article is to assess the impact 1 year after the implication of Ibasho and the impact that it had on the community in regards to community resilience and individual independence.	IV, case-control study	Ages ranged from 18 to 75+, including both males and females, and included wide ranges of education levels and incomes. The study included the residents of Ofunato in Tohoku, Japan.	Participation in Ibasho	Findings show that the implementation of Ibasho strengthens efficacy, endorses friendships, and brings a stronger sense of belonging all leading to community resilience. The findings of this article show that the implementation of Ibasho does build community resilience to prepare communities for future natural disasters.
Baldacchino, D., Bonello, L., & Debattista, C. J. (2014). Spiritual coping of older persons in Malta and Australia (part 2). <i>British Journal of Nursing (Mark Allen Publishing)</i> , 23(15), 843–846. https://doi.org/10.12968/bjon.2014.23.15.843	2014	This article is a discussion of the findings of Baldacchino et al. (2014) for their research presented in part 1.	VI, descriptive	Residents of 6 institutions in Malta and Australia, total of 137 residents, mean age 72.8 years old, Roman Catholics, and had a minimal residence of at least 6 months.	N/A	Findings show that coping skills for this group of Roman Catholics were through self-empowerment through God and others; belongingness to where they lived; and finding meaning and purpose in life or perceived afterlife. Many individuals who are religious confide in God or a higher being. Frequent participation in activities, being religious or non-religious, still yielded higher spiritual coping scores. It is recommended to increase activities on a daily basis to help older adults live a more meaningful life.
Choi Y. J. (2020). Age-friendly features in home and community and the self-reported health and functional limitation of older adults: the role of	2020	The purpose of this cross-sectional study was to examine the relationship between self-perceived health, age friendly community features, and self-reported functional limitations.	VI, descriptive	There were 3,650 participants living in 14 different communities in the United States that were a part of this survey. Data collection of the	N/A	The importance of creating a healthy home and community to promote healthy and optimal aging is discussed. Outcomes of designing a safe physical and social environment are seen as decreasing the speed of functional decline, better overall health, decreased mortality, and increase incidence of aging in place. Findings were

supportive environments. <i>Journal of Urban Health: Bulletin of the New York Academy of Medicine</i> , 97(4), 471–485. https://doi-org.eres.library.manoa.hawaii.edu/10.1007/s11524-020-00462-6				survey used the 2015 AARP Age - Friendly Community (AFC) Survey		consistent with previous literature results showing that an increased perceived accessibility to age – friendly features and a physical environment has a positive effect on self – rated health and decreased functional limitations. Choi’s finding support the continuous work of local governments to include age-friendly spaces into city planning to increase aging in place and overall well-being of the aging community.
Galenkamp, H. & Deeg, D. J. H. (2016). Increasing social participation of older people: Are there different barriers for those in poor health? Introduction to the special section. <i>European Journal of Ageing</i> , 13(2), 87-90. https://doi.org/10.1007/s10433-016-0379-y	2016	Galenkamp and Deeg (2016) conducted a literature review to assess the determinants of social participation in older adults with and without multimorbidity. Those who suffer from chronic diseases also suffer from functional limitations and need to invest more time into their conditions resulting in decreased ability to actively partake in social participation. There is no doubt that multimorbidity has a negative relationship with functioning and overall well being.	Other, literature review	Studies focused on volunteering, informal caregiving, participation in educational activities, social leisure activities, and religious participation. Studies looked at the MoPact project, SHARE, and EPOSA project.	N/A	Important findings from this literature review showed that people were more likely to participate in activities if they make use of public transportation or have their own car regardless of the presence or lack of multimorbidity. Those with the highest participation were of higher socioeconomic status, have a larger social network, are active in other types of participation, and have better physical and psychological health
Gibb, H. (2018). Determinants of resilience for people ageing in remote places: a case study in northern Australia. <i>International Journal of Ageing and Later Life: IJAL</i> , 11(2), 9–33. https://doi.org/10.3384/ijal.1652-8670.17-333	2018	"The purpose of this study was to investigate how people managed to stay resilient as they aged in remote places". The theory placed behind this study is that those who live in remote places lack the social services that other places have to avoid self-reliance. Findings of this article will contribute towards policy change in Australia to support older adults aging in place.	VI, descriptive	14 senior members between the ages 61 and 80 years old were all part of an area called Acacia. No participant identified as indigenous Australian and no participant was living in the same region as their children or close	N/A	Australia's Northern Territory was mainly dependent on mining previously, but as time moved away from that mining jobs have decreased in the area leading to the younger generations to move away. Younger generations moving away leads to older adults to age in place without support from them. Previous research shows that volunteering has a positive correlation with aging in place. Volunteering in an isolated region is different from previous research because it is more of an obligation in comparison to

				family members.		free choice of those who have retired. The opportunity to derive purpose from supporting others may contribute to resilience for older people in remote settings.
Goll, J. C., Charlesworth, G., Scior, K., & Stott, J. (2015). Barriers to social participation among lonely older adults: the influence of social fears and identity. <i>PloS one</i> , <i>10</i> (2), e0116664. https://doi.org/10.1371/journal.pone.0116664	2015	Study the relationship between social participation and identity amongst a sample of older adults living in London, England. Identify barriers experienced by older adults, their response to barriers, and do barriers relate to social identity.	VI, descriptive	60 years or older, communicate in English and judged by the staff to have none/ few social opportunities and experiencing loneliness or social isolation. 10 females and 5 males in the final sample.	N/A	Reported barriers by the group included illness/ disability, loss of contact with friends and family, lack of a supportive community, and the community did not provide social opportunities. Other findings show that older adults also face fears including social rejection and exploitation, resulting in older adults avoiding social opportunities.
Haseda, M., Takagi, D., Kondo, K., & Kondo, N. (2019). Effectiveness of community organizing interventions on social activities among older residents in Japan: A JAGES quasi-experimental study. <i>Social Science & Medicine</i> , <i>240</i> , 112527. https://doi-org.eres.library.manoa.hawaii.edu/10.1016/j.socscimed.2019.112527	2019	The purpose of this study was to assess the strength of the intervention of creating social activities for older adults. Social activities have a relationship with increased functional ability within the older adult community.	III, Quasi-experimental	25 municipalities that participated in the JAGES 2013 survey. The data includes information from 47,106 individuals.	Researchers provided the support to promote intersectional collaboration, use of the JAGES-HEART assessment tool, and aimed to develop health promotion activities in the community.	Haseda et al. (2019) conducted a quasi-experimental study to find the relationship between community organizing interventions and participation amongst older adults in social events. The data showed an increase of individual participation in social activities over the three years. The greatest increase was seen in men, in comparison to women, who started to participate in leisure activity groups as well as neighborhood associations. The findings in this article may benefit and support targeting men to participate in social activities which may normally present as a challenge.
Lee, J., Aldrich, D. P., Kiyota, E., Yasuhiro, T., & Sawada, Y. (2022). Social capital building interventions and self-reported post-disaster recovery in	2020	Lee et al. (2022) turned to the residents of Ofunato, Japan to study their recovery process following the 2011 earthquake and tsunami. Specifically, the older adults aged 60+ struggled more during this devastating	IV, case-control study	1,000 residents of Ofunato, Japan; 1/3 of them participated in Ibasho and the others did not	Attendance of Ibasho	The findings show that those who frequently visited Ibasho Café stated that they were recovering from the natural disaster faster than those who did not attend Ibasho. Enabling the older adults within the communities to build social capital will shift them from being

<p>Ofunato, Japan. <i>Scientific Reports</i>, 12 (1). https://doi.org/10.1038/s41598-022-14537-8</p>		<p>time due to decreased mobility, pre-existing disabilities, and the lack of resources.</p>				<p>dependent and vulnerable to resilient.</p>
<p>Liljas, A., Walters, K., Jovicic, A., Iliffe, S., Manthorpe, J., Goodman, C., & Kharicha, K. (2017). Strategies to improve engagement of 'hard to reach' older people in research on health promotion: a systematic review. <i>BMC Public Health</i>, 17(1), 349. https://doi.org/10.1186/s12889-017-4241-8</p>	<p>2017</p>	<p>Literature review conducted by Liljas et al. (2017) looked at barriers of those described as living in "hard to reach" groups.</p>	<p>Other, literature review</p>	<p>Groups included those older than 80 years old, older adults of black and minority ethnic groups, and older adults living in deprived areas</p>	<p>N/A</p>	<p>Common barriers to participation were deteriorating health, the presence of other priorities, transportation, lack of family support, lack of motivation, lack of self – confidence, and language barriers. Solutions for individuals over 80 were to conduct home visits. To reach those in the black and minority communities, they recommend the development of community connections and social support group sessions. Lastly, strategies to incorporate those in deprived areas would be to include flexibility and location choice in the intervention</p>
<p>Madsen, W., Ambrens, M., & Ohl, M. (2019). Enhancing resilience in community-dwelling older adults: A rapid review of the evidence and implications for public health practitioners. <i>Frontiers in Public Health</i>, 7, 14. https://doi-org.eres.library.manoa.hawaii.edu/10.3389/fpu bh.2019.00014</p>	<p>2019</p>	<p>Madsen et al. (2019) conducted a systematic review of literature to search for ways to build resilience amongst a community. They wanted to increase their understanding of ways to increase community and personal resilience.</p>	<p>Other, literature review</p>	<p>Literature was original research, published after 2013, written in English, peer reviewed, identify interventions to enhance resilience, report outcomes of personal resilience among community dwelling adults over 50</p>	<p>N/A</p>	<p>Findings show that personal and community resilience is increased through activities including volunteering, collective action and participation, collaborative decision making, and community learning through collaborative action.</p>
<p>Tan, J. Y., Tam, W. S. W., Goh, H. S., Ow, C. C., & Wu, X. V. (2021). Impact of sense of coherence, resilience, and</p>	<p>2021</p>	<p>The study aimed to identify the predicting factors of quality of life (QoL) from a set of psychosocial, sociodemographic and clinical variables amongst older adults</p>	<p>VI, descriptive</p>	<p>200 nursing home residents and day care clients were recruited through convenience sampling. Older</p>		<p>Interventions regarding loneliness focus on two aspects: improving quality and quantity of the support network and adapting expectations of interpersonal relationships to become more realistic ones. "The quality of the nurse-patient</p>

<p>loneliness on quality of life amongst older adults in long-term care: A correlational study using the salutogenic model. <i>Journal of Advanced Nursing</i>, 77(11), 4471-4489. https://doi.org/10.1111/jan.14940</p>		<p>in a long-term care setting.</p>		<p>adults aged 60 years and older who spoke English and/ or Chinese. Not included were those with major psychiatric illness or moderate to severe cognitive impairment.</p>		<p>interaction can significantly improve older adults'; physical, emotional, social, functional, spiritual well-being, joy of life, and transcendence in the LTC". Resilience is a protective factor against stressors such as declining sensory abilities and fear of death. Multidimensional approach focusing on resilience-building should be considered to enhance the adaptive coping styles, increase community involvement and encourage ADL independence and physical health. Interventions should be conducted in group sessions to facilitate social interaction and alleviate loneliness.</p>
<p>Williams, T. A. & Shepherd, D. A. (2016). Building resilience or providing sustenance: Different paths of emergent ventures in the aftermath of the Haiti earthquake. <i>Academy of Management Journal</i>, 59(6), 2069–2102. https://doi.org/10.5465/amj.2015.0682</p>	<p>2016</p>	<p>The purpose of this paper is to understand the organizations accountability in suffering and building resilience in responding to disasters. Guide their readers through a case study created in reflection of the events of the 2010 Haiti earthquake. Another goal of this paper was to identify common trends in those who experienced the natural disaster</p>	<p>VI, descriptive</p>	<p>Locals of the area of Haiti that was directly impacted by the earthquake</p>	<p>N/A</p>	<p>Although being a less developed country with unequal access to resources and more susceptible to the risks associated with disasters, Haiti has still developed solutions to facilitate resilience aiding in the recovery from a natural disaster.</p>
<p>Xu, Z., Zhang, W., Zhang, X., Wang, Y., Chen, Q., Gao, B., & Li, N. (2022). Multi-level social capital and subjective wellbeing among the elderly: Understanding the effect of family, workplace, community, and society social capital. <i>Frontiers in</i></p>	<p>2022</p>	<p>The purpose of this paper is to assess the subjective wellbeing of older adults and better understand the relationship between family, workplace, community and social capital</p>	<p>VI, descriptive</p>	<p>Participants of a cross - sectional study in Chengdu in 2018. Residents were aged >55 years (age of retirement in China), lived in chosen communities, no cognitive impairment or</p>	<p>N/A</p>	<p>Findings show that social capital has a protective factor of subjective wellbeing which is also related to their health status and quality of life. Suggestions from these findings encourage the healthcare system to look at older adults as a whole, rather than just focusing on diseases and disabilities, and include methods to support an active psychological state.</p>

Public Health, 10, 772601. https://doi.org/10.3389/fpubh.2022.772601				diagnosis of dementia. 1,078 participants in the survey.		
Yamazaki, S., Fujita, K., & Imuta, H. (2021). Development of a scale measuring barriers to going out among community-dwelling older adults. <i>Geriatrics & Gerontology International</i> , 21(2), 238–244. https://doi.org/10.1111/ggi.14111	2021	The purpose of this article was to create a scale that identifies barriers experienced by the older adult population to improve the frequency of going out and homebound status.	VI, descriptive	892 older adults and their families in rural Japan.	N/A	Barriers identified was used to create a nine-item scale for going out. Common findings show that many older adults will state “because I am already old” meaning that barriers to going out are also internally based.