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A Two-Part Satisfaction Evaluation of the Recreational Therapy Department's Adult Respite and Habilitation Program at the Munroe-Meyer Institute

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A Two-Part Satisfaction Evaluation of the Recreational Therapy Department's Adult Respite and Habilitation Program at the Munroe-Meyer Institute

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Abstract

This project is a satisfaction evaluation of the Adult Night program offered to people 21+ with intellectual and/or developmental disabilities (I/DD) through the Munroe-Meyer Institute's Recreation Therapy Department. Historically, people with I/DD face health disparities that impact all areas of their lives. Recreation therapy for I/DD populations could address and minimize access to and quality of care gaps. Current research on recreation therapy programs lacks generalizability and evaluation of non-specific recreation therapy programs for people of any age with I/DD. This project intends to fill that research gap and provide the first evaluation data of the program for the organization. Data was gathered through two surveys of 52 participants (written) and 27 caregivers (email). The surveys asked open-ended qualitative questions as well as closed-ended quantitative questions. The surveys can also be used over several years to collect additional cross-sectional data for further comparison and evaluation. The data from the surveys provided insight into what portions of the program are working well for the intended community and what could be changed or improved based on feedback from the program participants and their caregivers. It was found that both participants and caregivers were satisfied overall with the Adult Night program, felt safe during the program, and appreciated the opportunities the program provides. Caregivers felt their participants' emotional and physical health, social skills, and confidence all improved due to Adult Night. There were few suggestions for changes in the program, but one major theme was participants and caregivers wanting more Adult Night opportunities.

Introduction

Specific Aims

This project intended to evaluate participant satisfaction with the Adult Respite and Habilitation (aka Adult Night) Program provided by the Recreational Therapy Department at the Monroe-Meyer Institute (MMI). This program serves adults over age 21 who have intellectual/developmental disabilities (I/DD). The program aims to provide activities that improve physical, cognitive, emotional, and social functioning; participants rotate through 3 activities each week that include cooking, sports, swimming, art, games, creative arts, and seasonal or specialized activities.

The project systematically gathered information through a survey given to the participants and an additional survey given to parents/caregivers of participants. The information collected from the surveys regarding the activities, characteristics, and outcomes of the program is used later in the report as support for the parts of the program that work well and suggest changes to strengthen the program further in other areas; the program evaluation will contribute to program improvement and advise how the program can develop in the future.

Additionally, the Adult Night program has not been evaluated by any source thus far. The Director of the Recreational Therapy Department at MMI felt an evaluation would be helpful in several ways, including informing decisions regarding the program and providing a data-based product the institution can disseminate to various stakeholders as evidence that the program is necessary and provides beneficial outcomes for the participants. The use of both open and closed-ended survey questions provided quantitative and qualitative data that brought the strengths of each to the study.

Significance

Historically, people with I/DD have an increased risk of health issues, disparities in care, and service gaps in their communities (Centers for Disease Control and Prevention [CDC], 2019; Havercamp et al., 2009; Ono et al., 2019). Recreational therapy could be a step in addressing these issues. Recreational therapy (RT), or therapeutic recreation, is a "systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and disabling conditions, as a means to psychological and physical health… and well-being" (National Council for Therapeutic Recreation Certification, n.d.). As a discipline, RT is based on theoretical foundations, scientific evidence, and best practices (Carter & Smith, 2016). The activities utilized in RT can include sports, games, theater, social opportunities, cooking, animal encounters, art, music, community outings, and more. RT at the Munroe-Meyer Institute follows this general definition – the programs provided by the RT department use recreation and leisure activities to improve physical, cognitive, emotional, and social functioning and provide meaningful experiences for the participants. The Adult Night program evaluated in the current project included three activities that rotate between swimming, games, cooking, art, sports, and theater/music.

Additionally, this program has not had any type of evaluation, formal or otherwise, so this project is beneficial in that context. The results were useful in identifying strengths, limitations, areas for change, and overall opinions of the program from the population it serves. The project can also be used as a tool for stakeholders to assess tangible program outcomes.

Furthermore, I found throughout my time searching the current literature that there is not much research on broader, more generalized RT programs like MMI's (structured program with semi-structured to structured activities, but not one highly specific activity as most of the current literature reflects).

Lastly, this project is important because it is giving a direct voice to people with I/DD and therefore allowing us to gain that perspective. In the I/DD community, allyship and advocacy are vastly important, but there is a movement to return power to the community and listen to them speak for themselves instead of speaking for them. A term I heard a colleague use to describe this movement is "there is no *for* us *without* us," and I think this indicates not only the importance of recognizing the voice of this community but also the responsibility of the research and public health communities to uphold this voice.

Background and Literature Review

Epidemiology of I/DD

I/DD is a term used to describe differences that uniquely affect an individual's physical, intellectual, and emotional development and can introduce lifelong intellectual and physical challenges; these differences impact intellectual functioning and multiple body systems such as the nervous and sensory systems (National Institute of Child Health and Human Development, n.d.). People with I/DD have existed as long as any other people have existed in every part of the world, but the way society viewed them has drastically impacted what the conditions were called and how the people were treated. As early as the 1700s, people with disabilities were often classified simply as "insane" and were often grouped with poor citizens and criminals in buildings that were known as poorhouses or almshouses (Meldon, 2017). Globally, 1-3% of people have an intellectual disability and today, in the United States, every state has designated funding and programs that serve children and adults with I/DD.

I/DD can have several causes that include genetic conditions, complications during pregnancy, problems during birth, and diseases or toxic exposures such as fetal exposure to drugs or alcohol (Special Olympics, 2022). For example, Down Syndrome, or trisomy 21, happens when there is an extra 21st chromosome and occurs in utero as the fetus develops. A lack of oxygen to the brain during pregnancy or birth can cause cerebral palsy. There is a myriad of ways that I/DD can come about. Adults can also experience accidents or other problems later in life that lead to the onset of an intellectual and/or physical disability.

These causes are not infectious, so I/DD does not spread from person to person in that way. I/DD is not a type of mental illness and it is not curable. "Transmission" occurs when a fetus or neonate experience one of the above causes that ultimately leads to their disability. The risk factors of I/DD are closely related to the causes. Risk factors include low birthweight, premature birth, infections during pregnancy (‘Facts About Disabilities’, 2022), and malnutrition.

In 2017, over seven million people in the U.S. were living with I/DD; of these people, only 20% were known to their state’s developmental disabilities agency (Residential Information Systems Project, 2020), meaning only a small percentage of this population were receiving support services. In terms of the prevalence of I/DD, data is often separated into intellectual disabilities in one category and developmental disabilities in another, though intellectual disability is the most common developmental disability, and adult/pediatric populations.

Of the over seven million people in the U.S. with I/DD, six and a half million are adults with an intellectual disability (Peacock et al., 2019). There are over six million adults in the U.S. with a developmental disability (onset before age 22), which illustrates that there is often an overlap of developmental and intellectual disabilities, though not always (Disability Justice, n.d.). For pediatric populations in the U.S., one study from the CDC and Health Resources and Services Administration that surveyed over 88,000 children found that one in six, or 17%, of children had some type of developmental disability (Zablotsky et al., 2019). Another study found that 2-3% of kids have an intellectual disability (NICHD, 2012). Both intellectual and developmental disability prevalence are currently following upward trends.

Existing Research/Literature

There is abundant literature that supports the efficacy of RT for specific programs provided for distinct populations. Some research illustrates the effectiveness of RT in elderly populations to mitigate social, mental, emotional, and physical effects of old age and dementia; specifically, various studies found that RT programs can: decrease depression, enhance cognition, and improve activities of daily living for the elderly (Kim, 2017); improve perceived social benefits of participants with early dementia (Phinney & Moody, 2011); increase satisfaction and self-esteem while decreasing depression in elderly long-term care residents (Jung et al., 2018); and reduce depression symptoms in older adults by improving physical, intra-personal, cultural, cognitive, and social aspects in participants' lives (Dunphy et al., 2019). These studies show that various forms of RT can have variable benefits. Still, they are not necessarily specific to the I/DD population, nor are they a standardized form of care.

Other research supports the use of RT in adult populations. One study found that using RT in inpatient rehabilitation interventions was associated with lower rates of rehospitalization, less development of pressure after patients were discharged, and more time spent participating in similar RT activities 1 year after injury (Cahow et al., 2018). Another found that an outdoor RT program for adults with disabilities and their family members led to increased confidence and skills, enhanced relationships, and elevated quality of life for participants (Dorsch et al., 2016). Another found that participation in RT buffered the impact of perceived stress on quality of life for adults with autism spectrum disorder (ASD) (Bishop-Fitzpatrick et al., 2017). An additional study examined the effects of an RT program for adults with ASD and intellectual disability and found a direct, positive impact of participation on executive functioning measures and indirect positive impact on social skills, adaptive behavior, and personal well-being (García-Villamisar et al., 2016); another study found that a leisure program significantly reduced stress and improved 4 significant factors of quality of life for adults with ASD at the end of the intervention as well as 1 year later (García-Villamisar & Dattilo, 2010), and one illustrated that an RT camp promoted a sense of purpose with regard to overcoming challenges of mental illness (Moxham et al., 2015). Like the research in the older elderly populations, this research in adult populations is not all specific to I/DD, nor are the interventions any standardized form of care.

Further research also illustrates the benefits of RT programs for pediatric and adolescent populations: a study found that RT play activities helped young patients with brain tumors decrease anxiety scores and experience fewer negative emotions (Tsai et al., 2013); one study found that an RT sports program improved executive functioning and core symptoms in preschoolers with ASD (Wang et al., 2020); another found that an RT summer camp improved participants' social performance with peers (Allsop et al., 2013); a study on quality of life and identity found that an adaptive sports RT program improved quality of life, social life, and family life and overall health (Zabriskie et al., 2005); and another study regarding kids with chronic illnesses found that an RT camp increased child autonomy (Békési et al., 2011). As in the research on both elderly and adult populations, the research on children and adolescents is not all I/DD specific, nor does it involve interventions that are standards of care.

This non-specific, non-standardized research means that some of the research may not be generalizable to I/DD populations or similar populations as in the various studies. It also means it is somewhat challenging to compare the analysis to other past, present, and future research because none of the interventions are standards of care, nor have they been repeated on large scales; however, the amount of positive results that can be found in the research illustrates that RT is an effective form of intervention across unique circumstances and settings, and therefore is likely to be useful in environments that are more generalizable.

This is one gap my project intended to fill – the data is coming from a program and group that is much more generalizable to I/DD populations than those in the literature – not only is it more applicable to larger portions of the I/DD population, but also it is closer to many real-world RT interventions that we do not yet have much data on. The Adult Night intervention is a non-specific type of RT that includes several different changing and rotating activities. While there is structure and specific aims for the program, it is still less strict than most of the interventions found in the research. The program spans age and types of disabilities. Having more generalizable data could improve program planning and integration in future interventions. There is also very little cross-sectional data on RT programs. The surveys from this project could be used annually to build up cross-sectional data and examine the impact/success of the program over various periods.

Furthermore, current research does not highlight the individual perspective of people with I/DD. People with I/DD are not always directly asked to share their views, perhaps because neurotypical researchers do not feel they would be a good source of data, or maybe they do not consider in the first place asking these people firsthand. This is a marginalized population, and their perspective is essential to improving their lives through public health interventions. Self-advocacy of people with I/DD is a growing field and giving them that opportunity will benefit research.

These short-term goals relate well to longer-term objectives. The ultimate goal of the Adult Night program, and all programs at MMI, are to improve access to and quality of care for people with special healthcare needs. Healthy People 2020, a national set of health objectives, identifies disparities as one of four foundational health measures (U.S. Department of Health and Human Services, 2010). People with I/DD face many health interconnected health disparities. Quality RT programs can provide this population with leisure opportunities, new skills, and education that promotes health-related quality of life and mitigates some of the inequities they face (Cater & Smith, 2016).

Program Description

Adult Night is a six to eight-week program that is offered twice in the spring, fall, and summer. Each week of the session on Thursday evenings from 6:30-8:45, participants rotate through three, 45-minute activities that include swimming, cooking, sports/gym, theater, game room, art, and/or specialized activities (i.e., special guest-led activities, holiday parties, etc.). There are 3 groups that consist of 8-13 participants for a total of 24-39 participants per session. The main goal of the adult night program is to “provide weekly recreational activities and social opportunities for adults with developmental disabilities age 21 and older” (‘Evening Respite’, 2022). See Appendix A for an example schedule of Adult Night and Appendix C for a concept map based on Adult Night, both in the Appendices.

Funding

Funding is important in planning Adult Night because it largely determines the constraints of the program. There must be enough funding to hire the necessary number of staff for the program, upkeep the facilities, and buy materials for different activities in the program (like art supplies for art, food ingredients for cooking, etc.).

One major source of funding for MMI RT programs is foundations. There are a few foundations that provide funding to the department including the Hattie B Munroe foundation, the Meyer Foundation for Disabilities, and the Enrichment Foundation (which funds 3 full-time staff), which are all considered internal funding. The NU Foundation also provides funding for the MMI RT programs. The other major source of funding comes from grants. The 2 major sources of grant funding are donations from families and businesses (such as the Durham foundation), both of which are private, external funding. Lastly, there is a fee for participants to attend Adult Night that helps fund the program. The cost to participants is minimal compared to the actual cost it takes to run the program, however, and scholarships are available for people who may need them.

Evaluation Framework

Throughout this project, I used the CDC's approach to evaluation as guidance. The CDC identifies effective program evaluation as "a systematic way to improve and account for public health actions" through evaluation methods that are "useful, feasible, ethical, and accurate" (CDC, 2022). The CDC also provides a framework for evaluation in public health that identifies a cycle of engaging stakeholders, describing the program, focusing evaluation design, gathering credible evidence, justifying conclusions, ensuring use, and sharing lessons (CDC, 2017). When thinking about evaluating Adult Night, I referenced this framework.

To engage stakeholders, I focused on creating an evaluation question and gathering data that would be meaningful to the stakeholders. I chose a satisfaction survey and questions that reflected potential strengths and room for improvement because that information illustrates program success to stakeholders. In this report, I described the Adult Night program in enough detail that someone who has never experienced it would understand what it is and how it operates so they could easily follow the progress of the project. I focused the evaluation design by discussing major goals with Nicole Giron. We wanted to really get to the root of the program and what it means for the community which is how we decided on doing a satisfaction evaluation. We also knew we would need to address the varying ability levels of participants who would be taking the survey which led us to simplify the language in the participant surveys and make use of pictorial scales when possible. Through dissemination of the surveys, I was able to gather credible evidence that allowed me to answer my evaluation question and create a report that summarizes the data and its implications. By using meaningful data analysis methods relative to quantitative and qualitative data, I was ultimately able to justify the conclusions I came to based on that data. The last two pieces of the framework are addressed by completing and sharing this report – ensuring use and sharing lessons.

Logic Models

The CDC also indicates use of logic models as an important aspect of evaluation. Logic models illustrate the relationships between important aspects of a program such as resources, activities, outputs, outcomes, and program impact. They also illustrate the relationship between program activities and intended effects. See Appendix B for the logic model I created for the Adult Night program based on a logic model outline provided by Guttmacher et al. (2010).

Indicators and Measures

Another important aspect of evaluation that the CDC recommends using is indicators and measures as part of an evaluation. Indicators and measures are “precise, documentable, and/or measurable” and based on program goals (CDC, 2022). I chose indicators and measures based on this definition from the CDC which determined what questions were ultimately asked in the surveys. The specific measures can be found in the data sources and measurement section and were based on program goals. They asked respondents to identify what they liked and disliked about the program and whether they felt the program was successful as a social opportunity. The data from these specific questions allowed me to determine, based on this evaluation, the extent to which the program goals were met.

Methods

Assessing the Community

In Omaha, there is one main source for a community needs assessment for communities of people with I/DD. Every five years, the Nebraska Council on Developmental Disabilities, a federally funded division within the Department of Health and Human Services, completes a community needs assessment for people with developmental disabilities. The most recent assessment was done in 2020 with the help of MMI.

There are three major stakeholders in this process as it relates to MMI RT programs – first, the participants and families served, as they are the main reason this department and program exist. Second, the community providers, as they are the people capable of implementing various services, and we must work within their constraints. Last is the MMI board because they oversee the programs and funding throughout the institute.

The assessment was done using surveys, interviews, and focus groups for three main groups: self-advocates, their family members or guardians, and community providers. This assessment found that many providers and caregivers feel it is important to address recreation needs and that self-advocates were not happy with the number of recreation services available in their communities (‘Needs Assessment’, 2020).

Evaluation Methods

For this project, I developed two satisfaction surveys – one completed by Adult Night participants and one by participants’ caregivers/parents. The participant survey was ten questions, and the caregiver survey was 11 questions. The survey questions were a mix of qualitative, open-ended, and quantitative, Likert scale type questions for both surveys. They were developed in January – February 2022 with the assistance of Kellie Ellerbusch, who guided me in terms of survey strategies and how to form meaningful questions as well as Nicole Giron assisted in the development of the question content as she is most familiar with the population to be surveyed and leads the department the program is run through. Kellie assisted in the actual development of the questions/methodology, while Nicole helped with content and refining the questions to be as accessible as possible.

The study used non-probability convenience sampling. Every participant who attended either Spring 2022 Adult Night session, as well as parents/caregivers who had a participant involved in the Adult Night program in the last year, was given an opportunity to complete their respective survey. There were 52 participant responses (n=52, 88% response rate) and 27 parent/caregiver responses (n=27, 53% response rate) across two Adult Night sessions that completed surveys. Nicole sent the electronic caregiver surveys via e-mail to caregivers who had participants enrolled in the Adult Night program in the last year.

No demographic information was asked for on the surveys as there was a concern of non-response due to demographic information being potentially identifying. For the participant surveys, questions were focused on their experiences in the program and how those experiences have impacted them emotionally, socially, and physically. The participant surveys used Likert-type scales adapted as images for better accessibility for the participants. For example, instead of a typical one to three or one to five “strongly agree” scale, we used “emojis” for both scale and yes/no type questions. For scale questions, the emojis were a smiling face, plain face, and frowning face, and for the yes/no questions, thumbs up/thumbs down emojis were used. For caregiver surveys, there were several Likert-scale type questions and a few open-ended questions focused on the same topics as those in the participant survey, just from the caregiver’s perspective. The scale questions were more traditional in the caregiver surveys, for example, “drastically worsened, worsened, no change, improved, drastically improved.” See Appendix D for the participant survey and Appendix E for the caregiver survey.

Data Collection and Analysis

The surveys were disseminated to participants during Adult Night on March 3 and 10, 2022 for the first session and on April 14 and 21, 2022 for the second session as paper copies. Without identifiers, I then transferred the data to excel and store it in that format. Once the data was transferred, I properly disposed of the paper copies in the secure document bins at MMI. The caregiver/parent surveys were distributed on March 3, 2022, for all parents with one reminder email on March 24, 2022, as a survey link via email by Nicole Giron and remained anonymous. The survey was created using Office 365 Forms provided by UNMC, which follows all privacy standards of the University. Data collection was completed by April 28, 2022. Data analysis took place throughout April and May of 2022.

The participant and caregiver surveys were analyzed separately. The qualitative questions were analyzed by coding for themes for both surveys. The quantitative data was analyzed using descriptive statistics, specifically measures of central tendency and percentages. The data was interpreted by relating the data analyses to the project's purpose – what do these results tell us about the Adult Night program? What seems to be done well? What suggestions were found that could improve the program? Does this program benefit participants? In what ways? Data interpretation and conclusions were finished by the end of June 2022 and were included in the final Capstone written report to be submitted by July 13, 2022.

Standards and Criteria

For the caregiver survey, standardization was relatively simple because everyone received identical surveys with identical directions and completed them in the same way. It was more challenging for participants due to varying styles of communication and physical and cognitive abilities. For example, some participants used sign, while others used verbal words, eye gaze, or other communication methods. Some participants were fully able-bodied while others had minor to severely restricted fine and/or gross motor skills. Some participants needed little no assistance with the questions while others needed significant assistance.

I handled this as well as I could because I felt the participant perspective outweighed dealing with the difficulties/limitations that can arise from less strict standardization procedures.

To address standardization difficulties for participant surveys, I created directions for the staff (Appendix F) and participants (given verbally before completing the survey) to standardize the completion of the surveys as much as possible. The verbal directions that were given to participants were similar to those given to staff. They were told what the survey was for, and to try and answer all the questions as best as they could before asking for help. Directions for both caregivers and participants aimed to accomplish minimal involvement from staff.

The inclusion criteria for participants were only that they were enrolled in one of the spring Adult Night sessions. For caregivers, inclusion criteria were that they had a participant enrolled in Adult Night at some point during the prior year. There were no additional inclusion or exclusion criteria.

Data Sources and Measurement

For this evaluation, I used Adult Night participants and caregivers of Adult Night participants as data sources. These sources provided lived experience from the people and community the program is meant for.

The surveys measured several outcomes which directly corresponded to survey questions. The following outcomes were measured:

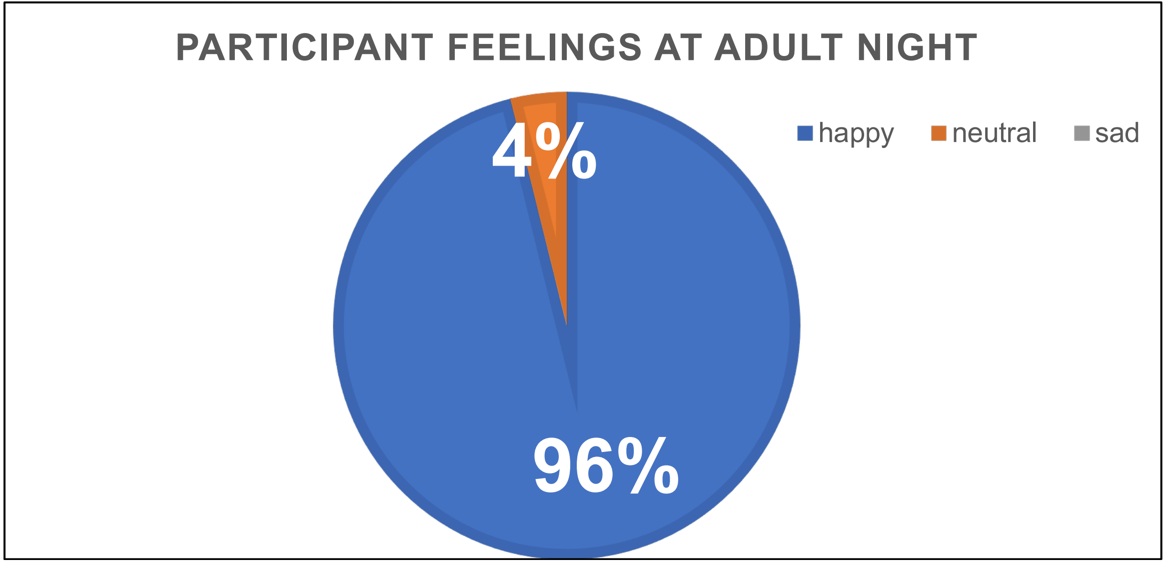
- Overall satisfaction with the program for participants and caregivers
- Participant and caregiver satisfaction with specific activities/opportunities
- Impact on social skills for participants
- Impact on emotional health for participants
- Feelings of safety at program for participants and caregivers
- Impact on participants’ emotional and physical health, confidence, and social skills from caregivers’ view
- What families “get” out of adult night, i.e., why do they attend? Why is it important to them?

Results

Evaluation Findings

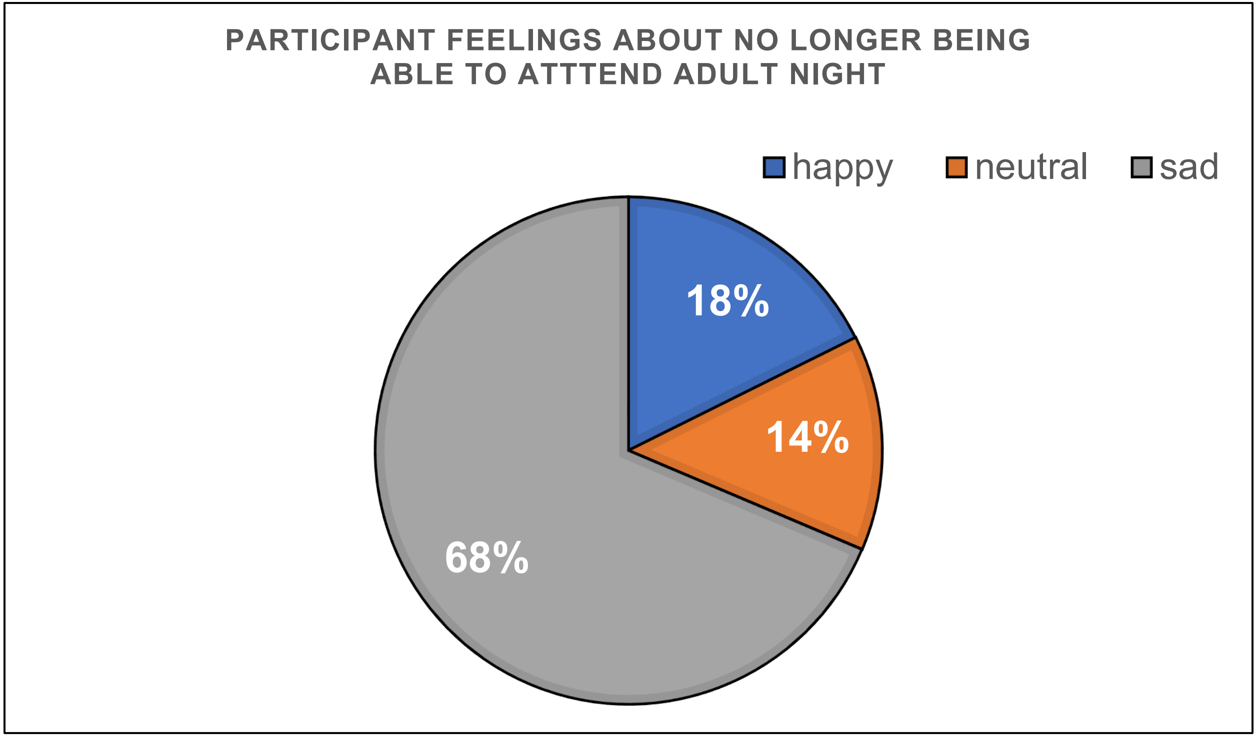
I will address the participant results first. Based on the participant survey responses, I found that most participants felt happy during adult night (96%, n=50) and felt they would be sad or neutral (82%, n=42) if they could not do adult night. See figure 1a and 1b below.

Figure 1a
Participant Feelings at Adult Night



Note. Participants largely responded that they felt happy at Adult Night.

Figure 1b
Participant Feelings if They Could Not Attend Adult Night

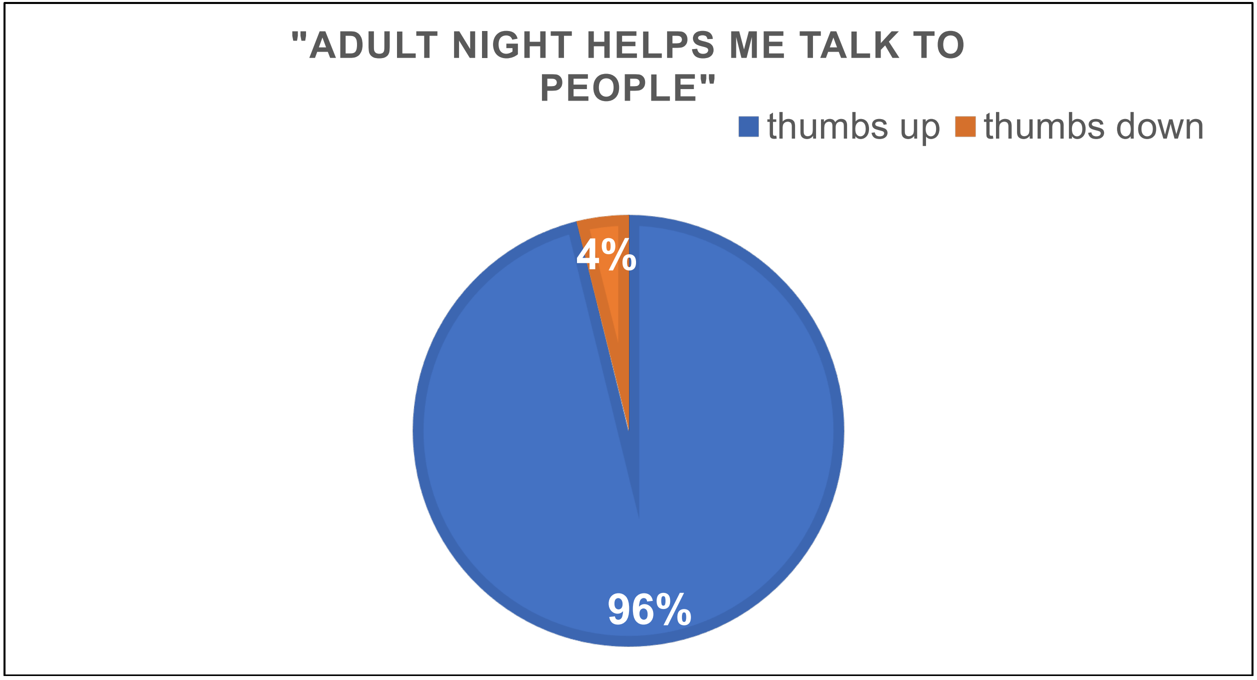


Note. Participants largely responded they would be sad if they could not attend Adult Night.

Additionally, most participants felt Adult Night “helped them talk to people” (96%, n=50) and enjoyed being able to make and maintain friendships at Adult Night. See figure 2 for chart and table 1 for main themes in response to “tell me about your friends.”

Figure 2

Participants' Feelings on if Adult Night Helped Them Talk to People



Note. Participants largely identified that Adult Night helps them talk to people (i.e., improves social skills)

Table 1

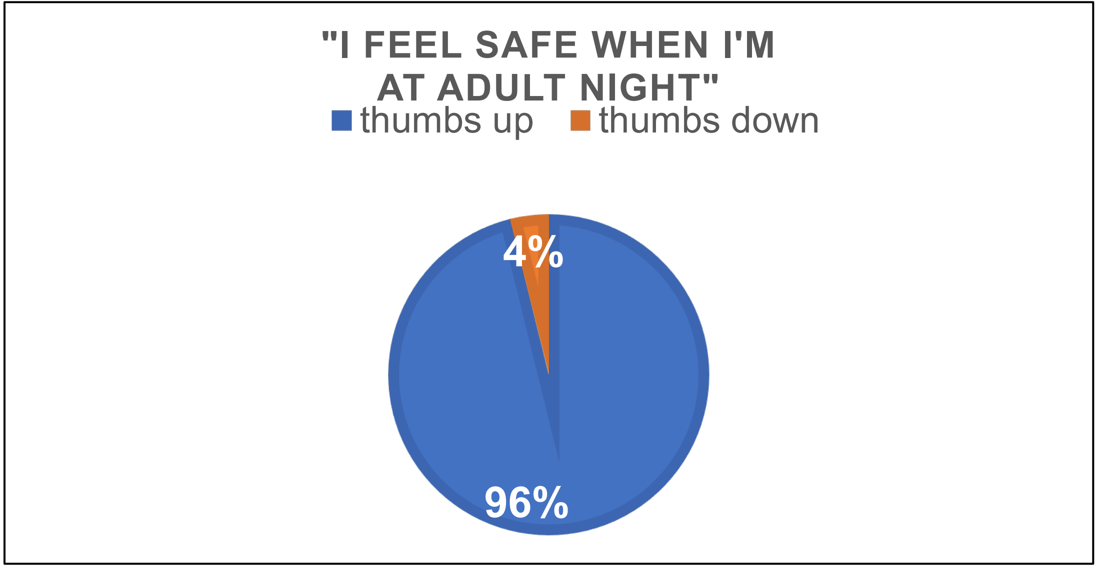
Participants' Feelings on Friends Made at Adult Night

Major Themes In Response to Asking About Friends Made at Adult Night
Mentioning specific names of other participants/peers participating in the Adult Night program
Mentioning specific names of staff/volunteers who work at Adult Night
Being "excited" or "happy" about talking about/having friends at Adult Night
"Liking" their Adult Night friends

Participants responded that they felt safe at Adult Night (96%, n=50). See figure 3 below.

Figure 3

Participant Feelings of Safety at Adult Night

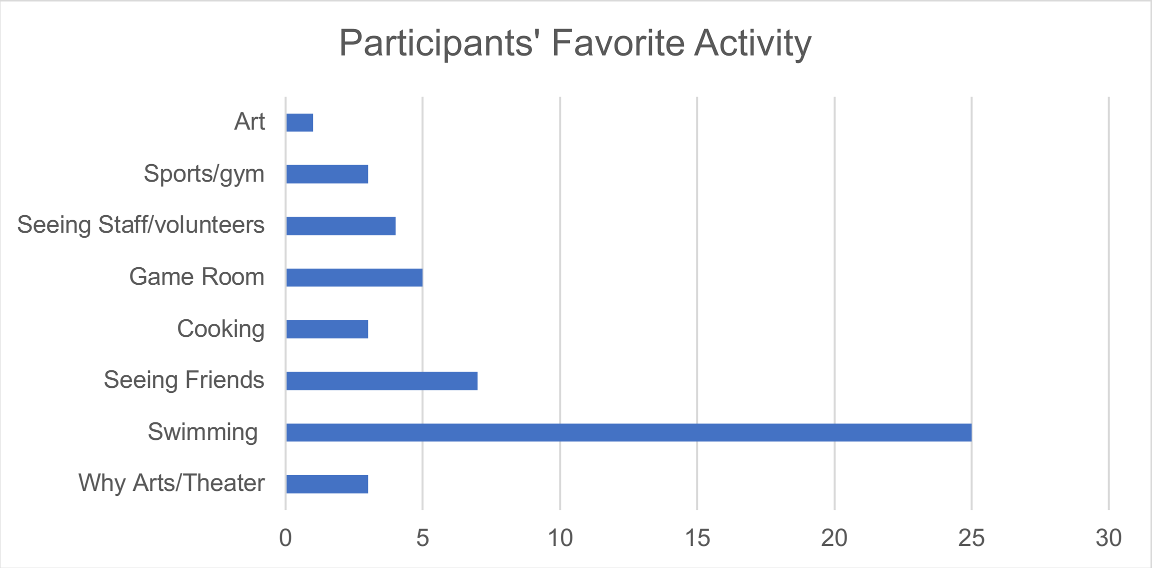


Note. Participants largely felt safe at Adult Night.

Participants' most preferred activity was swimming (n=25), and the least preferred activity was art and sports/gym (n=12 for both), but participants enjoyed most activities offered overall; see figure(s) 4a, 4b, and 4c below for results.

Figure 4a

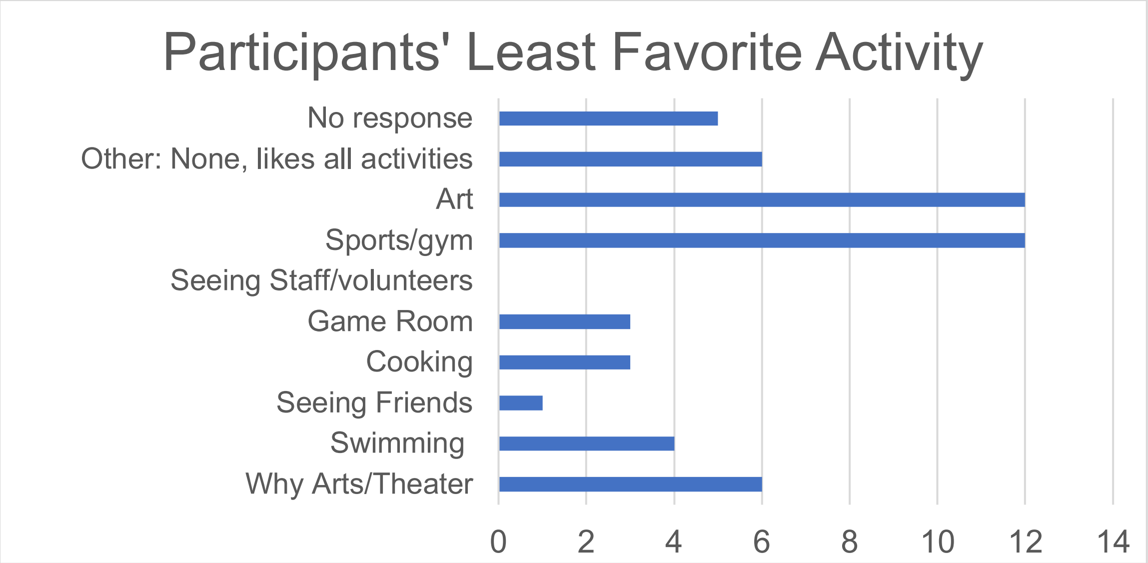
Participants' Favorite Adult Night Activity



Note. Participants overwhelmingly identified swimming as their favorite activity.

Figure 4b

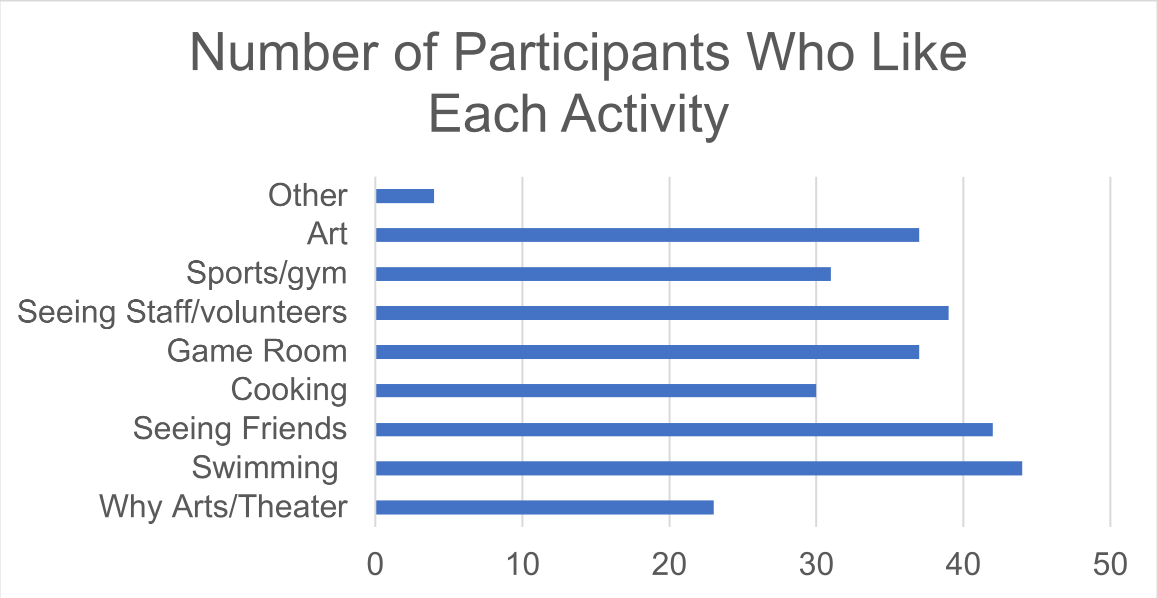
Participants' Least Favorite Adult Night Activity



Note. Participants identified Art and Sports/gym as their least preferred activities.

Figure 4c

Participants' Enjoyment of All Offered Activities



Note. Participants identified that they enjoyed all activities overall.

When asked about additional activities they may want to take part in, participants suggested cooking, additional swimming opportunities, and bowling/field trips. When asked about general changes they may want to see made to the Adult Night program, participants suggested cooking again and making the program evening and/or session longer. See table 2 below for the combined main themes of both participants' and caregiver suggestions for the program.

Table 2

Participant and Caregiver Suggestions for Program Changes

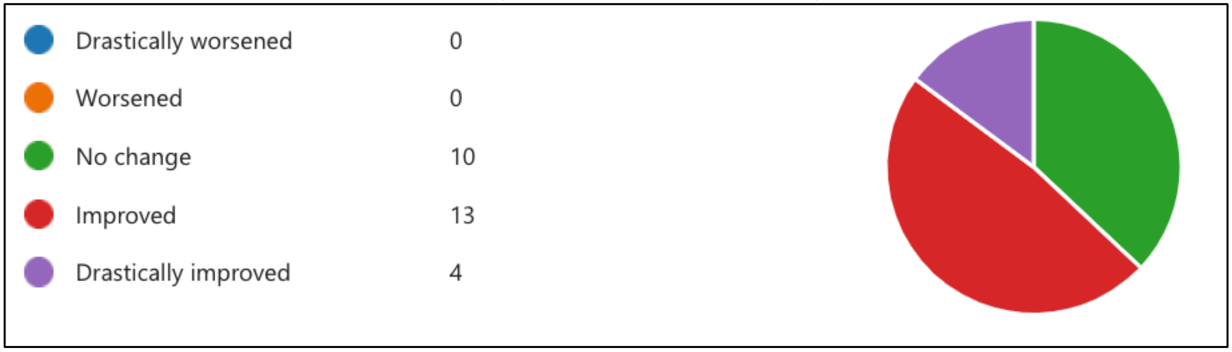
Participant Suggestions	**Caregiver Suggestions**	**Suggestions Made by Both Participants and Caregivers**
Cooking	Additional activities (no specific suggestions)	No response or "nothing" (i.e., no suggestions)
Swimming more/longer	Offering more sessions/alternate nights for the program	Increasing program and/or session length
Field trips (bowling specifically was mentioned several times)		

Next, I will address parent/caregiver results. Firstly, surveyed caregivers identified that their participants had been attending MMI RT programs for 10-30+ years (this is all RT programs, not just Adult Night. This means their participants attended pediatric programs and then transitioned into adult programs). 63% of caregivers felt their participants' physical health improved (n=17) with four of those saying their participants' health improved drastically. See figure 5 below for results.

Figure 5

Caregivers' Perception on Adult Night's Effect on Participants' Physical Health

Effect of Adult Night on Participants' Physical Health



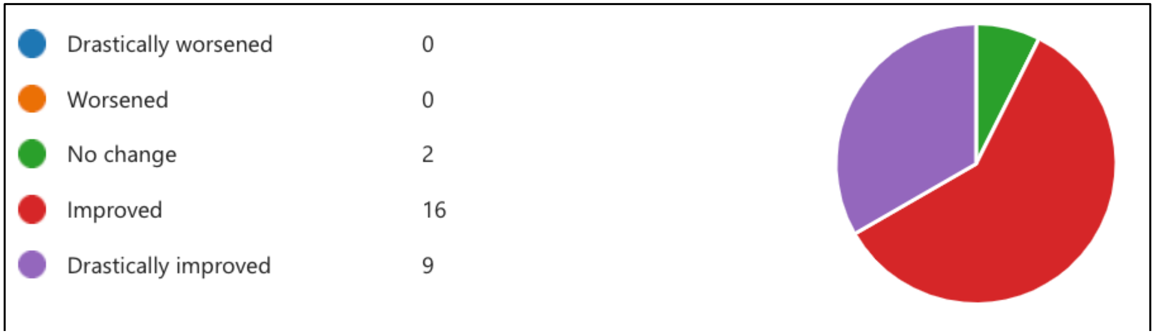
Note. Over half of respondent caregivers identified that Adult Night improved their participants' overall physical health.

93% of caregivers felt their participants' emotional health improved (n=25), with nine of those saying emotional health improved drastically. See figure 6 below for results.

Figure 6

Caregivers' Perception on Adult Night's Effect on Participants' Emotional Health

Effect of Adult Night on Participants' Emotional Health



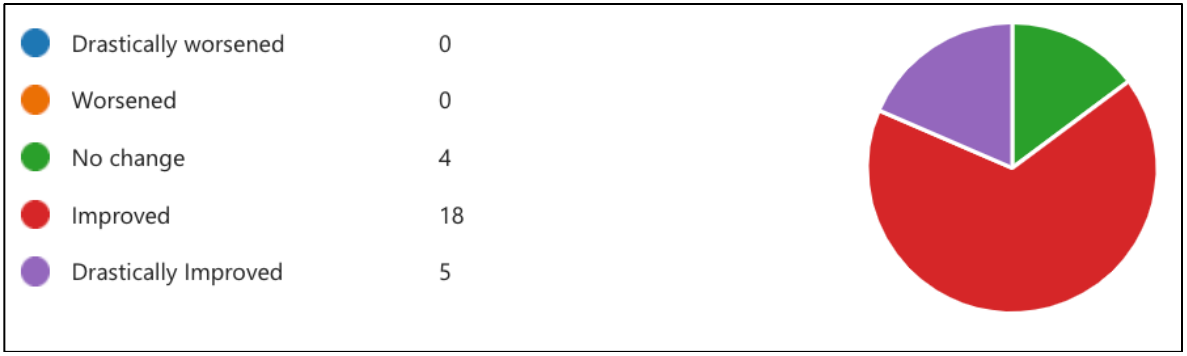
Note. Most respondent caregivers identified that Adult Night improved their participants' emotional health.

85% of caregivers felt their participants' social skills improved (n=23). See figure 7 below.

Figure 7

Caregivers' Perception on Adult Night's Effect on Participants' Social Skills

Effect of Adult Night on Participants' Social Skills



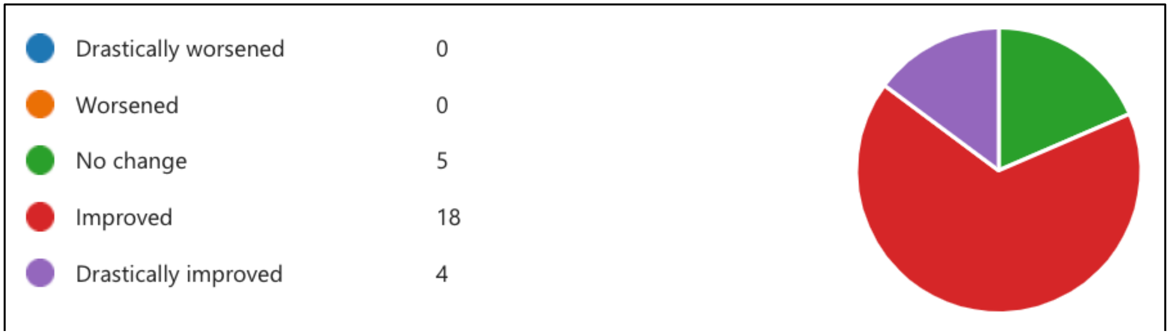
Note. Most respondent caregivers identified that Adult Night improved their participants' social skills.

81% of caregivers felt their participants' confidence improved (n=22). See figure 8 below.

Figure 8

Caregivers' Perception on Adult Night's Effect on Participants' Confidence

Effect of Adult Night on Participants' Confidence

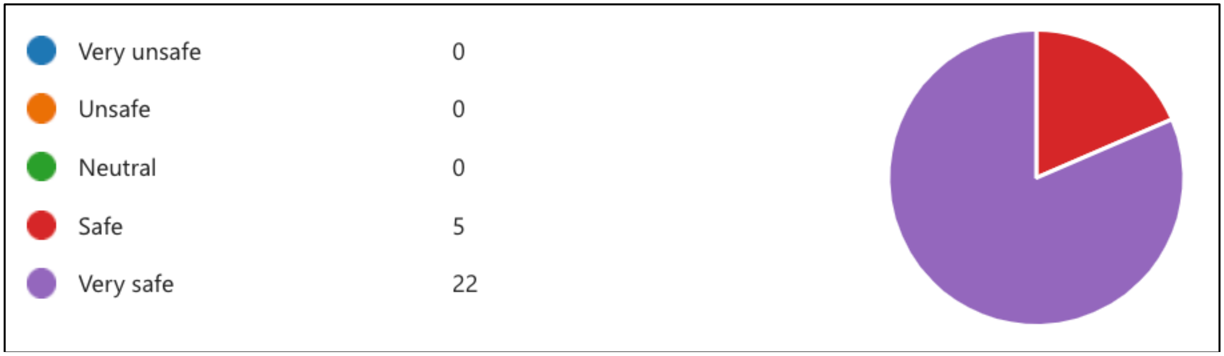


Note. Most respondent caregivers identified that Adult Night improved their participants' confidence.

100% of caregivers felt their participants were safe at Adult Night. See figure 9 below.

Figure 9
Caregivers’ Perception on Participants’ Safety at Adult Night

Participant Safety at Adult Night

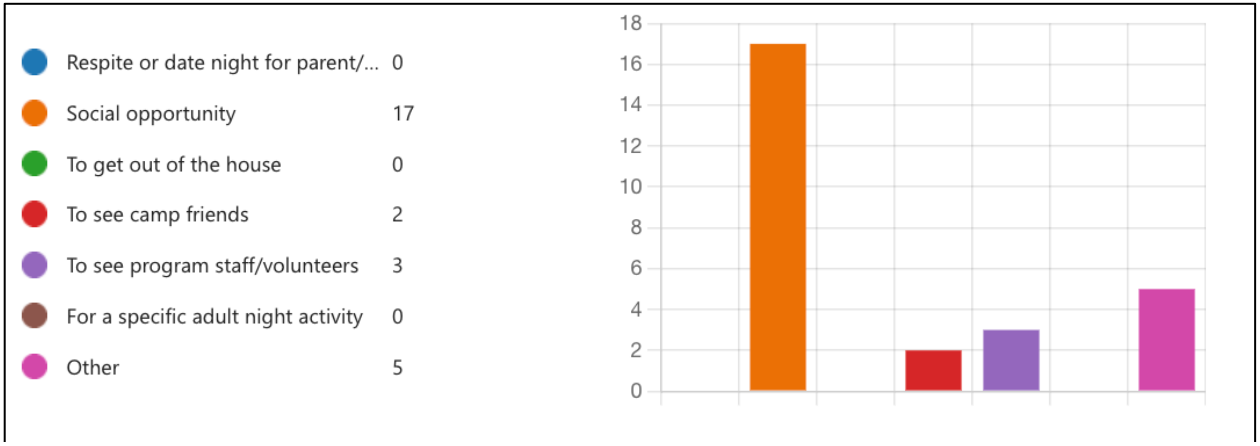


Note. All caregivers felt their participants were safe at Adult Night.

Most caregivers identified social opportunities (n=17) as the reason for sending their participant to Adult Night. See figure 10 below.

Figure 10
Caregiver Reasons for Participants’ Attending Adult Night

Caregiver Reasons for Enrolling Their Participant in Adult Night



Note. Most caregivers identified social opportunities as the reason they enrolled their participant in Adult Night.

When asked what Adult Night meant to their participants, there were several common themes in caregiver responses including social opportunities, opportunities to participate in the activities offered at the program, and independence. Table 3 below includes some of the responses to this question that I felt stood out.

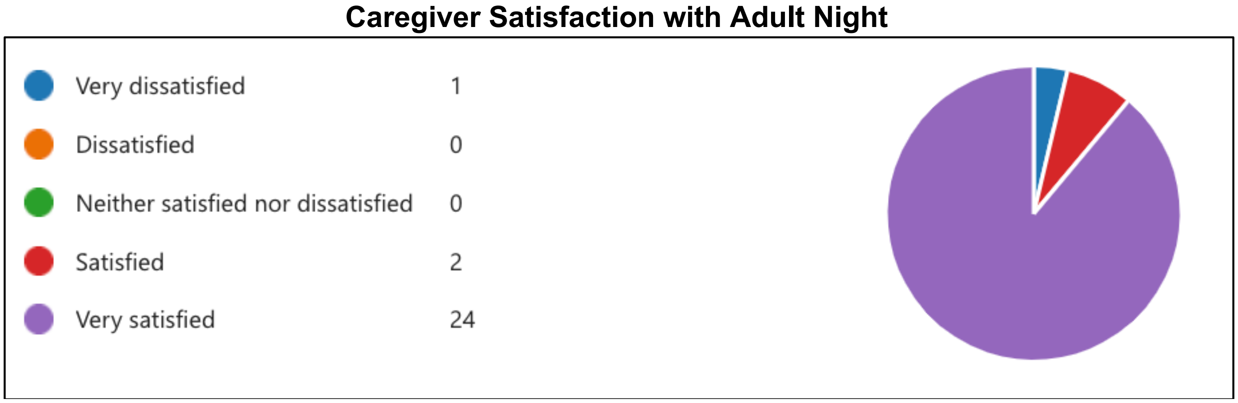
Table 3
Caregiver Quotes About What Adult Night Means for Their Participant

What Adult Night Means for Caregivers' Participants
"The world"
"Independence with friends staff and lifelong relationships"
"My son counts down the days each week to Thursday night. He loves it so much…"
"It gives her a sense of independence. She enjoys something that is just hers… She also enjoys contributing to conversation with family after camp."
"Friendship, a feeling of belonging, social interaction, exercise"
"The opportunity to relate to others. A place where he can feel like he belongs. Where friends, staff and volunteers welcome him."

When asked about additional activities they would want offered for participants, caregivers did not have specific suggestions. Common themes were no suggestions or suggesting more/different activities in general, though no specific ideas were given. When asked about any changes they would like to see in Adult Night in general, common themes of caregiver responses included no changes, offering more or different nights of the week, and extending program length, some of which overlapped with participant suggestions. See table 2 above in participant results for combined main themes of both participants and caregiver suggestions for the program.

Lastly, 96% of caregivers were satisfied or extremely satisfied with the Adult Night program overall (n=26). See figure 11 below.

Figure 11
Overall Caregiver Satisfaction with the Adult Night Program



Note. Nearly all caregivers were very satisfied with the Adult Night program.

Discussion

Summary

Overall, participants and caregivers were satisfied with the Adult Night program. Results showed high levels of satisfaction with the program overall, the activities offered, and the social opportunities provided. In figure 11 in the results section, only one respondent identified that they were not satisfied with the program. It is possible that this response illustrates an aberration in the data. This respondent identified in all other questions that they were satisfied with the program, appreciated the opportunities it offers, and had positive feelings towards the program and department overall. Based on this, it is possible this respondent may have selected the dissatisfied option unintentionally.

The results also indicate that Adult Night improved participants' social skills and had a positive effect on/improved participants' emotional health, physical health, and confidence and that everyone felt safe at this program. This was indicated by both participants and caregivers. In the results section, figure 1a and 1b address participant feelings about Adult Night. There were potential issues with the question that resulted in figure 1b. Although the results for this question still indicate that many participants would be sad or neutral if they could not attend Adult Night, there were still ten people who answered they would be happy in this case. It is likely that at least some portion of these ten participants would not truly feel happy if they could no longer do Adult Night and instead were confused by the question. Several participants indicated at the time of the survey that they were confused by the second question due to its similarity and proximity to the first. The placement and wording of this question may have confused participants with two similar questions so close together. This data was still included because, despite those ten responses, most responses indicated a positive feeling towards Adult Night.

Furthermore, these results identified potential changes that could be made to the program such as offering it more and/or making it longer, a desire for the cooking activity, and potentially adding field trips. Regarding the cooking activity, it is typically offered at least a few times per session; however, since the onset of COVID in early 2020, cooking opportunities have been restricted because they require participants to take off masks. Department leadership did not want to increase the risk of spreading COVID among participants and intend to gradually reintroduce this activity when it becomes safe to do so. In reference to the desire for field trips, Adult Night is likely not a good opportunity for field trips due to the short length of the night and the specific goals of offering more RT opportunities/activities. There are additional implications of these results that are addressed in the recommendations section of this report.

Lastly, the results of this project indicate that Adult Night fills a need (gap) in and is an invaluable part of the community. The community needs assessment referenced in the methods section of this report indicates that the adult I/DD community desires more RT opportunities. This, in conjunction with the positive feedback and results from the surveys for this project, make it clear that Adult Night is an asset to the community.

Strengths and Limitations

There were several strengths of this evaluation project. One is the focus on the I/DD perspective, which acknowledges the importance of the voice of the communities that RT programs serve. Another was the endless support I received from extremely knowledgeable professionals for the development and dissemination of both surveys which ensured the validity of the surveys. I would also consider my own significant background knowledge/experience with the focus population a strength of the project. I have been at MMI in the RT department for 4 years, have completed additional neurodevelopmental disability and leadership trainings (LEND pipeline and Advanced Leadership programs), and additional projects (APEx) that have vastly increased my knowledge of the I/DD community and their health and health care needs. This experience makes me familiar with how these health and healthcare issues that face the I/DD community relate back to systemic issues faced by the population.

Another strength of the surveys were high response rates. I aimed for at least a 30% response rate for both surveys, and ultimately there were 88% and 53% response rates for participants and caregivers respectively, which greatly exceeded my goal. Survey research also has unique strengths. Surveys are cost-effective. This project did not cost any money. Even the printing was done using funds already on my account from the University. Surveys are also generalizable because they can reach a large portion of the population when available. Additionally, surveys are generally reliable due to standardization, which was true for the caregiver survey. Lastly, surveys are extremely versatile. We were able to create 2 surveys for specific populations of respondents that contained topics specific to the evaluation questions.

There were also limitations in this project. The first was the difficulty in standardizing the participant survey, which could have negative effects on the validity and generalizability of the survey, though ultimately, I don't think this was true of the results. Another limitation was smaller sample sizes and limited data collection. I only had enough time to survey participants from the two spring sessions which limited the total number of participants possible if I could have surveyed participants from more sessions. This could also mean missing people/opinions that might generate additional useful data. Furthermore, there was no baseline data to compare to because there were no previous evaluations of the program. Lastly, survey methodology also has general limitations that include a lack of depth. We were able to stimulate a certain level of depth with qualitative responses, but not a level of depth that could be obtained when using methodology like interviews or focus groups.

Recommendations

Based on the results and discussion of the evaluation, the first thing I would recommend is to implement consistent evaluation of the program. The RT department could continue to use the satisfaction evaluations or some derivative of them, but <u>any</u> kind of evaluation, at least once per year, would benefit the program. Data drives decisions and consistent evaluation could support the program and/or identify changes that may benefit the community served, thereby giving stakeholders more say and evidence of the success of the program.

A second recommendation I have is to ensure/double check that caregivers and participants know about other programs available through MMI RT. Both caregivers and participants indicated they would enjoy additional activities/opportunities at Adult Night, and many of these opportunities are already available as additional programs which may indicate that many respondents do not know about these other opportunities. For example, participants suggested field trips/bowling- there are “field trip” type programs through MMI such as Community Outing Club and Urban Adventure Club. Another example of this was caregivers suggesting more activities/opportunities in general- MMI RT currently has at least ten other adult programs besides Adult Night that provide various activities and opportunities.

Third, I would recommend using the data to guide program planning and implementation for Adult Night. Respondents identified potential changes they may like to see in the program and, if it is possible given resources and other considerations, the RT program could explore what it may look like to implement these changes. Respondents also identified things they really liked about the program. These results can be used as support to put more focus on those activities that were identified as being preferred and less focus on activities that were identified as less preferred.

Next, I would recommend sharing the data from this project as well as any potential future data from any MMI RT programs. The community needs assessment mentioned earlier in the report identified that recreation is an area the community wants more opportunities in, so sharing this data will help illustrate why RT programs for adults with I/DD are important and how successful MMI’s programs are.

Lastly, I would recommend finding a better way to standardize the participant surveys if the same ones are re-used in original or edited contexts for evaluation purposes. One way this might be done is implementing more inclusion/exclusion criteria, though this would need to be done with care if it would mean excluding participants from being able to take the survey. Another option to improve participant survey standardization is additional staff training for staff who will be working when the surveys are taken in the future. The survey could also be edited to eliminate open-ended questions for participants which could further minimize staff involvement in the survey, though this may eliminate valuable data gathered from qualitative questions and responses.

Resource Implications

These results illustrate that the community served largely likes this program the way it is and finds it invaluable – it should continue! Adult Night needs at least the amount of funding it already gets to continue operating the way it does, which the data illustrates is successful. For the changes that *were* suggested, if the resources (funding and staff) are available and can be increased, we may be able to make Adult Night longer (both the evening and the session) as requested by families. If the resources aren't currently available, this data could serve as evidence that we should seek out additional resources. The community needs assessment referenced previously showed that the I/DD community wants more RT programs, so if MMI's program is successful and well-liked, increased funding would be supported for many reasons.

Dissemination Plan

Nicole Giron, the head of the RT department at MMI, has been an active participant throughout my Capstone process and stayed up to date on my plans, the surveys, and the data coming in. All the data, findings, the final written report, and the final PPT presentation will be shared with Nicole to share at her discretion. If she chooses, she can share the data with the rest of the department leadership team as well as stakeholders with any interest in the program whether that be parents or parties responsible for funding. She can share the information with whomever, and I will also share it with additional parties if she encourages or asks me to.

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Appendices

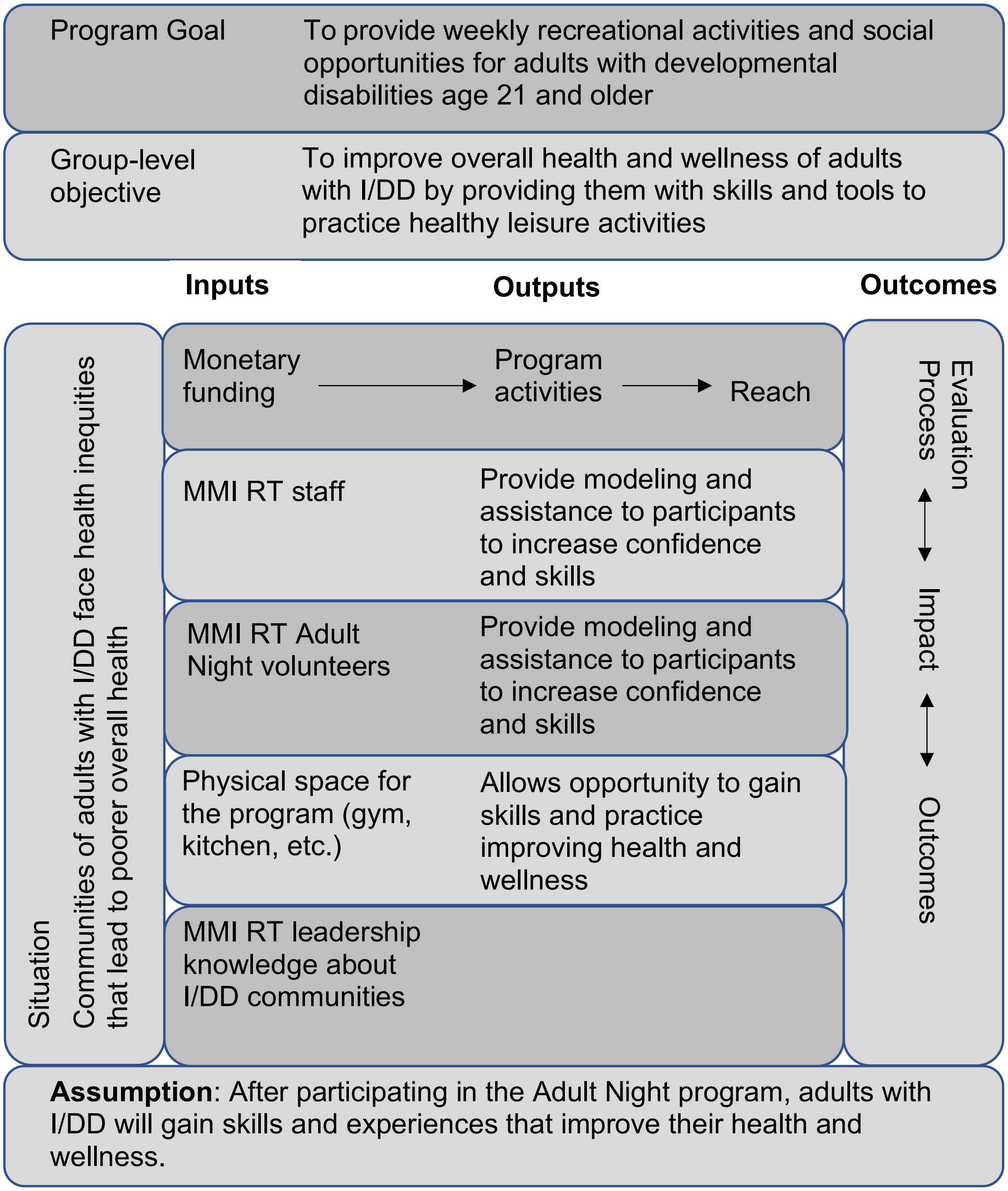
Appendix A

Content and Schedule for Adult Night

Time	Activity	To Do
6:30-6:35 pm	Check-in participants, screen for COVID	Bring pens and check-in/screening sheets
6:35-7:15 pm	First activity: Group 1- gym, Group 2- art, Group 3- swim	Staff 1 in gym set up net, chairs, and balls for chair volleyball; staff 2 in art need paint and wooden cut outs for Easter project, staff 3 in swim set up speaker for music
7:15-8:00 pm	First activity: Group 1- art, Group 2- swim, Group 3- gym	Staff 1 in gym set up net, chairs, and balls for chair volleyball; staff 2 in art need paint and wooden cut outs for Easter project, staff 3 in swim set up speaker for music
8:00-8:40 pm	First activity: Group 1- swim, Group 2- gym, Group 3- art	Staff 1 in gym set up net, chairs, and balls for chair volleyball; staff 2 in art need paint and wooden cut outs for Easter project, staff 3 in swim set up speaker for music
8:40-8:45 pm	Pick-up, participants go home	

Appendix B

Adult Night Logic Model (Adapted from Guttmacher et al., 2010).



Program Goal: To provide weekly recreational activities and social opportunities for adults with developmental disabilities age 21 and older

Group-level objective: To improve overall health and wellness of adults with I/DD by providing them with skills and tools to practice healthy leisure activities

Inputs **Outputs** **Outcomes**

Situation

Communities of adults with I/DD face health inequities that lead to poorer overall health

Inputs	Outputs
Monetary funding →	Program activities → Reach
MMI RT staff	Provide modeling and assistance to participants to increase confidence and skills
MMI RT Adult Night volunteers	Provide modeling and assistance to participants to increase confidence and skills
Physical space for the program (gym, kitchen, etc.)	Allows opportunity to gain skills and practice improving health and wellness
MMI RT leadership knowledge about I/DD communities	

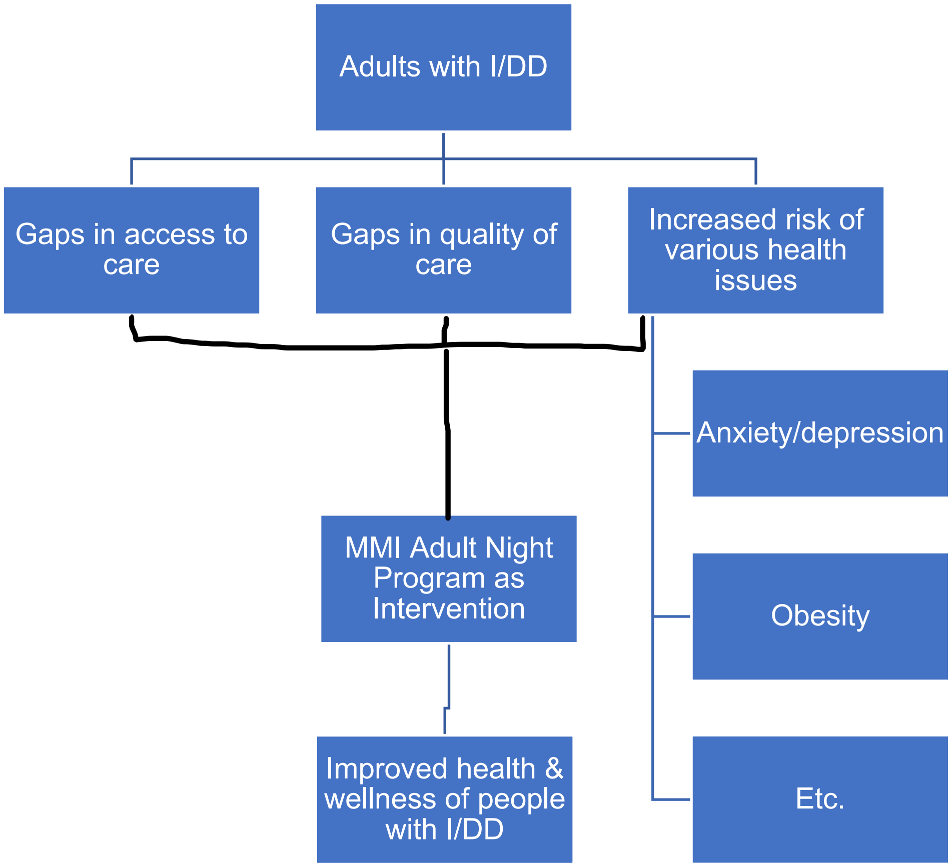
Evaluation

Process ↔ Impact ↔ Outcomes

Assumption: After participating in the Adult Night program, adults with I/DD will gain skills and experiences that improve their health and wellness.

Appendix C

Adult Night Concept Map



Note. This population, adults with I/DD, face inequities in health and healthcare. RT could be a way to mitigate some of these inequities through recreation and leisure activities and skill acquisition.

Appendix D

Participant Survey

<u>Munroe-Meyer Institute Adult Night Participant Satisfaction Survey</u>

1. When I am at adult night, I feel…

😁 😐 ☹️

2. I would feel 😁 😐 ☹️

if I could not do adult night anymore.

3. Adult night helps me talk to people.

👍 👎

4. I feel safe when I am at adult night.

👍 👎

5. My <u>favorite</u> thing about adult night is…. Pick **<u>1</u>**!

☐ Swimming ☐ Art ☐ Sports/gym
☐ Game room ☐ Seeing staff/volunteers
☐ Why Arts/Theater ☐ Seeing friends
☐ Cooking ☐ Other: ________________

6. My <u>least favorite</u> thing about adult night is… Pick **<u>1</u>**!

☐ Swimming ☐ Art ☐ Sports/gym
☐ Game room ☐ Seeing staff/volunteers
☐ Why Arts/Theater ☐ Seeing friends
☐ Cooking ☐ Other: ________________

7. When I'm at adult night, I like to do…

<u>Pick as many as you want!</u>

☐ Swimming ☐ Art ☐ Sports/gym
☐ Game room ☐ See staff/volunteers
☐ Why Arts/Theater ☐ See friends
☐ Cooking ☐ Other: ________________

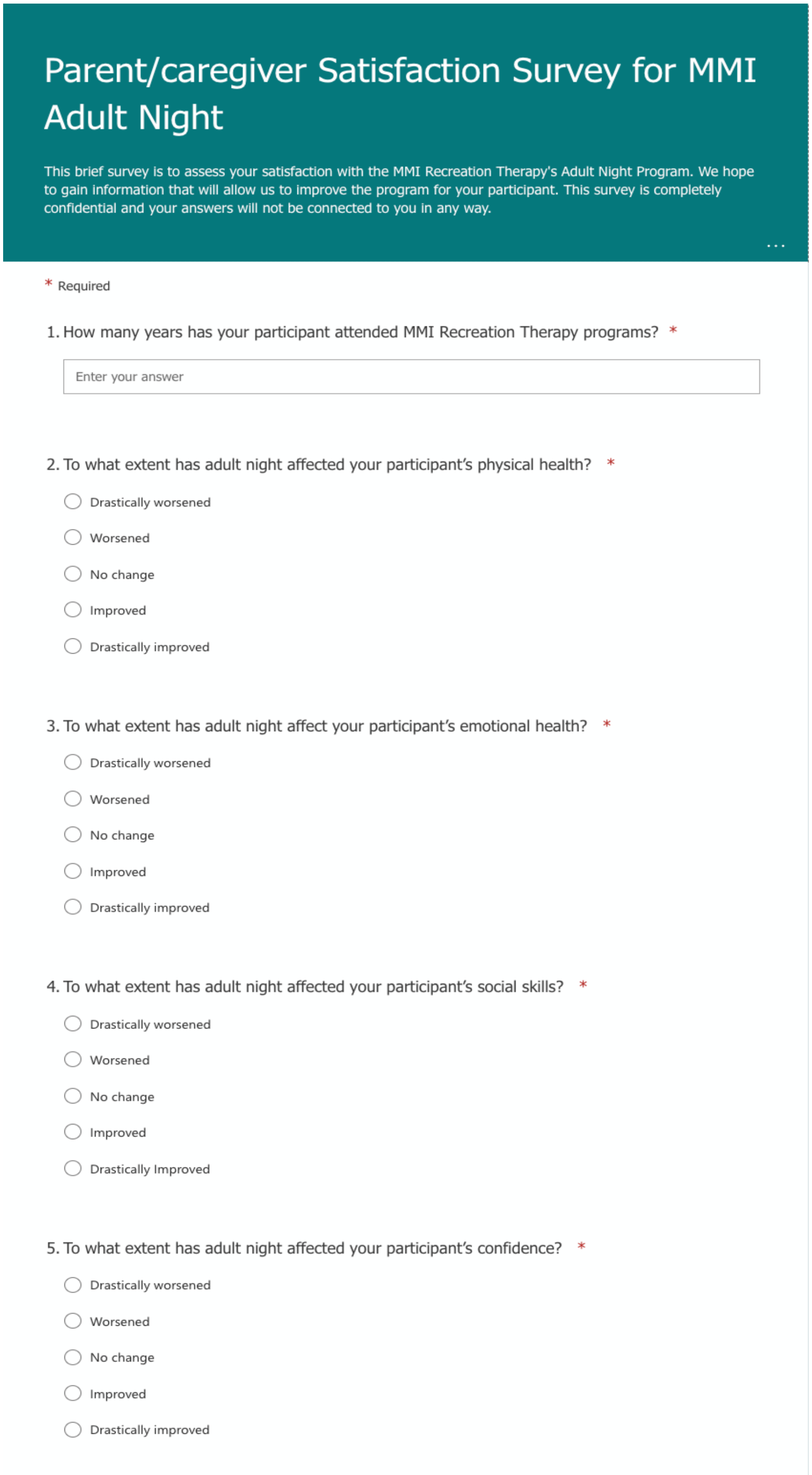
8. Tell me about the friends you have made at adult night.

9. Something I want to do at adult night that I don't get to do is…

10. Something I would change about adult night is…

Appendix E

Caregiver Survey



Parent/caregiver Satisfaction Survey for MMI Adult Night

This brief survey is to assess your satisfaction with the MMI Recreation Therapy's Adult Night Program. We hope to gain information that will allow us to improve the program for your participant. This survey is completely confidential and your answers will not be connected to you in any way.

* Required

1. How many years has your participant attended MMI Recreation Therapy programs? *

Enter your answer

2. To what extent has adult night affected your participant's physical health? *

○ Drastically worsened
○ Worsened
○ No change
○ Improved
○ Drastically improved

3. To what extent has adult night affect your participant's emotional health? *

○ Drastically worsened
○ Worsened
○ No change
○ Improved
○ Drastically improved

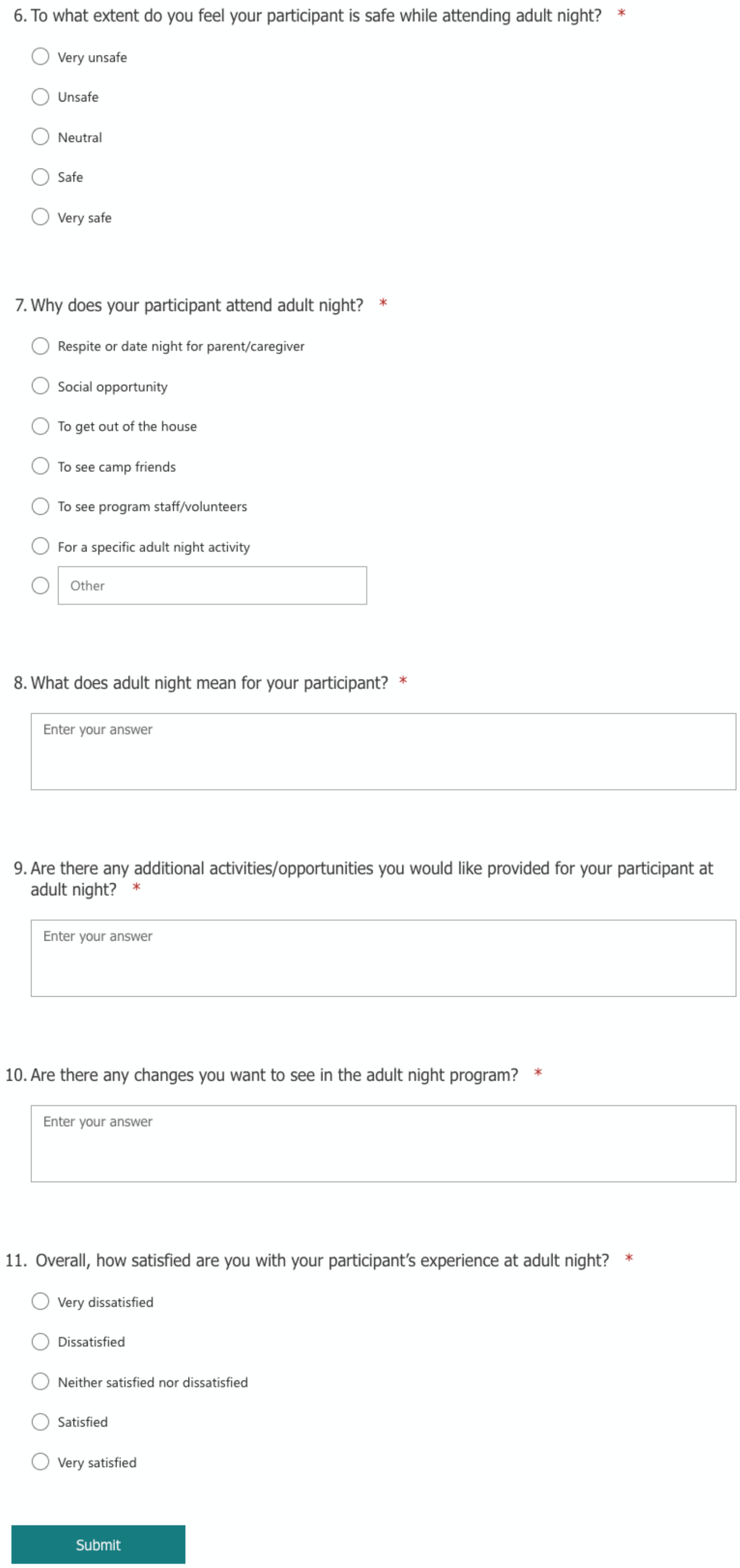
4. To what extent has adult night affected your participant's social skills? *

○ Drastically worsened
○ Worsened
○ No change
○ Improved
○ Drastically Improved

5. To what extent has adult night affected your participant's confidence? *

○ Drastically worsened
○ Worsened
○ No change
○ Improved
○ Drastically improved

Caregiver Survey Cont.



6. To what extent do you feel your participant is safe while attending adult night? *

○ Very unsafe
○ Unsafe
○ Neutral
○ Safe
○ Very safe

7. Why does your participant attend adult night? *

○ Respite or date night for parent/caregiver
○ Social opportunity
○ To get out of the house
○ To see camp friends
○ To see program staff/volunteers
○ For a specific adult night activity
○ Other

8. What does adult night mean for your participant? *

Enter your answer

9. Are there any additional activities/opportunities you would like provided for your participant at adult night? *

Enter your answer

10. Are there any changes you want to see in the adult night program? *

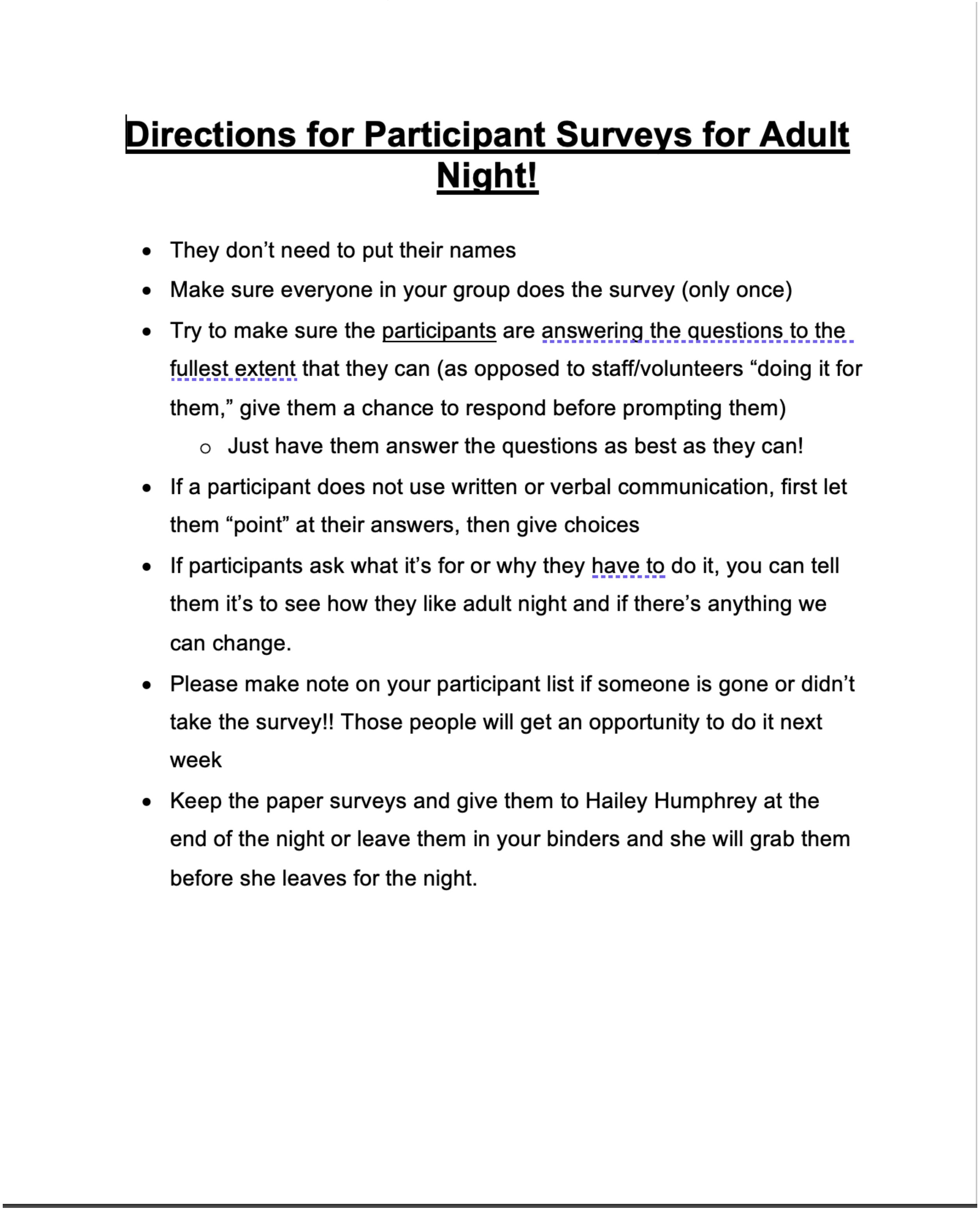
Enter your answer

11. Overall, how satisfied are you with your participant's experience at adult night? *

○ Very dissatisfied
○ Dissatisfied
○ Neither satisfied nor dissatisfied
○ Satisfied
○ Very satisfied

Appendix F

Directions for Staff Helping with Surveys



Directions for Participant Surveys for Adult Night!

- They don’t need to put their names
- Make sure everyone in your group does the survey (only once)
- Try to make sure the participants are answering the questions to the fullest extent that they can (as opposed to staff/volunteers “doing it for them,” give them a chance to respond before prompting them)
  - Just have them answer the questions as best as they can!
- If a participant does not use written or verbal communication, first let them “point” at their answers, then give choices
- If participants ask what it’s for or why they have to do it, you can tell them it’s to see how they like adult night and if there’s anything we can change.
- Please make note on your participant list if someone is gone or didn’t take the survey!! Those people will get an opportunity to do it next week
- Keep the paper surveys and give them to Hailey Humphrey at the end of the night or leave them in your binders and she will grab them before she leaves for the night.

Biography

Hailey Humphrey is a Master of Public Health student at the University of Nebraska Medical Center (UNMC) where she will graduate in August 2022. She earned her Bachelor of Science degree from Creighton University graduating cum laude. At Creighton, Humphrey studied Exercise Science and Pre-Health Professions and minored in Business Administration and Biology. Beginning in 2018, Humphrey started volunteering and working at MMI in the RT department. It was there she cultivated her passion for working with and advocating for the I/DD community. From 2020 to 2021, Humphrey completed the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) undergraduate Neurodevelopmental Disability Pipeline Training program, a 324-hour program designed to advance knowledge and experience in the field of developmental disabilities. From 2021-2022, Humphrey completed additional training and received a certificate for Advanced Leadership in Neurodevelopmental Disabilities through LEND in a 600-hour curriculum that focused on interdisciplinary thinking, didactic learning, a research project, a community learning and leadership project, and practicum experiences.

In the immediate future, Humphrey plans on pursuing a certificate in Maternal and Child Health at UNMC and completing further advanced leadership training through LEND, both expected in December 2022. She will then apply to medical school in the 2023 cycle. In the long-term, her goal is to become a physician who works with pediatric patients who have I/DD, become a political advocate for people with disabilities, become involved in research, and pursue a PhD. Humphrey believes the knowledge and experience she gained in her time in the MPH program at UNMC is invaluable to her future skills and competence as a physician, and she is thankful for those opportunities to learn.