

OHIO ASSISTED LIVING ASSOCIATION • FALL CONFERENCE

Applying Evolving Wellbeing Principles

Enhanced Quality of Life of the “New Elders”
within Senior Living

Melanie Perry, M.S., CDP, CADDCT, CMDCP

01

1

SESSION ROADMAP

What we will learn—and put into practice

Evolution

Explain how Life Enrichment roles and approaches are changing.

Evidence

Interpret research and resident insights without relying on generational stereotypes.

Execution

Redesign an experience and choose measures that show its value.

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02

2

OPENING CONVERSATION

What would you refuse to give up?

Reflect

Imagine moving into assisted living tomorrow. What part of your identity must come with you?

A habit, a cultural tradition, a pastime, a religious practice, a choice?

Share

Tell a neighbor one routine, relationship, passion, or role you would protect.

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03

3

EVOLUTION

Life Enrichment: an expanding professional role

Earlier emphasis	Evolved emphasis
Fill the calendar	Design a meaningful lifestyle as expected by "new elders"
Offer a group schedule	Offer large and small group, individual and spontaneous choices; for multiple generations
Record participation	Understand reach, relevance and experience
Deliver programs	Co-create experiences with residents and across departments

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4

EVOLUTION

The calendar is one expression of the lifestyle

Resident voice

Preferences, lifestyles, strengths, current goals, dreams, and the right to decline.

Daily life

Dining, relationships, routines, continued learning, personal evolution, outdoor access and meaningful roles.

Shared ownership

Life Enrichment connects the team; every department shapes the experience.

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5

EVOLUTION

"New elders" is a lens—not a resident profile

Life experience

Later generations bring changing cultural references.

Silent Generation = Care + Comfort

Baby Boomers = Life Experiences + Care as Support

Individual variation

Person-specific culture, resources, abilities, goals, cognition and personality matter within every cohort.

Design implication

Use trends to form questions. Use each resident's answers to make decisions.

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6

RESEARCH + PRACTICE

Healthy ageing: the ability to live what matters

Capability

Support learning, relationships, mobility, goals, decisions and contribution.

"Assume that I can"

Environment

Remove physical, social and operational barriers to valued experiences.

"Calculated risk" vs. "What if" thinking prevails

Inclusion

Living with illness or physical challenges does not remove the possibility of wellbeing.

"Help me to be the best that I can be, right now"

WHO • Healthy ageing and functional ability (2020)
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7

RESEARCH + PRACTICE

Industry direction: wellbeing as an operating strategy

Direction

ICAA's 2025 Think Tank calls for integrated wellness and meaningful outcomes.

Application

Connect movement, nutrition, social life, cognitive engagement and supportive environments.

Evidence boundary

Industry recommendations guide strategy; they do not prove a specific program causes better health.

ICAA • Wellness: The pathway to longevity (2025)
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8

RESEARCH + PRACTICE

Age Well Study: promising findings, defined limits

Finding

Life Plan Community residents reported stronger wellness across several domains than comparison peers.

Design clue

Make connections with others and intellectual engagement accessible parts of everyday life.

Limit

Self-reported, observational findings in Life Plan Communities.

MetLife Institute • Age Well Study, Year 5 updated (2025)
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9

RESEARCH + PRACTICE

Looking ahead: wellness and technology expectations

Research signal

Mather's Gen X research examines wellness practices and technology alongside a boomer comparison sample.

Design response

Offer practical technology support and an equally usable non-digital pathway.

Local question

Which tools actually help our residents connect, learn or pursue their goals?

Are you helping older adults effectively use the tech that they currently have?

Mather Institute + Design Institute, Year 2

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10

10

RESEARCH + PRACTICE

A full room can still contain lonely people

Social contact

Who has opportunities to interact?

Are there those in your service with fewer opportunities? Who might they be?

Belonging

Who feels known, accepted and connected?

How are you achieving this?

Response

Match people by interests; follow up individually; respect chosen solitude.

Must the connection always be resident to resident? If no, who else?

National Institute on Aging + Loneliness and Social Isolation

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11

11

WELLBEING IN ACTION

Seven dimensions: a practical design lens

Dimension	A resident-centered possibility
Physical + Intellectual	Movement toward a personal goal; learning something new
Social + Emotional	A trusted connection; expression and supportive listening
Purposeful + Spiritual	A valued contribution; meaning, beliefs or reflection
Environmental	Comfort, access, nature and belonging in the space

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12

12

WELLBEING IN ACTION

Three tests for every experience

Choice

Can residents influence the what, when, how—and whether?

Avoids overly repetitive, “canned” or arbitrary program offerings

Meaning

Does it connect with an interest, relationship, identity or personal goal?

Avoids “busy” programs or those that have simply become habitual

Access

Can this person participate with the support they need?

Consider cognitive and emotional needs along with physical

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13

13

WELLBEING IN ACTION

Redesign the invitation—and the experience

Starting offer

Craft or Creative hour

Exercise group

Discussion circle

Volunteer project

Evolved option, if residents want it

Artist Studio: choose medium, learn technique, curate an exhibit

Movement with Meaning: a resident-selected goal and suitable adaptations

Current-issues Salon: with resident hosts and respectful dialogue

Residents With A Cause: with authentic community partners

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14

14

WELLBEING IN ACTION

Memory support: preserve the person and the possibility

Know the person

Learn current preferences as well as life history.

Tie programs into life stories, but attend to current interests

Support agency

Offer understandable choices, familiar roles and graded assistance.

Montessori programming principals are a great example here

Read the response

Notice comfort, interest and distress; adapt or stop when needed.

Also be aware if programs are too elementary; Avoid infantilizing

Alzheimer's Association • Dementia Care Practice Recommendations

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15

15

ANALYTICS

Analytics starts with a better question

Weak question

Which event drew the biggest crowd?

Better question

Whose interests are being met—and whose are we missing?

Best next step

Combine participation patterns with resident feedback and barrier checks.

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16

16

ANALYTICS

Collect a small, useful resident insight set

Identity + interests

What do you love? What would you like to try, keep or contribute?

Preferences + barriers

Preferred time, group size, support needs and reasons for declining.

Experience + goals

What felt worthwhile? What would make your week better?

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17

17

ANALYTICS

Measure reach, fit and resident experience

Measure	Working definition for a local pilot
Reach	Unique participants + defined resident population
Interest coverage	Interested residents offered an accessible matching option + residents expressing that interest
Meaningful experience	Positive responses + responses to "Was this worthwhile to you?"
Choice + belonging	Resident feedback tracked consistently; include response counts

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18

18

ANALYTICS

Example: strong attendance can hide limited reach

160 participants

The total program participants logged during one month.

20 of 80 residents

Unique residents participating: 25% monthly reach.

Decision

Ask about interests, access and preferred formats among those not reached.

Set a goal each month for additional reach

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19

19

ANALYTICS

Example dashboard: from a signal to a decision

Illustrative signal	Follow-up decision
Gardening interest: 12; reached: 4	Ask eight residents about timing, format, and access; test smaller sessions
Worthwhile: 9 of 10 responses	Keep the valued elements; seek missing perspectives
5 newcomers lack a preferred option	Offer individual conversations and interest-based introductions
Data completeness: 70%	Improve documentation before drawing firm conclusions

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20

20

ANALYTICS

Turn insight into a repeatable learning cycle

Listen + define

Name the resident need and a specific desired experience after receiving feedback from residents/participants

Co-design + test

Agree on a small change, owner, resources and duration.

Include the potential to elevate and innovate to add meaning for younger residents

Review + adapt

Compare feedback and reach; keep, modify or discontinue together.

This process may help to interrupt cycles of "I offer new things, but no one shows up"

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21

21

ANALYTICS

Before deciding, check what the data cannot tell you

Completeness

Are logs and preference profiles current? Who did not respond?

Comparability

Are time periods, populations and definitions consistent?

Interpretation

Could access, illness or timing explain the pattern? Could resident goals, meaning, or aspirations be missing?
Ask before assuming.

22

APPLICATION

Breakout case: meet Elaine

Her story

Elaine, 78, enjoys photography, local history and mentoring. She prefers small groups.

The mismatch

She attends few scheduled programs. Hearing difficulty makes large groups tiring.

Her goal

"I want to create something useful and get to know people."

23

APPLICATION + 6 MINUTES

Your task: redesign one experience

Design

Choose a resident goal, two wellbeing dimensions and a meaningful role for Elaine.

Enable

Identify one choice and one supportive element required to assist with Elaine's success; name the team partner.

Evaluate

Select one reach measure and one resident-experience question.

24

APPLICATION

One possible response: a local-history photo studio

Co-create

Elaine chooses a theme and whether to mentor, photograph or curate.

Consider having her share her photography and historical knowledge with others

Make it accessible

A small group, quiet/smaller room; clear sightlines and good lighting; supportive audio tech

Learn from the pilot

Track Elaine's participation in identified programs ; ask her if the new opportunities felt worthwhile and connecting.

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25

25

EXECUTION

Execution depends on shared ownership

Partner	Concrete contribution
Life Enrichment	Listen, co-design, coordinate and review
Care / nursing	Identify suitable supports and communicate changing needs
Dining / operations	Enable choices, timing, spaces and access
Leadership / residents	Protect resources; shared ownership in shaping priorities and reviewing experience

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26

26

EXECUTION

A manageable first 30 days

Days 1-7: listen

Review one underserved interest and speak with five residents.

Use your preferred framework such as dimensions of wellbeing or Maslow's Hierarchy as a guide

Days 8-21: test

Co-design one small pilot; assign an owner and remove an access barrier.

Days 22-30: learn

Review resident feedback and reach; agree on the next change.

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27

27

OALA - Fall Conference & Trade Show

9

COMMITMENT

What will you change first?

One commitment
Name an experience you will revisit with residents.

One partner
Identify who can help remove a barrier.

One question
Decide how residents will tell you whether it mattered.

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28

28

DISCUSSION • QUESTIONS

Quality of life is the destination

Know each person.
Understand changing expectations
Enable meaningful choices.
Use evidence to learn.
Build the lifestyle together.

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29

29

RESOURCES

Selected references and further reading

Primary source	Use in this presentation
WHO • Healthy ageing (2020)	Functional ability, environment and diversity
ICAA • Pathway to longevity (2025)	Industry direction and integrated wellbeing
Mather • Age Well / Gen Xperience	Observational findings; future consumer context
NIA / Alzheimer's Association	Connection; person-centered dementia support

WHO

MATHER

ICAA

GENX

NIA

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30

30
