The Necessary for More Activities Resources Suited to Meeting the Needs of a Culturally Diverse Population in Long-Term Care: A Look at Language

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Enriched environments that contribute to life satisfaction have been recommended as part of a holistic approach for wellness and in the treatment of a variety of neurodegenerative conditions [1,2,3,4]. Appropriate, individualized environmental enrichment may help reduce feelings of anxiety among individuals with cognitive decline. The Omnibus Budget Reconciliation Act of 1987 requires long-term care facilities to work towards decreasing the use of pharmacologic agents for anxiety and to partially replace medications with nonpharmacologic interventions [2]. Nonpharmacologic approaches, such as individualized environmental enrichments, should be the first line of care. Activities professionals are tasked with providing enriched environments in long-term care facilities [2]. However, the culturally diverse population of many long-term care facilities presents challenges for activities professionals in designing individualized programming for environmental enrichment. There is a growing awareness in healthcare community of the necessity for developing methods and resources for gaining greater competences in listening to, understanding, and meeting the needs of an increasingly diverse patient population [5,6,7,8]. Activities professionals are tasked with identifying the needs of each senior and creating an individualized enriched environment that is meaningful for that person [2]. Individualized programming must take into consideration the many dimensions of cultural diversity. An example of one such a consideration is diversity in language. Reduced fluency in, sometimes progressing to loss of, a second language often accompanies age-related cognitive decline [9, 10,11,12]. Activities professionals need to have the appropriate gear in their toolkits to meet this challenge. First and foremost is a pleasant smile. As William Arthur Ward observed, ”A warm smile is the universal language of kindness”[13]. ”And as Mother Teresa noted, ”We shall never know all the good that a simple smile can do”[13]. Secondly, individualized music programming with headphones is recommended in memory care programs [2]. Personalized, reminiscence-focused music therapy may improve the mood of individuals with dementia. Even in individuals with advanced dementia, there is often significant sparing of memory for tunes that they enjoyed in their youth – and hearing these tunes can evoke autobiographical memories. A third example is on the horizon. Work is being done on Babel On, a speech synthesis device that will translate anything you say into another language – in your own voice [14]. Babel On, or a similar device, may one day allow activities professionals to be instantly multilingual in whatever language a newly arrived patient speaks. A fourth set of tools involves the written language. This has a few considerations. On the positive side, in mild to moderate stages of dementia, many people can still enjoy reading; however, they will have problems comprehending lengthy texts due to declines in working memory [15]. They may enjoy simpler, shorter books written in their native language. Another consideration is that declines in eyesight are also commonly experienced with aging. Extra-large print is solution to this problem for many individuals [16].

In summary, activities professionals are key members of the healthcare team, providing non-pharmaceutical, anxiolytic interventions to support the wellbeing of patients in long-term care. In a diverse society, there is a

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need for activities resources specifically designed for culturally-sensitive care, as well as, training for activities professionals in multiculturalism.

Conflict of Interest Statement
Dr. Celia M. Ross is the founder of the Delaware Gerontology Institute, LLC, (www.DEGerontology.com) and designs products for the elderly including extra-large print books that are then translated into multiple languages.

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