# Fostering Social Connectedness and Wellness in Older Adults Through a Community-Based Support Program

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## Article Information

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## Abstract

The importance of individual wellbeing is increasingly recognized by governments around the world. Social connectedness is a key driver of wellbeing. Socially well-connected people and communities are happier, healthier, and better able to take charge of their lives and find solutions to the problems they face. Social connectedness can contribute to achieving wellness. The less involved someone is, the greater the risk of social isolation or feeling disconnected from the community. Social contact tends to decrease as we age for a variety of reasons. The research was conducted to determine the indicators of social connectedness through a community-based wellness support program for the elderly. This was endorsed by the Local Government Unit and the Department of Social Welfare and Development (DSWD) in crafting a Community-Based Wellness Support Program. The current role of the researcher has triggered interest and a desire to improve the physical and mental health of the elderly and help them move away from isolation toward a state of wellness amidst the struggles of aging. This study involved one hundred thirty-two (132) older adults (aged 54 years old and above). To gather data, the researcher observed the participants in their most natural settings, interviewed them, and used structured questions translated into their vernacular language. The results showed the relationships people have with others and the benefits these relationships can bring to the individual, as well as to society. These relationships and connections can be a source of enjoyment and support, helping people feel they belong and have a part to play in society. The findings showed that to enhance elders’ social connectedness, the Community-Based Wellness Support Program, with objectives centered on enhancing connectedness through Zumba, Physical Fitness, and Laughter Yoga, should be sustained as part of the Connect Well Program.

**Keywords**  
community-based, mental health, older adults, physical health, social connectedness, wellness program

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**Introduction**

**Background of the Study**

It is common knowledge that the overall aging population is growing rapidly. Older adults are among the fastest-growing populations but are the most neglected segment of society (Paganini-Hill, Ross & Henderson, 2017). Social contacts tend to decrease as we age for a variety of reasons, including retirement, the death of friends and family, or lack of mobility. According to a meta-analysis co-authored by Juliane Holt-Lunstad, PhD, a professor of psychology and neuroscience at Brigham Young University, loneliness and social isolation are twice as harmful to physical and mental health (Perspectives on Psychological Science, Vol. 10, No. 2, 2015). Regardless of the causes of senior isolation, the consequences can be alarming and even harmful. Even perceived social isolation—the feeling that you are lonely—is a struggle for many older people.

Due to the increasing cost of healthcare, holistic approaches are being adopted (Montague, 1996; 2006; 2007; 2012; 2018). Holistic approaches can be expressed through multidimensional wellness models. The National Wellness Institute (NWI) promotes Six Dimensions of Wellness: Emotional, Physical, Intellectual, Occupational, Spiritual, and Social. Addressing all six dimensions of wellness helps individuals understand what it means to be holistically W.E.L.L. by focusing on their Whole Person, Environment, Lifestyle, and Learning.

For the purposes of this study, the research adopted a wellness model that incorporates six dimensions: emotional, social, intellectual, physical, and spiritual. Each of these dimensions of wellness allows value to be placed on the whole person. This model of wellness provides a positive perception of life improvement with aging (Jarmagin & Woodside, 2019). Older adults are also searching for innovative ways to live a longer and healthier life.

Older adults’ social connectedness can contribute to the achievement of wellness. Social networks play a dynamic role in older adults’ life satisfaction (Mannell & Klein, 2017; Mannell, 2015, 2017). Social networks help older adults interact with other individuals and form relationships. Structures and relationships that surround a person and their environment define a social network (Smith, Freeman & Zabriskie, 2019). There are many different forms of social interaction and activities that allow them to network with one another. Social networks are related to life satisfaction and quality of life in older adults. Social networks can provide a means of communication, support, and activity engagement. Social networks have also been found to impact health outcomes (Smith et al., 2019). Active participation in activities requiring social interaction is found to have an association with health-related quality of life (Smith et al., 2019). Conversely, passive participation in activities that are more socially isolated does not have an association with health-related quality of life (Jenkins, Pienta, & Horgas, 2019). Both negative and positive effects can be found through social networks based on the situation the individual is in and the people they associate with. Some social networks can bring more stress while others can provide more support and pleasure.

Those who are suffering from isolation are encouraged to reach out. Organizations or individuals across the country can share ideas for how to lessen isolation in local communities. The current roles and responsibilities of the researcher as a daughter and educator have triggered an interest and desire to improve the situation of older adults by moving them away from isolation and towards a state of wellness amidst aging struggles. In view of this, the researcher aimed to target elderly isolation and wellness and propose a teacher-led wellness program. Thus, this study aimed to determine the level of social connectedness and wellness status of older adults. The findings of the study served as a basis for proposing a barangay-based, teacher-led connectedness and wellness program for older adults. The flow of research is presented in Figure 1.

**Figure 1**

*Research Paradigm*
Literature Review

Wellness Model

The six-dimensional wellness model is used to guide activities in many senior living communities, including CCRCs (Edelman & Montague, 2006; Hodgson, Hermann, Profitt, Brod, & MacDonell, 2003), and using the model for activities contributes to an increased quality of life (Montague & Frank, 2007). Life satisfaction, physical well-being, and mental well-being are all encompassed in quality of life (Amarantos, Martinez, & Dwyer, 2001). This model has been implemented from the concept of wellness that consists of adopting a holistic approach to promote continued independence (Edelman & Montague, 2006; Vaillant, 2002). Wellness activities offered by CCRCs often fall under the six dimensions of wellness, including emotional, social, intellectual, physical, and spiritual. Emotional activities include companionship and support groups. Social activities vary from attending events to being involved in organizations that involve interacting with others. Intellectual activities are composed of discussion groups, computer usage, and traveling. Physical activities involve any kind of movement the individual is capable of participating in, such as walking, group exercise classes, and therapy services. Spiritual activities include Bible study, prayer, and self-mediation, which involve individual practices. Activity planning based on the wellness model allows older adults multiple options to engage within their communities.

Risk of Adult Population

The older adult population is at greater risk of experiencing medical complications, mortality, and morbidity (Paskulin & Molzahn, 2007; Sewo Sampaio & Ito, 2013). Leading causes of death for older adults include heart disease, cancer, and chronic lower respiratory disease (CDC, 2017). In fact, older adults suffer from hyperension (CDC, 2017). Participating in community wellness programs can improve health outcomes for older adults (Jarnagin & Woodside, 2012; Wittmer & Sweeney, 1992). The purpose of this study is to examine how wellness is related to social connectedness.

Social Networks

Social networks play a dynamic role in older adults’ life satisfaction (Mannell, 2007). Social networks help older adults interact with other individuals and form relationships. Structures and relationships that surround a person and their environment define a social network. There are many different forms of social interaction, and CCRCs provide many different activities that allow the residents to network with one another. Social networks are related to life satisfaction and quality of life in older adults (Park, 2009). Social networks can provide a means of communication, support, and activity engagement. Social networks have also been found to impact health outcomes. Active participation in activities requiring social interaction is found to have an association with health-related quality of life. Alternatively, passive participation in activities that are more socially isolated does not have an association with health-related quality of life (Jenkins, Pienta, & Horgas, 2002). Both negative and positive effects can be found through social networks based on the situation the individual is in and the people they associate with. Some social networks can bring more stress, while others can provide more support and pleasure.

Related Studies

The model selected for the current study examines six dimensions: emotional, social, intellectual, physical, spiritual, and vocational. CCRCs align with the six-dimension model when designing programs for their residents to allow them to receive benefits for their well-being through participation. This model focuses on optimal levels of health and ways to improve health and quality of life (Mannell, 2005). The wellness model has become one of the leading models of health management, allowing older adults to have self-responsibility for their health and potential for health benefits (Edelman & Montague, 2006).

The purpose of the thesis project by Dominguez (2015) was to write a grant to fund a Senior Wellness Program (SWP). The proposed program aims to assist seniors with limited mobility in maintaining independence and quality of life. The purpose of the SWP is to create community-based interdisciplinary interventions by integrating and incorporating physical exercises, recreational activities, music therapy, and group work to improve adults’ lives. Based on the findings from the literature review, it is apparent that a Senior Wellness Program contributes to the quality of life, and improves health and well-being among older adults. The funding source selected was the Archstone Foundation. The grant writer hopes that this wellness intervention will provide older adults with the tools necessary to lessen their chances of falls, enhance emotional states of well-being, socialization, and maximize their ability to live independently at home.

The study by Zainaba & Naz (2017) investigated the contributing role of daily living functioning and social engagement in enhancing wellness and various dimensions of wellness in older adults. A correlational research design was used. Socio-demographic data was collected. The Lawton Instrumental Activities of Daily Living, Lubben Social Network Scale, and Perceived Wellness Survey were administered on a sample of 112 participants, including 56 men and 56 women. A correlation analysis found a positive correlation between daily living functioning, social engagement, and wellness of older adults. The results of regression analysis concluded that both daily living functioning and social engagement predicted wellness and its domains. The obtained results indicate that older adults who are self-reliant lead a more satisfied life in old age and demonstrate better adjustment to the effects of aging.

Synthesis

The six-dimension wellness model in senior living communities supports holistic well-being through various activities (Edelman & Montague, 2006; Hodgson et al., 2003; Montague & Frank, 2007), mitigating health risks for older adults (Paskulin & Molzahn, 2007; Sewo Sampaio & Ito, 2013; Jarnagin & Woodside, 2012). Social networks play a vital role in enhancing health and quality of life (Mannell, 2007; Park, 2009), with active engagement linked to better health outcomes (Jenkins, Pienta, & Horgas, 2002). Supporting research underscores the efficacy of holistic wellness programs (Dominguez, 2015; Zainaba & Naz, 2017), emphasizing the significance of socially connected approaches for older adults’ well-being. All of these research studies and literature have great bearing on the study.
Statement of the Problem
The aim of the study is to address the challenges of social isolation and wellness among older adults by proposing a teacher-led wellness program. The study intends to determine the level of social connectedness and wellness status of older adults, with the findings serving as the basis for proposing a barangay-based, teacher-led connectedness and wellness program for this demographic. Specifically, it sought to find answers to the following:
1. What is the demographic profile of the older adults in terms of:
   a. age,
   b. sex,
   c. civil status,
   d. highest educational attainment, and
e. living arrangement?
2. What is the level of social connectedness of older adults in the following dimensions:
   a. with self
   b. with others; and
   c. with society?
3. What is the wellness status of older adults in the following dimensions:
   a. psychological;
   b. emotional;
   c. social;
   d. physical;
   e. spiritual; and
   f. intellectual?
4. Is there a significant degree of relationship between older adults’ selected profile variables and their;
   a. level of social connectedness; and
   b. wellness status?
5. Is there a significant degree of relationship between older adults’ level of social connectedness and wellness status?
6. Is there a significant degree of variance in the older adults’
   a. level of social connectedness; and
   b. wellness status across different dimensions?
7. Based on the findings, what program may be created?

Hypotheses
H₀₁: There is no significant degree of relationship between older adults’ selected profile variables and their;
   a. level of social connectedness; and
   b. wellness status.
H₀₂: There is no significant degree of relationship between older adults’ level of social connectedness and wellness status.
H₀₃: There is no significant degree of variance in the older adults’
   a. level of social connectedness; and
   b. wellness status across different dimensions.

Methods
Research Design, Sample and Sampling Technique
The purpose of this quantitative, ex post facto, correlational research study was to describe the relationship between the social connectedness and wellness of older adults in Balaoan, La Union. The research method for the study was appropriate because it identified a relationship between two variables: social connectedness and wellness of older adults in Balaoan, La Union. The study particularly obtained a homogeneous purposive sample, one selected for having a shared characteristic or set of characteristics. This study involved one hundred thirty-two (132) older adults (aged over 54 years old), who were willing to participate and able to complete the survey questionnaires.

Table 1 below displays the distribution of the sample and the survey response rate. Initially, a total of 145 survey packets were distributed to the Butubut barangays: Este (27), Norte (32), Oeste (38), and Sur (48). However, due to 13 dropouts resulting from inability to complete survey questionnaires, sickness, and lack of time, only 132 packets were retrieved. Overall, there was a 91.03% response rate for this study.

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<td>Butubut</td>
<td>Distributed 27, Retrieved 22, Drop-outs 5</td>
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<td>91.03%</td>
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<td>Este 32, Norte 32, Oeste 33, Sur 45</td>
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Data Gathering Procedure

The older adults were asked to complete the survey questionnaires. To assist them in answering the said survey questionnaires and to ensure that they answered all items, each item was orally delivered in the dialect or language they understood, and each response was validated.

Data Analysis

The study employed several statistical techniques to analyze data and address research questions. For calculations involving frequency, percentage distribution, weighted mean, and ranking, specific formulas were utilized. Frequency and percentage distribution were determined using the formula \( P(\%) = \frac{r}{N} \times 100\% \), where \( r \) represents the number of responses and \( N \) denotes the total number of responses. Weighted mean calculations involved summing the weighted answers, with 'W' representing the weight of each answer/item. Mean values for the variables of social connectedness and wellness status were interpreted using descriptive rating scales. The analysis categorized social connectedness and wellness status into four descriptors based on their respective weighted ranges. To explore relationships between variables, Pearson correlation coefficient and Chi-Square Test of Independence were employed. For investigating differences between dimensions, Analysis of Variance (ANOVA) was utilized, with calculations involving mean sum of squares due to treatment (MST) and mean sum of squares due to error (MSE), computed using specific formulas. These statistical tests were chosen to comprehensively analyze the collected data and address the research questions effectively.

RESULTS AND DISCUSSION

Profile of the Older Adults

Regarding age, the highest number of older adults fell between the ages of 54-59 years old, while the lowest number was in the 70-74 age group. The average age of the sample was 62.71 years old. In terms of sex, females outnumbered male older adults. Concerning civil status, nearly half of the older adults were widowed. Regarding the highest educational attainment, the highest number reported their educational attainment to be at the elementary level, while some had completed various levels of high school, secondary, college, and graduate studies. Regarding living arrangement, the majority were currently living with family, with only a small number of older adults reporting that they lived alone.

Level of Social Connectedness of Older Adults

In terms of social connectedness, the dimension "With Self" obtained a composite mean of 2.72, indicating an "average" level of social connectedness, particularly concerning one's self. Similarly, the dimension "With Others" obtained a composite mean of 2.74, suggesting that older adults also had an "average" level of social connectedness with others. Additionally, the dimension "With Society" yielded a composite mean of 2.75, indicating an "average" level of social connectedness with society at large. When considering the overall level of social connectedness among older adults across different dimensions, the highest composite mean of 2.75 was observed in the dimension "With Society," followed by "With Others" with a composite mean of 2.74, and lastly, "With Self" with a composite mean of 2.72. The overall composite mean of 2.74 suggests that older adults had an "average" level of social connectedness.

Wellness Status of Older Adults

Regarding the wellness dimensions, a composite mean of 2.76 was obtained for Psychological wellness, indicating an "average" status of wellness in this dimension for older adults. Emotional wellness yielded a composite mean of 2.80, suggesting an "average" status of wellness in this area. Social wellness obtained a composite mean of 2.75, indicating an "average" status of wellness concerning social aspects. Physical wellness also achieved a composite mean of 2.76, implying an "average" status of wellness in physical health. Spiritual wellness garnered a composite mean of 2.81, suggesting an "average" status of spiritual wellness.

Furthermore, intellectual wellness obtained a composite mean of 2.78, indicating an "average" status of intellectual wellness. When considering the wellness status across different dimensions, the highest composite mean of 2.81 was observed in the spiritual dimension, followed by emotional wellness with a composite mean of 2.80. The intellectual dimension followed with a composite mean of 2.78, while both Psychological and Physical dimensions achieved composite means of 2.76, and social wellness attained the lowest composite mean of "average." The overall composite mean of 2.77 suggests that older adults had an "average" wellness status overall.

Relationship Between the Older Adults' Selected Profile Variables and Their Level of Social Connectedness

Regarding the degree of relationship between older adults' age and their level of social connectedness, the computed correlation coefficient or \( r \) value was \( 0.48227 \), which exceeded the critical value of 0.159 with 130 degrees of freedom and at a 0.05 level of significance, thereby rendering the result significant. Similarly, concerning the relationship between older adults' sex and their level of social connectedness, the computed chi-square value was 2.1257, while the critical value at 2 degrees of freedom and a 0.05 level of significance was 5.991. Since the computed value was less than the critical value, the result was deemed insignificant. Analysis of the relationship between older adults' civil status and their level of social connectedness yielded a computed chi-square value of 14.0432, smaller than the critical value of 15.510 at 8 degrees of freedom and a 0.05 level of significance, making this specific result insignificant.
Similarly, the relationship between older adults' highest educational attainment and their level of social connectedness produced a chi-square value of 4.9707, lower than the critical value of 23.68 at 14 degrees of freedom and a 0.05 level of significance, rendering the relationship insignificant. Additionally, concerning the relationship between older adults' living arrangement and their level of social connectedness, the computed chi-square value was 0.6690, whereas the critical value at 2 degrees of freedom and a 0.05 level of significance was 5.991. Since the computed chi-square value was lower than the critical value, the result was considered insignificant. Overall, older adults' age correlated with their level of social connectedness, while sex, civil status, educational attainment, and living arrangement did not significantly influence social connectedness.

**Relationship Between the Older Adults’ Selected Profile Variables and Their Wellness Status**

Regarding the degree of relationship between older adults' age and their wellness status, the computed correlation coefficient or r value was (-) 0.21059, which exceeded the critical value of 0.159 with 130 degrees of freedom and at a 0.05 level of significance; thus, the result was significant. However, concerning the relationship between older adults' sex and their wellness status, the computed chi-square value was 0.0933, while the critical value at 2 degrees of freedom and a 0.05 level of significance was 5.991. Since the critical value was higher than the computed chi-square value, the result was declared insignificant. Similarly, in analyzing the relationship between older adults' civil status and their wellness status, the statistical analyses yielded a computed chi-square value of 8.6649, which was smaller than the critical value of 15.510 at 8 degrees of freedom and a 0.05 level of significance, making this particular result insignificant.

Likewise, regarding the degree of relationship between older adults' highest educational attainment and their wellness status, the computed chi-square value was 17.0409, which was lower than the critical value of 23.680 at 14 degrees of freedom and a 0.05 level of significance, rendering the relationship between the two concerned variables insignificant. Lastly, regarding the degree of relationship between older adults' living arrangement and their wellness status, the computed chi-square value was 1.1032, while the critical value at 2 degrees of freedom and a 0.05 level of significance was 5.991. Since the computed chi-square value was lesser than the critical value, the result was treated as insignificant.

**Conclusion and Recommendations**

**Conclusion**

The older adults exhibited an average level of social connectedness along with an average wellness status. Among the various dimensions of wellness, they scored highest in spiritual wellness and lowest in the social dimension. Age was found to be correlated with the level of social connectedness among older adults, while their social connectedness was not influenced by their sex, civil status, educational attainment, or living arrangement. Furthermore, among the selected profile variables of the older adults, only age showed a significant relationship with their wellness status. Notably, older adults' age demonstrated a negative relationship with both social connectedness and wellness, indicating that as age increases, a decrease in the level of connectedness and wellness is expected, and vice versa. Moreover, the older adults' level of social connectedness was significantly and positively related to their wellness status, suggesting that higher levels of social connectedness are associated with higher wellness status, and vice versa. Additionally, the older adults' wellness status exhibited an insignificant degree of variance across different dimensions such as with self, with others, and with society. Similarly, their wellness status also displayed an insignificant degree of variance across dimensions including psychological, emotional, social, physical, spiritual, and intellectual.

**Recommendations**

To ensure the well-being of older adults, it is essential to regularly assess their level of social connectedness and wellness status as part of routine community programs facilitated by stakeholders. Age should not serve as a barrier to social interaction; instead, older adults should be encouraged to engage actively in various community events to expand their social circles and enhance their vitality. They should be encouraged to maintain balanced connections with themselves, others, and society. Furthermore, educating older adults on the significance of holistic wellness, encompassing psychological, emotional, social, physical, spiritual, and intellectual dimensions, is crucial.

To elevate the average levels of social connectedness and wellness among older adults, specific programs need to be implemented. The Community-Based, Teacher-Led Day Support Program, derived from this study's findings, is recommended for adoption by barangay offices. This program aims to enhance the social connectedness and wellness (CONNECT WELL) of older adults residing in communities with low social capital. Pilot-testing the program and gathering feedback for further refinement is advised before full implementation.

Given that the proposed program is teacher-led, it is essential to train teachers and educators adequately for efficient implementation and successful achievement of its objectives. Retired teachers could also be engaged to manage the program, potentially mitigating the risk of isolation during their transition to retirement. Additionally, the program can be endorsed to educational institutions under TESDA, DepEd, and CHED to integrate it into their outreach services, fostering a community of lifelong learning champions.

Future studies should explore older adults’ connectivity within their families, recognizing the pivotal role family members play in enhancing their social connectedness and wellness. By assuming responsibility for their older adults, family members can significantly contribute to their overall well-being.
Limitations

Several limitations of the review should be noted. In terms of research design, this study employed an integrative review methodology to incorporate literature with diverse methods, including qualitative and quantitative studies. Therefore, it was challenging to identify or compare the effectiveness of the approaches specifically targeted social connection. There are also limitations to the findings that may differ among older adults in various regions, diverse cultures or religious beliefs, and socioeconomic backgrounds. Therefore, this limits the generalizability of the findings to different populations, settings, and backgrounds.

References


Author(s)' Statements on Ethics and Conflict of Interest

Ethics Statement
The author/s hereby declare that research/publication ethics and citing principles have been considered in all the stages of the study. The author/s take full responsibility for the content of the paper in case of dispute.

Originality and Plagiarism Assessment
The manuscript has a similarity assessment of less than 20% in accordance with the publication ethics in terms of originality and plagiarism and the plagiarism policy of the journal.

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Appendix A
Community-Based, Teacher-Led Day Support Program

Community-Based, Teacher-Led Day Support Program
A Resource Tool in Enhancing the Connectedness and Wellness (CONNECT WELL) of Older Adults in Communities Low in Social Capital

by
Rowena R. De Guzman, Ed.D., Ph.D.

Rationale
Healthy aging is linked to meaningful activity and a sense of belonging. Higher levels of social interaction—even peripheral interactions—can have high payoff for elderly folks. However, the less involved someone is, the more at risk he or she is for being socially isolated or feeling disconnected from the community. Social isolation can negatively impact the quality of a person’s life. Studies have shown that older persons who have close connections and relationships not only live longer but also cope better with health conditions such as heart problems, and experience less depression and anxiety.

As we age, there are a number of life transitions that can impact upon social and community networks. This isolation can happen either gradually or suddenly depending on life circumstances. Changes in health and mobility, changes in work status and income, and changes in living arrangements are just a few examples. Loss of family and friends, particularly a spouse, can also significantly impact on feelings of isolation. In addition, seniors can unexpectedly become the primary care givers for their loved ones and feel shut out from the rest of the world. Transportation is also linked to social connectedness. When driving is no longer an option, isolation becomes a significant factor, especially in communities where there is a lack of access to transportation.

People who live in neighborhoods high in social capital have better health information diffusion and enforcement of norms. A community with higher social capital may also be able to offer more assistance to older adults who need help with routine maintenance tasks. In that kind of place there is a level of connection that allows older people to age in place. Communities high in social capital offer a lot to older adults, because they can augment opportunities for them to have those kinds of social connections.

On the other hand, low-income older adults tend to live in rural communities that are more homogenous and do not provide as many opportunities for stimulation or for diverse social ties, which are both important for health. They lack those things that foster better connection, like public places to gather or opportunities to engage in meaningful work. Or worse they suffer from high crime rates. An older adult who finds no welcoming place in the community may end up alone at home watching TV most days. And that can spell disaster for their physical and emotional health and isolation.

Does this mean that low-income people will be isolated as they age? Of course not! Support programs that create opportunities for them to have more diverse connections must be fostered, hence the development of this proposed program, as a resource tool.

Community-Based, Teacher-Led Day Support Program is an efficient way to build healthy communities as it provides greater social activity levels for the older adults to maximize sharing, friendship, health, and happiness. It is a year, round comprehensive program serving older adults, which focuses on enriching their lives as outlined in the three-pronged agenda of the program which includes: Social, Educational and Vital. The program, provides a clearly defined path for the older adults to CONNECT WELL, that is for them to be socially connected to achieve wellness, or to be well to be socially connected. As the program is teacher-led, the educational approach, will enable older adults to continue learn new skills to make aging meaningful. Included in the program are community-based learning activities and classroom-based learning opportunities. The more active and engaged they are to the program, the easier various life transitions (such as aging and retirement) can be for them.

General Objectives
At the end of the program each participant should be able to:
1. Socialize and participate to the activities of the community, be able to widen his/her social circle and demonstrate improvement in his/her level of social connectedness.
2. Learn new skills and ideas crucial to achieving meaningful aging.
3. Achieve vitality, wellness and improved quality of life.

Mechanics of the Implementation
A copy of the research findings and recommendation for the implementation of the proposed will be forwarded to the concerned barangays through the Office of the barangay Chairman. With their advice, meeting will be arranged with them to discuss matters on the implementation of the program.

Evaluative Measures
After its full implementation, a follow-up evaluation will be made by the concerned barangay/LGU to assess the improvement on older adults’ level a social connectedness and wellness status. Different stages of evaluation on the implementation of the proposed will be done. An evaluation committee will be organized, this way the implementation of the proposed programs for the older adults will be properly assessed and therefore evaluate its effectiveness.
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<tr>
<th>AREA OF CONCERN</th>
<th>OBJECTIVES</th>
<th>SOCIAL CONNECTEDNESS</th>
<th>TIME FRAME</th>
<th>SOURCE OF FUNDING</th>
<th>EXPECTED OUTCOMES</th>
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<td>1. with self</td>
<td>The older adult-participants will be able to: Acknowledge oneself to establish connection with others in the society</td>
<td>Lectures Discussion/ Demonstration Return Demonstration Simulation Group Sharing Outdoor Activities</td>
<td>4 Weeks</td>
<td>Barangay/Local Funds Outsourcing and Sponsorship</td>
<td>100% of the older adult-participants have acknowledged one self and established connection with others in the society</td>
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<tr>
<td>2. with others</td>
<td>The older adult-participants will be able to: Involve the quality and number of connections they have with other people in a social circle of family, friends and acquaintances</td>
<td>Lectures Discussion Demonstration Return Demonstration Simulation Group Sharing Outdoor Activities</td>
<td>4 Weeks</td>
<td>Barangay/Local Funds Outsourcing And Sponsorship</td>
<td>100% of the older adult-participants have successfully involved the quality and number of connections they have with other people in a social circle of family, friends and acquaintances</td>
</tr>
<tr>
<td>3. with Society</td>
<td>The older adult-participants will be able to: Involve into other relationships beyond one’s social circles and even to other communities</td>
<td>Lectures Discussion Demonstration Return Demonstration Simulation Group Sharing Outdoor Activities</td>
<td>4 Weeks</td>
<td>Barangay/Local Funds Outsourcing and Sponsorship</td>
<td>100% of the older adult-participants Have involved into other relationships beyond one’s social circles and to other communities</td>
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<th>AREA OF CONCERN</th>
<th>OBJECTIVES</th>
<th>WELLNESS</th>
<th>TIME FRAME</th>
<th>SOURCE OF FUNDING</th>
<th>EXPECTED OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social</td>
<td>The older adult-participants will be able to: Develop a sense of connection, belonging, and a well-developed support system.</td>
<td>Lectures Discussion/ Demonstration Return Demonstration Simulation Group Sharing Outdoor Activities</td>
<td>6 Weeks</td>
<td>Barangay/Local Funds Outsourcing and Sponsorship</td>
<td>100% of the older adult-participants have developed a sense of connection, belonging and a well-developed support system.</td>
</tr>
<tr>
<td>2. Physical</td>
<td>The older adult-participants will be able to: Recognize The need for physical Activity Healthy Foods, and sleep.</td>
<td>Lectures Discussion Demonstration Return Demonstration Simulation Group Sharing Outdoor Activities</td>
<td>6 Weeks</td>
<td>Barangay/Local Funds Outsourcing And Sponsorship</td>
<td>100% of the older adult-participants have recognized the need for physical activity, healthy foods, and sleep</td>
</tr>
<tr>
<td>3. Psychological</td>
<td>The older adult-participants will be able to: Develop one’s Discipline Towards an Incident/s and issue/s</td>
<td>Lectures Discussion Demonstration Return Demonstration Simulation Group Sharing Outdoor Activities</td>
<td>6 Weeks</td>
<td>Barangay/Local Funds Outsourcing and Sponsorship</td>
<td>100% of the older adult-participants Have Developed ones discipline towards an incidents and issues</td>
</tr>
<tr>
<td>4. Intellectual</td>
<td>The older adult-participants will be able to: Recognized Creative Abilities and find ways to expand knowledge and skills.</td>
<td>Lectures Discussion Demonstration Return Demonstration Simulation Group Sharing Outdoor Activities</td>
<td>6 Weeks</td>
<td>Barangay/Local Funds Outsourcing and Sponsorship</td>
<td>100% of the older adult-participants Have recognized their creative abilities and found ways to expand their knowledge and skills</td>
</tr>
<tr>
<td>5. Emotional</td>
<td>The older adult-participants will be able to: Cope Effectively With life and create Satisfying Relationships</td>
<td>Lectures Discussion Demonstration Return Demonstration Simulation Group Sharing Outdoor Activities</td>
<td>6 Weeks</td>
<td>Barangay/Local Funds Outsourcing and Sponsorship</td>
<td>100% of the older adult-participants Have cope effectively with life and created satisfying relationships</td>
</tr>
<tr>
<td>6. Spiritual</td>
<td>The older adult-participants will be able to: Expand their sense of purpose and meaning in life</td>
<td>Lectures Discussion Demonstration Return Demonstration Simulation Group Sharing Outdoor Activities</td>
<td>6 Weeks</td>
<td>Barangay/Local Funds Outsourcing and Sponsorship</td>
<td>100% of the older adult-participants Have expanded their sense of purpose and meaning in life.</td>
</tr>
</tbody>
</table>