



Two Covenant residents train to improve their strength.

CM: How do you see your wellness program evolving in the years to come? What challenges and opportunities do you anticipate?

TC: As residents begin to thoroughly understand wellness and participate in the wellness partnership, they will more fully realize that truth of successfully pursuing wellness: We must be proactive in our pursuit. As a result, we expect that as our efforts continue, residents will become less dependent on staff input. Instead, they will employ past life experiences and the tools of technology to enhance their wellness journey.

Individuals will move to our communities with behaviors and activities they expect to continue: nutritional habits, exercise habits, volunteer activities, and others. They will use technology, including the Internet, to access internal and external resources that will support their wellness efforts.

I see the Baby Boomers coming. We're all aware that the sheer number of retirees will strain the staffing pool. Additionally, Boomers will bring a new and more diverse set of expectations. Will our retirement communities be able to manage individual expectations? Boomers have embraced technology, and technology will be a key component in finding the answer. Our

communities must make the financial commitment necessary to embrace fully the tools of technology that will support residents' needs, goals and interests.

CM: What outreach and collaborations with others do you have? How has working with outside groups had an impact on your organization?

TC: We have developed a resource pool of experts to support campus staff with specific resident issues and concerns. We have identified experts to help develop educational tools on all the dimensions of wellness; for example, we have engaged a professional organization to help campuses address issues associated with emotional

**Translating research into programming: five pointers from Covenant Retirement Communities**

1. Educate staff about the value of research.
2. Identify a few key measurements.
3. Integrate data into quality improvement activities.
4. Make changes/decisions based on data.
5. Reevaluate changes.

wellness. And our partnership with the ICAA has contributed substantially to our wellness education efforts, both at the corporate and campus levels. ICAA has also been invaluable in providing research that keeps us on the leading edge of high-quality, senior-appropriate wellness programming. Finally, we have established a relationship with a fitness equipment supplier to design fitness centers and identify the appropriate equipment for our residents. These resources have vastly expanded our knowledge base. They also have had an impact on enhancing our physical plants and the services we provide.

CM: How will you continue striving for the cutting edge of wellness?

TC: If we continue to seek input from residents, prospective residents and future older adults as well as industry experts, our programming will continue to evolve and respond to the needs and interests of current and future residents. In addition, we will monitor and introduce technology where appropriate.

CM: Finally, what have you learned from your work in wellness?

TC: Society needs to be better educated on wellness and how to incorporate whole person wellness into daily life. And it's never too late to start addressing whole person wellness.

It is our hope that our staff and residents become wellness ambassadors to society—to their friends, the community, governmental entities—and that by their example they personify the benefits of pursuing whole person wellness. ☺

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Images courtesy of Covenant Retirement Communities



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How  
Covenant  
Retirement

Covenant communities provide state-of-the-art equipment in their fitness centers.

Communities  
became an  
agent of  
change

Since embracing an 8-dimensional model of wellness, this organization has reinvented its assessment tool and redefined its resident/staff relationships

individual as exemplified by quality of life and a sense of well-being.”

This description has helped to distinguish what wellness is, as well as what it is not—namely, alternative medicine, physical fitness, or an activity.

The *Digest's* straightforward definition of wellness can offer clarity when it comes to programming. But how can you translate an understanding of wellness into programs and services that address and promote this state of being? Consider how one organization is meeting this challenge.

Just say the word *wellness*, and watch the confused look that comes over the faces of many people who seek to improve the health and well-being of older adults. It's easy to understand their bewilderment. Even as use of this term continues to grow, wellness can seem an ill-defined concept.

In December 2001, the *President's Council on Physical Fitness and Sports Research Digest* offered the following definition to help:

“Wellness is a multidimensional state of being describing the existence of positive health in an

Covenant Retirement Communities (CRC) is a network of 14 retirement communities in 8 states. As a not-for-profit ministry of the Evangelical Covenant Church, CRC has a mission that includes, in part, providing “a broad range of resources, services and

# How Covenant Retirement Communities became an agent of change

programs to enhance individual and community wellness ....” To help fulfill this mission, CRC has created innovative programming around an 8-dimensional model of wellness.

Colin Milner, chief executive officer of the International Council on Active Aging® (ICAA), recently sat down with Terri Cunliffe, CRC’s vice president of Health and Wellness, to learn more about the organization’s wellness program and its successes.

**CM:** *When did you first embrace your 8-dimensional wellness model, and why?*

**TC:** In early 2001, we began efforts to refine the tool used to evaluate the level of living appropriate for each resident at our continuing care retirement communities. We found the typical industry emphasis on a medical model restrictive, and wanted to move to a model that focused on the whole individual. This desire required us to define *whole person*, which led us to research the fundamental dimensions of wellness.

The most common wellness models define 6 dimensions of wellness: emotional, physical, spiritual, intellectual, vocational and social. As a retirement community organization, we thought it also necessary to integrate the whole person with the residential environment—that is, the retirement community. So we incorporated 2 additional dimensions of wellness into the model: community wellness and resident/staff involvement.

The spirit of the community is critical in establishing an environment that encourages wellness. Community wellness and resident/staff involvement foster a spirit that encourages thriving rather than simply living, a community that empowers a wellness lifestyle. Both

residents and staff must be involved in creating and implementing programs that support the culture of wellness.

Our wellness model and philosophy gave us the framework needed to develop the tools and processes that would allow us to reinvent our assessment tool from a wellness perspective. The typical assessment tool focused exclusively on residents’ needs. We spent 2001 and 2002 developing a systematic mechanism to identify residents’ interests and goals, as well as their needs.

**CM:** *How many of your communities use the 8-dimensional model? And what types of results have you achieved?*

**TC:** The 8-dimensional wellness model is used throughout the CRC family, in all 14 communities. By focusing on whole person wellness, we expanded the potential for positive results. The former assessment tool was reactive, and concentrated on identifying disabilities and determining the appropriate level of living for each individual. The new model is proactive, and focuses on residents’ abilities. It also makes residents part of the decision-making process.

The partnership aspect of wellness has redefined the resident/staff relationship. Each resident defines wellness differently. After identifying their interests, needs and goals, residents can work with the staff members who will be most helpful in supporting their wellness journey. This may include the clinic nurse and administrators, but also the fitness director, recreation director, dietitian, chaplain, resources in the local community, and more.

The 8-dimensional wellness model has proven a tremendous catalyst for new programs and services. Fitness is one

example. Exercise rooms have vanished, replaced by fitness centers; new equipment is state of the art; and fitness programs germinate from resident interest. Exercise classes expand into all levels of living, including assisted living, skilled nursing and memory support.

**CM:** *What are the objectives for your wellness program?*

**TC:** Our goals are threefold:

- Integrate residents into the community, while maintaining and enhancing their lifestyle.
- Keep residents integrated in the community throughout their lifetime, regardless of level of living.
- Focus on wellness, rather than emphasizing the identification of illness.

**CM:** *What specific challenges do you face with your wellness program? And how are you addressing these issues?*

**TC:** The public at large does not understand the concept of whole person wellness. Frequently, when people hear about wellness, they think only of their health. We are making significant efforts to educate both staff and residents on the concept of whole person wellness. We find that as understanding increases, staff members are better able to adjust to and fulfill their new roles as residents’ wellness partners. When they fully understand the wellness partnership, staff members shift from offering residents specific solutions to providing options from which the resident can choose.

Another perceptual challenge: Some residents believe that they cannot be well, because they are old. They view the value of the community based on the services they receive, and expect that they will be taken care of. The wellness



*A woman works out on Covenant’s age-friendly equipment.*

model introduces the twin concepts of partnership and personal responsibility. It requires the individual to make a conscious effort to pursue wellness.

We are addressing the above challenges by developing wellness educational tools, making wellness a part of the employee-orientation process, and even introducing our wellness partnership—which we call LifeConnect™—to potential residents.

As an organization with multiple locations, we have also been challenged by local perceptions. Wellness in Denver, for example, has a different connotation than wellness in Grand Rapids, Michigan. We’ve handled that challenge by incorporating local community resources into our wellness programming.

Staff turnover presents another challenge, particularly when the turnover involves positions key to completing our proprietary assessment tool, the LifeConnect profile. We are dealing with this issue through more intensive and more timely orientation of personnel.

**CM:** *What programming do you offer? And how have you promoted these programs to older adults?*

**TC:** We work to assure that our programming addresses all the dimensions of wellness. Each community is responsible for its own programming. LifeConnect provides a framework for that programming. Programs vary from location to location based on internal and external resources, residents’ interest and goals, campus amenities and other variables.

Our commitment to wellness is resulting in expanded campus programming. In addition to improved space for fitness, campuses are adding

alternative therapies such as massage and aromatherapy. As retirees move into our retirement communities, they bring new ideas and experiences that continually influence and enrich overall campus programming.

All of our programs are promoted to residents through newsletters, bulletin boards, in-house cable TV, meetings, signage, announcements and word of mouth.

**CM:** *Describe the physical and psychosocial assessments you use to create appropriate programs.*

**TC:** Our LifeConnect profile identifies needs, interests and goals. We designed it to be our assessment tool. LifeConnect incorporates a variety of tests, including Timed Up and Go to assess balance and mobility, and cognitive assessments including the mini-mental and Allen Cognitive Levels. For emotional wellness, we use the geriatric depression scale and the Center for Epidemiologic Studies—Depression (CES-D).

**CM:** *What do you consider your greatest achievements with your wellness program to date, and why?*

**TC:** Our greatest success is that we’re making the transition from the medical model to the wellness model, and that our communities have embraced the wellness model. We began to identify positive outcomes immediately.

One of our initial corporate initiatives involved fitness programming. Throughout the country, residents reported improvement in blood pressure, cholesterol level, weight management, and more. Staff members reported similar results as we implemented staff exercise programs, weight management classes and access to fitness centers.