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<u>Walden University</u>

College of Health Sciences and Public Policy

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Gwendolyn Cox Smith

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Walden University
2023

Abstract

Exploring Barriers to Accessing Funding for Social Activities for Individuals with Dementia who Reside in Long-Term Care Facilities

by

Gwendolyn Cox Smith

MS, Strayer University, 2011

BS, Hodges University, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Services

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May 2023

Abstract

Medicare and Medicaid are the most used funding sources for long term care (LTC); however, they are insufficient to pay for all social activities needed by individuals with dementia who reside in LTC facilities in the United States. Barriers in accessing funding to provide social activities for these individuals were explored though the theoretical lens of a logic model related to funding. A qualitative exploratory case study design was used to find not only the barriers of accessing funding but also the type of available funding and the eligibility criteria for receiving funds for social activities for those with dementia in LTC facilities. Data collection consisted of semi structured interviews with 10 participants who worked in a LTC facility in a southern U.S. state to provide a thematic analysis of the funding source process. Key findings of the study revealed that respondents used the operating budget to fund social activities. There was a lack of staff-level understanding of the process used to obtain funding, resulting in funding requests being denied. The denials led to external individuals/organizations being used to provide funds or volunteer time to offer social activities. Implications for positive social change include increasing awareness of the importance of adequate funding for social activities for individuals with dementia who reside in LTC facilities and providing policymakers with information needed to revise policies that can alleviate barriers in accessing funding for a population that continues to age.

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There is no substitute for persistence. The person who makes persistence his watchword, discovers that “Old Man Failure” finally gets tired., and makes his departure. Failure cannot cope with persistence (Napoleon Hill, 1937, *Think and Grow Rich)*.

All praise, glory, and honor belong to God, the Father; God, the Son; and God, the Holy Spirit, because none of this would be possible without him. Thank you, Lord!

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Table of Contents

List of Tables v

List of Figures vi

Chapter 1: Introduction to the Study 1

Background of the Problem 2

Funding Mechanisms 3

Disease State 4

Long-Term Care 4

Statement of the Problem 5

Purpose of the Study 6

Significance of the Study 7

Nature of the Study 7

Research Questions 8

Theoretical Framework 8

Definitions 11

Limitations of the study 13

Assumptions 14

Scope of the study 14

Summary and Transition 14

Chapter 2: Literature Review 16

Funding 19

Social Activities 27

Dementia 29

Long-Term Care 31

Chapter 3 Methodology 35

Research Design and Rationale 35

Role of the Researcher 36

Methodology 37

Descriptive Case Study 38

Explanatory Case Study 38

Exploratory Case Study 39

Participant Selection 39

Population 39

Sampling Strategy 39

Sampling Criteria 40

Sampling Selection 40

Instrumentation 41

Content Validity 41

Semi structured Interview Protocol 42

Archival Data 44

Reflective Field Notes 44

Procedures for Recruitment, Participation, and Data Collection 45

Data Analysis Plan 45

Issues of Trustworthiness 46

Credibility 46
Dependability 46
Confirmability 47
Transferability 47
Authenticity 48
Summary 48
Chapter 4 Findings and Analysis 49
Pilot Study/Interview 49
Setting for the Interviews 50
Data Collection 50
Data Analysis 53
Evidence of Trustworthiness 54
Credibility 55
Dependability 55
Confirmability 55
Transferability 56
Authenticity 56
Results 57
Summary 72
Chapter 5 Conclusion 74
Summary of Findings 75
Interpretation of Findings 79

Limitations 82
Trustworthiness of the Study 82
Credibility of the Study 83
Dependability of the Study 83
Confirmability of the Study 84
Transferability of the Study 84
Authenticity of the Study 85
Recommendations for Future Research 85
Implications for Practice 85
Conclusion 86
References....................88
Appendix A: Recruitment Letter 105
Appendix B: Interview Questions....................107
Appendix C. Anonymous Participant Quotations Sorted by Code Report 108

List of Tables

Table 1. Literature Review Sources 18

Table 2. Generational Category Table 20

Table 3. Interview Questions 43

Table 4. Constructs with Related Interview Questions 52

Table 5. Research Study Constructs 53

Table 6. Research Study Constructs Related to Findings 77

Table C1. Anonymous Participant Quotations Sorted by Code Report………………..111

List of Figures

Figure 1. Standard Logic Model 9

Figure 2. Barriers to Securing Funding 58

Figure 3. Process for Securing Funds 59

Figure 4. Standardized or Ad-hoc Funding Process 60

Figure 5. Resources Used as Part of the Funding Process 61

Figure 6. Frequency of Funding Requests for Social Activities 62

Figure 7. Use of Funding Sources 63

Figure 8. Duration of Funding Request Versus Approval Process 64

Figure 9. Types of Social Activities Receiving Allocated Funds 65

Figure 10. Funding Request Denial 66

Figure 11. Restricted Funds 67

Figure 12. Types of Funding Used 68

Figure 13. Criteria Determining how Funds are Allocated 69

Figure 14. Recipient Eligibility Determination 70

Figure 15. Recipient Eligibility Criteria 71

Figure 16. Perception of the Funding Process 72

Chapter 1: Introduction to the Study

In this study, the topic of social health insurance was used to help identify alternative financing of social activities for individuals with dementia who reside in long-term care (LTC) facilities. LTC facilities include nursing homes (NH), skilled nursing facilities (SNF), personal care homes, residential care facilities (RCF), and LTC homes (Freeman et al., 2017). In 2015, approximately 47 million people in the United States were living with dementia (Livingston, et al., 2017). That number will increase to 66 million by 2030 and 115 million by 2050 (Bosco et al., 2019; Livingston et al., 2017). The number of people in the United States with a significant physical or cognitive disability will increase to 130.7 million by 2065 (Bosco et al., 2019; Livingston et al., 2017). Globally, populations are also growing at an unprecedented rate. The global proportion of people aged 65 years and over has risen from 5.08% in 1950 to 8.29% in 2015 and will reach 15.82% by 2050 (Fu et al., 2019). These increasing statistics are straining the resources of healthcare financing systems worldwide.

Funding for social activities in LTC facilities has become a significant concern for business office managers or persons responsible for securing funding because social activities have been shown to improve the cognitive skills of individuals who have dementia (Kelly et al., 2017). At the current growth rate of the dementia population, long-term facilities may no longer offer social activities due to the lack of funding for such activities. In this study, I sought to address the social implications of obtaining social activity funds for individuals with dementia who reside in LTC facilities.

Dementia is a condition that affects an individual's cognitive functions, such as memory, thinking, orientation, language, and reasoning (Van Asbroeck et al., 2021). Worldwide, 50 million people have dementia, with 60% living in developing or undeveloped countries (Van Asbroeck et al., 2021). There are almost 10 million new cases of individuals diagnosed with dementia who will require LTC (Van Asbroeck et al., 2021). LTC is a significant public health issue in all developed or industrialized countries. Many LTC systems have been established based on a mix of financing sources. Due to the growth of the aged population, the operating costs of LTC systems continue to increase (Fu et al., 2019). For this reason, business office managers, or persons responsible for securing funding are constantly seeking ways to contain or eliminate program costs, which include funding for social programs.

Background of the Problem

In the United States, since its colonial beginning, government authorities, welfare advocates, medical experts, and family members have all struggled to define and create suitable LTC solutions (Molinari et al., 2021). For the past 400 years, the options available to address the demand for LTC have developed gradually (Molinari et al., 2021). Individuals who required extensive LTC in the colonial era were placed in newly established almshouses, while others had to depend on the help of their families and communities (Molinari et al., 2021). Historically, no LTC facilities provided extended care, no national government programs offered financial assistance, and no established institutional regulations existed (Molinari et al., 2021). Informal care is unpaid healthcare and supportive services provided by family members and friends (Muir, 2017).

There is a need to have policies and programs developed to support the growing number of family caregivers. Whenever family members and other informal caregivers cannot provide the burden of care, care shifts to formal LTC professionals.

Formal care is professional healthcare and supportive services provided by individuals or organizations trained and compensated to provide such services (Muir, 2017). With the global population aging, and the dementia population growing, the need for more formal LTC facilities is increasing. Unfortunately, the current LTC system in the United States is unsustainable because it cannot support the care needs of all recipients (Molinari et al., 2021). Half of all Americans 65 years of age will require LTC at some point in their lives. As life expectancy rates and the cost of healthcare continue to rise, the gap between social activity program offerings and funding mechanisms for those programs widens. The widening of the disparity is especially true for individuals diagnosed with dementia who reside in LTC facilities.

Funding Mechanisms

Funding for LTC can be costly. In the United States, current funding options include Medicare and Medicaid. Medicare has four parts (A-D), each paying for specific healthcare services (Johnson et al., 2019). Medicaid is a primary source for funding LTC coverage; however, individuals must deplete their financial resources to be eligible to receive Medicaid funds (Kraut, et al., 2020; Rudowitz, et al., 2019). Medicaid finances 20% of all personal health care spending in the United States and provides financing for LTC, including nursing home care and home/community-based care (Rudowitz et al., 2019).

Disease State

Certain diseases, such as Parkinson's, Alzheimer's, and dementia, can advance an individual from in-home family care to requiring professional LTC services and support. Dementia is an umbrella term referring to a syndrome characterized by physical changes in cognition (Viaña et al., 2020). Those changes cause impairment to cognitive functions, particularly in memory, reasoning, and the ability to perform everyday tasks (Viaña et al., 2020). In 2017, globally, approximately 47 million people were living with dementia, and that number will increase to 66 million by 2030 and 115 million by 2050 (Bosco et al., 2019; Livingston et al., 2017;). The causes of dementia are not fully understood, but researchers believe they include a combination of genetics, social environment, and lifestyle factors. Dementia has significant social and economic implications in terms of medical and social care costs, and the overall cost is currently estimated to be $818 billion dollars (Shannon et al., 2019).

Long-Term Care

LTC is one of the largest uninsured financial risks facing families in the United States. today (Weiner et al., 2020). LTC services require payments that may or may not be reimbursable. Individuals with dementia who reside in LTC facilities are often lonely and offered a limited number of social activities, such as attending lunch outings, musical performances, or sporting events (Smith et al., 2018). High engagement in social activities and hobbies has improved cognitive functions (Strom et al., 2020). Engagement in everyday social activities can support personhood among individuals with dementia who reside in LTC facilities (Strom et al., 2020). Evidence suggests that meaningful

social activity has a range of benefits for individuals with dementia (Smith et al., 2018). For individuals living with dementia, their social activities include water aerobics, leisure day trips, and gardening. These activities can help maintain self-esteem and feelings of belonging and promote a greater awareness of one's condition (Smith et al., 2018).

Statement of the Problem

In the United States, a significant challenge to providing LTC is financing because most individuals do not have the money to afford the level of care they require. The more dependent individuals are, cognitively and functionally, the more social activities become necessary (Gyasi et al., 2021). Almost half of the individuals in LTC facilities have dementia. Fifty percent of the dementia population will need help performing three out of five activities of daily living (Gyasi et al., 2021). LTC facilities must provide social activities that meet their residents' interests and psychological well-being (Buedo-Guirado et al., 2020). If an individual requests and attends a social activity that is not part of the activity's assessment and care plan, the facility may charge that individual for the expenses. Engagement in everyday activities can support a feeling of belonging. Social activity helps individuals who are suffering with dementia to thrive (Strom et al., 2020). Flexible scheduling and sufficient financial resources are imperative for individuals with limited cognitive abilities (Gyasi et al., 2021). Individuals with dementia who do not have funds to attend social events will not have the opportunity to participate in government-funded social activities.

Purpose of the Study

The purpose of this qualitative exploratory case study was to explore barriers in accessing funding for LTC facilities that provide social activities for individuals with dementia. The results of this study may provide a model for accessing funding for LTC facilities that provide social activities for individuals with dementia. Business office managers or persons responsible for securing funding are stakeholders responsible for securing financing for LTC facilities. Business office managers or persons responsible for securing funding working in Birmingham, Alabama, LTC facilities were participants in this study.

Older adults are at risk of functional limitations that create the demand for LTC services (Fu et al., 2019). Daily activities consist of activities of daily living (ADL), such as bathing, grooming, dressing, or getting out of bed, and instrumental activities of daily living (IADL) such as shopping or doing housework (Steinbeisser, et al., 2018; Tell & Cohen, 2019). Social activities include lunch outings, attending musical performances, and sporting events.

Failing to save enough money for professional formal LTC services and supports may have devastating economic consequences for families. Individuals who require admission into LTC facilities could benefit from securing regulated financial advice to help plan for the cost of care (Schwartz, 2019). Policymakers currently focus on options to control Medicare prescription drug spending rather than on opportunities to help finance LTC for the growing and aging population (Schwartz, 2019). The intent of this study was to bring awareness to the need for financing options that increase sustainability

for LTC facilities. The aging resident population exacerbates the problem of providing social activities that enhance the physical and psychosocial well-being of individuals with dementia, and financial support remains at a deficit.

Significance of the Study

The significance of the findings in exploring funding alternatives for facilities with dementia residents was to determine effective models to understand the financing process of LTC facilities. Further, the study results provide insight for securing funding for individuals with dementia who reside in LTC facilities. Finally, the study offers policymakers the ability to revise policies that will alleviate barriers in accessing funding for a population that continues to age.

Nature of the Study

The nature of the study was to explore funding sources for business office managers or persons responsible for securing funding seeking to access social activities for individuals with dementia who reside in LTC facilities. The study's methodology was a qualitative exploratory case study. The target population included residents of a LTC facility in Birmingham, Alabama.

The study’s approach was based on the work of von Bismarck (James, 2017). The study was unique because it explored the tenets of social health insurance to determine avenues that may assist business office managers or persons responsible for securing funding when seeking to access funding for individuals with dementia who reside in LTC facilities.

Research Questions

Research questions (RQs) play a crucial role in academic research. They help define the research scope, process, and contribution to the topic's body of literature. The questions represent what the study addresses, investigates, and answers.

RQ1: What barriers exist when accessing social activity funding for individuals with dementia who reside in LTC facilities?

RQ2: What funding methods are available to facilities that provide social activities to individuals with dementia who reside in LTC facilities?

RQ3: What criteria determine eligibility for social activity funding for facilities that provide care to individuals with dementia who reside in LTC care facilities?

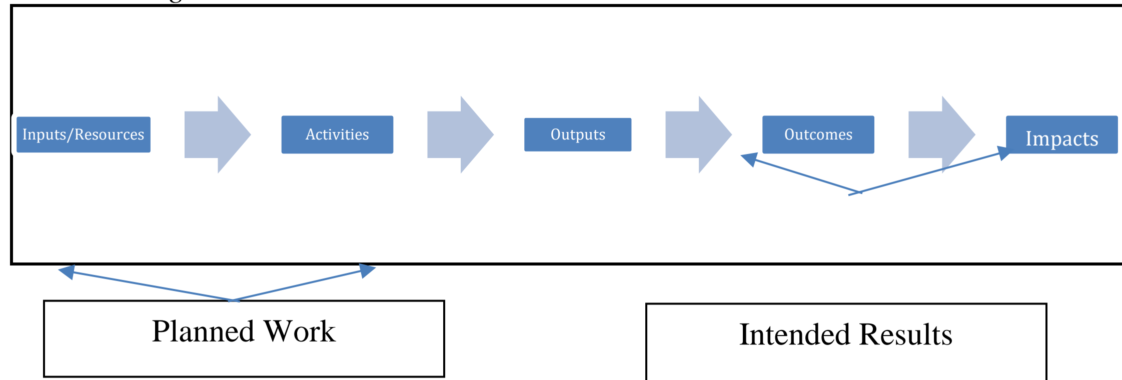
Theoretical Framework

In this study, I used a logic model to illustrate the theoretical concept of accessing funding sources for LTC (see Jones et al., 2020b). The purpose of the model was to enable business office managers or persons responsible for securing funding to expedite securing funding sources for social activities for individuals with dementia who reside in LTC facilities (See Figure 1). For new business office managers or persons responsible for securing funding, having this model in their operational policy or guidebook may make the difference between securing funding versus not securing funding.

The standard logic model (See Figure 1) provides a flow diagram that indicates the direction of inputs, activities, outputs, outcomes, and impacts. The model reflects the intent of deliberate change, activities, or interventions (Culclasure et al., 2019).

Figure 1

Standard Logic Model



Logic models provide a systematic process of iteratively examining and documenting how and under which conditions a program, activity, or approach works (Culclasure et al., 2019). The detailed logic model for this study addresses the visual conceptualization of the problem and proposed solution of exploring barriers to accessing funding for individuals with dementia who reside in LTC facilities. The model is a social welfare construct that covers the elderly population (those over age 65). The model is characterized by federally assisted coverage funded by employers and individuals. Funding is derived from contributions collected and distributed by a state-level program (Medicaid). The model accounts for supplemental informal support through private volunteer funding from family members and friends.

The logic model for this study consisted of five constructs. Inputs/Resources depicts the current residency state of individuals with dementia, dependent upon financial and human capital provided by others (Gardner & Brindis, 2017). The individual with dementia receives informal support (family and friends) or formal support (paid professional caregivers) funded through Medicare or Medicaid. Both informal and formal

support services incur expenses to care for an individual with dementia. The costs include residency facilities, administrative office space, technology, and medical supplies.

Activities describes the activities and actions needed to implement the funding process (Millett et al., 2018). The funding process includes locating funding sources, defining eligibility criteria, and securing social activities funding. The activities at this phase of the model are iterative (Millett et al., 2018) and are replicated to minimize or eliminate barriers to accessing funding.

Outputs consist of the available products and services (Kalu & Norman, 2018). Outputs define the specific results the business office manager, or persons responsible for securing funding, intend to receive from their funding activities. Within the scope of this research, the outputs included social activity participation and tracking. Participation enables the business office manager, or persons responsible for securing funding to determine the use of prior phase activities, use, and adjustment of eligibility criteria. Measurement of funding results can be tracked to determine trends of utilization, which can increase funding for formal care from Medicaid.

Outcomes are the measurable changes in individual or group knowledge, attitudes, and behaviors (McAndrew & Kaskutas, 2020). Outcomes can be short or long-term. Short-term outcomes refer to immediate or initial changes, intermediate outcomes are the midpoint changes, and long-term outcomes refer to the ultimate results or effects (Murray & Myrent, 2020). While outputs are measurable and tangible results of the funding process, outcomes are also the process-oriented results that can be repeated, modified, and improved. The short-term outcome will be identifying economic (funding)

resources. The process also involves identifying barriers to funding resources. The long-term outcome will be the identification of funding sources for social activities. As a long-term outcome, Business Office Managers, or persons responsible for securing funding who seek funding for social activities will use the detailed process.

Impacts track the results of the outcomes over a sustained period (Culclasure et al., 2019). Measuring and assessing the impact of social activity outcomes is vital for individuals with dementia in a LTC facility because it contributes to their continued eligibility to access social activities. For this study, the impact on the funding process was the mandated patient satisfaction survey. The satisfaction survey results can be recorded and tracked over time and at specific intervals. The results enable the business office manager, or persons responsible for securing funding, to determine the impacts and effects of the ease of access, participation duration, and affordability for funded social activities. The effect is also essential for the business office manager, or persons responsible for securing funding, who desire to assess and track the efficacy of their funded social activity modalities.

Definitions

Activities of Daily Living (ADLs): ADLs include, but are not limited to, bathing, dressing, using the toilet, and eating. ADLs reflect a resident's capacity for self-care (Giebel et al., 2020).

Affordable Care Act (ACA): A federal statute signed into law by President Obama with the intent of decreasing the number of uninsured Americans and reducing the overall cost of healthcare (Gaffney & McCormick, 2017).

Almshouse: A public institution built to aid the poor, the aged and infirmed, and individuals with health conditions that were too difficult to manage using informal care (Molinari et al., 2021).

Assisted Living Facility (ALF): A residential setting that provides or coordinates personal and professional healthcare services to residents who live in the building or housing complex (American Geriatrics Society, 2020).

Coronavirus Disease (COVID): a series of acute atypical respiratory diseases that primarily affect the respiratory system, although other organ systems are involved. Lower respiratory tract infection-related symptoms include fever, dry cough, and difficulty breathing. Other symptoms include headache, dizziness, generalized weakness, vomiting, and diarrhea (Yuki, et al., 2020).

Dementia: A progressive, irreversible neurological disease of unknown origin and causes (Rahman & Howard, 2018).

Formal care: Professional healthcare and supportive services provided by individuals or organizations (Muir, 2017).

Functional limitations: Limitations in an individual's performance of specific actions or tasks due to a health condition or injury (Murat et al., 2017).

Informal care: Unpaid healthcare and supportive services provided by family members and friends (Muir, 2017).

Instrumental Activities of Daily Living (IADLs): IADLs include, but are not limited to, shopping, managing money, using a phone, housekeeping, and taking medications (Giebel et al., 2020).

Long-term care LTC: A broad range of health, personal care, and supportive services that meet the needs of older people whose capacity for self-care is limited because of a chronic illness, injury, and physical or cognitive disability (Harris-Kojetin, et al., 2019).

Long-term care facility (LTCF): A state-licensed facility that provides ongoing skilled nursing care to residents in need of assistance with activities of daily living. These facilities help meet the medical and non-medical needs of older adults with a chronic illness or disability (March et al., 2017).

Quality of life (QoL): The evaluation by an individual of their position in life, assessed in the context of one's culture, values, goals, expectations, standards, and concerns (Farina et al., 2017).

Limitations of the study

Gaining access to business office managers or persons responsible for securing funding for individuals with dementia who reside in LTC facilities occurred while there were restrictive COVID-19 state regulations in effect. First, scheduling interviews with business office mnagers or persons responsible for securing funding was a limitation due to COVID-19 protocols that restricted face-to-face employee interviews. Second, obtaining patient satisfaction survey results data was difficult because of reductions in health information management (HIM) personnel responsible for retrieving the data. Third, gaining entrance into LTC facilities was a limitation due to restrictive COVID-19 infection control protocols.

Assumptions

I made four research assumptions included in this study. The first assumption was a lack of funding for social activities for individuals with dementia who reside in LTC facilities. The second assumption was that most LTC professional services require financing. The third assumption was funding for social activities in LTC facilities is exacerbated when the recipient has a diagnosis of dementia. The fourth and final assumption was that funded social activities can enhance the quality of life for individuals with dementia who reside in LTC facilities.

Scope of the study

This case study includes data from business office managers or persons responsible for securing funding for social activities for individuals with dementia from LTC facilities in Birmingham, Alabama, USA. The study was a qualitative exploratory case study. The aim of the study was to explore alternative funding sources to provide social activities to individuals with dementia who reside in LTC facilities.

Summary and Transition

As the dementia population continues to age, an increasing number of individuals may not meet the financial burden of paying for their LTC needs. The current healthcare financing system is unable to sustain financing for this aging population (Colello, 2018). The solution lies in finding alternative methods to secure funding for social activities for individuals with dementia who require LTC. The purpose of this qualitative, exploratory case study was to explore barriers to accessing funding and securing financing options for social activities for individuals with dementia who reside in LTC facilities. The

researcher collected qualitative data to address the research problem and purpose of the study. The findings and results of the study were documented, thematically coded, analyzed, and reported. This study may be significant to social change for policymakers who can revise policies that alleviate inequities in accessing funding for a population that continues to age. Financial resources are potentially modifiable by policy changes (Samuel et al., 2020).

Individuals who pay insurance premiums for a LTC policy to finance their needs may not receive the benefits because they are deemed too independent, or their cognitive state is not severe enough (Ames, 2017). Such denials put individuals in a position where they must rely on government programs because their financial means have been exhausted. As the older adult population continues to age, the need for LTC increases. This increase expands the funding gap for social activities for individuals with dementia who reside in LTC facilities.

Included in Chapter 1 are the need for the study, the problem, purpose, and significance of the study. The chapter defined the research questions and theoretical framework. The chapter included definitions used throughout the study, limitations, assumptions, and the study's scope. Chapter 2 provides a literature review detailing some of the financial barriers families face when dealing with LTC placement for their loved ones. The literature review explores available funding sources for providing social activities in LTC facilities and help define the magnitude of the problem.

Chapter 2: Literature Review

This literature review is an evidence-based, in-depth query of the subject of healthcare financing, dementia, and social activities in LTC facilities. It is also a critical appraisal of the current collective knowledge on the topics (see Watson & Webster, 2020). Finally, it provides for an analysis of the extant information gathered to obtain insight into the background of the subject (see Watson & Webster, 2020). The literature review facilitates the comprehensive study and interpretation of literature related to funding sources for social activities for individuals with dementia who reside in LTC facilities. According to Aveyard (2018), a literature review is relevant because it seeks to integrate the literature.

Background literature that is related to the subject includes the seminal work of Bismarck (James, 2017). Bismarck theorized social health insurance as a social welfare construct that covers the working-class population. Bismarck posited compulsory healthcare coverage funded by employers, individuals, and private insurance funds. Funding was derived from employment taxes and held in separate accounts specifically for national health programs. Coupled with the fact that national growth is a function of the wellness of a nation’s citizens, Bismarck enacted a mandatory law on "sickness funds" in the year 1884 (Bauernschuster et al., 2017; Boissoneaul, 2017). These "sickness funds" transformed into what became known as social health insurance (El Omari & Karasneh, 2021).

Currently, an individual can use several options to pay for LTC services, such as government schemes, social health insurance, private health insurance, and out-of-pocket

payments according to the Organization for Economic Co-operation & Development (OECD; Cantarero-Prieto et al., 2020; Grignon & Spencer, 2018; Roland et al., 2021). Government schemes receive budget allocations from the overall revenue generated from personal income and corporate taxation, and value-added taxes. Social health insurance is financed using social contributions payable by employees and their employers. Private health insurance payments are premiums that are payable as part of an insurance contract. Out-of-pocket payments are payments that are paid exclusively from an individual's income (Cantarero-Prieto et al., 2020).

Families who do not save sufficient monetary resources for LTC costs will face devastating financial consequences (Costa-Font & Vilaplana-Prieto, 2017). One way to prevent these consequences is to develop financing sources for individuals with dementia who reside in LTC facilities. As individuals age, they will encounter health challenges getting help with activities of daily living such as dressing, bathing, eating, or getting into and out of bed. Instrumental activities of daily living include going to the grocery store, keeping the house clean, managing household finances, and participating in social activities such as lunch outings, attending musical performances, and attending sporting events (Steinbeisser et al., 2018). Older individuals will also face challenges regarding paying for their LTC needs. Within the context of this study, the problem is that individuals with dementia are offered limited social activities because of a lack of funding (Smith et al., 2018). The purpose of this qualitative, exploratory case study was to explore sources of financing for social activities for individuals with dementia who

reside in LTC facilities. The premise of this literature review is that federal and state policy changes are needed to support funding of LTC social activities.

The literature search strategy involved multiple online databases, academic journal articles, case studies, and dissertations. The process included completing searches from the following databases: Academic Search Complete, EBCSO, Medline, ProQuest, Thoreau, and Walden University's online library for dissertations and theses. Table 1 includes a summary of the number of literature sources reviewed to support this research:

Table 1

Literature Review Sources

Types of research material	Number searched	Number reviewed	Number used
Peer-reviewed journals	315	303	84
Dissertations	4	2	2
Internet sites	35	29	6
Books	10	5	7
Total	364	339	99

The search strategy key words included *dementia, long-term care facility, funding,* and *activities*. The literature search had a delimiter for literature published within 5 years of 2022. Finally, I used Boolean logic to identify literature containing words such as *dementia or cognitive impairment or memory loss*, *long-term care facility or residential care facility or assisted living facility*, and *funding or finance*. Evidence supporting the exploration of this case study included literature related to funding LTC, funding sources for LTC, dementia, social activities, and LTC facilities.

Funding

In the United States, individuals who require LTC face a healthcare system with significant gaps in care; therefore, they must rely on family and friends to fill the gap (Upadhyay & Weiner, 2019). Typically, the individual uses personal funds or assets to fund their informal care. Medicaid finances the majority of paid LTC, but individuals must exhaust their resources to qualify for financial assistance or aid through Medicaid (Colello, 2018; Upadhyay & Weiner, 2019). Medicare and private health insurance do not cover LTC, and the private market for LTC insurance is sparse (Colello, 2018; Upadhyay & Weiner, 2019).

While families continue to shoulder the financial burden of providing eldercare worldwide, this source of informal (unpaid) care is increasingly strained and unsustainable (Feng & Glinskaya, 2019; Wang, et al., 2020). Formal (paid) professional LTC services help to fill the gap; however, these services are expensive and unaffordable for most older adults and their families (Feng & Glinskaya, 2019; Wang et al., 2020). Improving access to formal professional LTC is a challenge for policymakers worldwide. The solution lies in developing a comprehensive model to finance LTC services and make such care widely accessible, affordable, and equitable for all involved in the care delivery process (Feng & Glinskaya, 2019).

The United States will face a geriatric explosion when individuals we call Baby Boomers become age 65 (Meister, & Mulcahy, 2017; see Table 2). This phenomenon will culminate within 8years of the completion of this study.

Table 2

Generational Category Table

Generational Category	Year Born
Traditionalists (or Silent)	Born before 1945
Baby Boomers	Born between 1946 and 1964
Generation X	Born between 1965 and 1980
Generation Y (or Millennials)	Born between 1981 and 1996
Generation Z (or iGen)	Born between 1997 and 2012
Generation Alpha	Born after 2013

By 2030, one in five Americans will be age 65 and older (Dorn, 2017; Song, & Ferris, 2018). As this group ages over the next 3 decades, healthcare innovations that increase longevity will shift health concerns from acute to chronic illnesses (Dorn, 2017). A lengthy (chronic) disease has potentially devastating financial consequences on individuals' accumulated wealth and retirement savings. Medication and lifestyle choices may alleviate the debilitating effects of many chronic illnesses; however, many individuals will eventually become incapable of taking care of themselves. When this happens, the individual will need LTC, and the funding for such care will be determined based on advanced planning or the lack thereof (Dorn, 2017).

Medicare and Medicaid are two of the most extensive healthcare funding programs in the United States (Manchikanti, et al., 2017). Medicare is administered at the federal level, and Medicaid is administered at the state level (Manchikanti, et al., 2017; Rudowitz et al., 2018). Medicare is a federal universal healthcare entitlement program for people 65 years and older (Johnson et al., 2019). To be eligible for Medicare, individuals pay into it by working. The Medicare system consists of four parts, A-D. Each part covers different services:

- Part A covers hospitalizations (including 21-day LTC).
- Part B covers Physician's services.
- Part C (Medicare Advantage) covers both hospitalizations and prescription benefits.
- Part D covers the prescription drug plan.

Medicaid is a joint federal and state program that helps with LTC costs for individuals with limited income and financial resources (Rudowitz et al., 2018). Most, but not all, LTC facilities accept Medicaid payments. Medicaid programs vary from state to state. Most often, one's income and personal resources determine eligibility. Many states have higher Medicaid eligibility income limits for LTC facility residents (Centers for Medicare & Medicaid Services, 2017; Maust et al., 2018). Medicaid services are provided to those individuals who require LTC services. Medicaid services are funded through a combination of state general fund dollars and federal matching dollars. The Medicaid program requires that individuals seeking LTC meet strict financial criteria and utilize their available income to assist with paying for their care (Center for Medicare & Medicaid Services, 2017).

Medicare and Medicaid are the most used funding sources for LTC. Medicare and Medicaid have considerable financial resources; however, they are insufficient to pay for all social activities needed by individuals with dementia who reside in LTC facilities in the United States (Center for Medicare & Medicaid Services, 2017).

Public healthcare spending in the United States, such as Medicare and Medicaid, became the subjects of policymakers and political agents focused on reducing the federal

budget deficit. Funding for programs that were considered nonessential were targeted for elimination. Medicaid has been a long-term funding source for social programs, especially within the LTC arena. While residential LTC support has retained Medicaid financial support, funding for social activities within the LTC environment has not been as fortunate (Wouters & McKee, 2017).

Individuals facing the fact that they are getting older and living longer recognize that eventually they may require some form of assisted living support. They also recognize that such support will not be provided for free (Muir, 2017). As a result, many middle-age and older-age individuals are electing to pay for private health insurance in the form of LTC insurance policies. These policies are designed to pay the cost of a professional LTC organization that is providing care and support for the insured individual. LTC private pay insurance policies are somewhat of a safety net for individuals concerned about whether they will have sufficient funds to pay for necessary care when they are aged and unable to obtain any other type of private insurance. In addition, there is a great concern that public funds (Medicaid) may not be sufficient or available to cover the cost of LTC.

The arguments for and against the use of LTC private healthcare insurance are many (Wouters & McKee, 2017). What is not argued is the fact that the cost of LTC is continually rising and individuals impacted by LTC costs are finding it difficult to pay for their care and support. Some countries, such as Europe, the Netherlands, and Switzerland have adopted some form of private healthcare insurance that is like the social health insurance model adopted by other countries, such as Germany (Feng & Glinskaya, 2018).

The focus of this review of the extant literature on funding was to point out that private healthcare insurance is a viable option for funding social activities for individuals with dementia who reside in LTC facilities.

Globally, other countries also face the issue of funding LTC for their citizens. For over 25 years, Germany has maintained a public healthcare program that provides universal support for LTC services and supports (Feng & Glinskaya, 2018). Germany uses the social health insurance model for its approach to providing LTC services to all citizens. Germany took an innovative approach to funding their LTC services and supports. The country provided an LTC fund that was financed by a 25% tax on all working citizens. To accommodate those who are younger, the country supports private offerings of long-term care insurance (LTCI). A portion of the premium from LTCI serves to fund the country's LTC social program. What was thought to be a way to sustain LTCI had an adverse effect because more of Germany's citizens opted for the country's social health program.

Germany's LTCI model is still viable for financing long term care. Effectively managed, the model provides for a sustainable option for governments to address the phenomenon of an aging population that requires healthcare (Feng & Glinskaya, 2018). Unfortunately, the rising costs of healthcare continues to outpace the ability of countries to finance such care for their citizens (Nadash et al., 2018). Many German citizens perceive that it is more cost effective to select a social health insurance option rather than a privately funded LTC insurance option.

> This difference in perception may be because Germans must actively choose a fund (if they are in the public program) or insurer (if they are in the private program) although they must obtain both their health and long-term care insurance from the same one. It may further help explain how self-financing and actuarial soundness can be enforced. If contribution rates and premiums prove insufficient to pay benefits, those amounts must be increased, or benefits reduced. The federal government plays a strong role in monitoring the system's adequacy and solvency because any changes in contribution rates and/or benefits must be legislated. At any given point in time, a contractual entitlement exists, enabling beneficiaries to know what benefits are guaranteed and their monetary value, based on their professionally assessed level of disability-related need (Nadash et al., 2018, p. 594).

With the United Kingdom population ageing so rapidly, deciding upon a satisfactory and sustainable system for the funding of people's LTC needs has long been a topic of political debate (Kenny et al., 2017). According to Kenny et al. (2017), reform of the way in which social care should be provided and funded began in the late 1990s when the government at the time set up a royal commission to make recommendations for a sustainable system of funding LTC. Not all the commission's recommendations were accepted by the government and the funding of LTC remains an unresolved issue (Kenney et al., 2017).

In a study by Kenny et al. (2017), different approaches were discussed that highlighted how several countries adopted funding for the LTC needs of individuals being admitted to an LTC facility. Individuals have the option of taking their funds as income for life, accessing their funds flexibly, or a combination to purchase products that will help in making provisions for future LTC costs. According to Kenny et al. , the available products include protection insurance, income drawdown, pension care funds (PCF), disability linked annuities (DLA), immediate needs annuity (INA), and variable annuity (VA). Protection insurance is designed to cover an event that is uncertain. Individuals can purchase a policy before they reach retirement age, and the policy will provide coverage when needed. Regular premiums would be paid for life until a claim is made, and in return, a predetermined contribution towards the cost of LTC would be made (Kenney et al., 2017). Income drawdown is an option for using pension funds when one reaches retirement age. It means leaving pension funds invested and taking cash out as needed. Income drawdown is the main source of funds used to buy annuities with pension funds. Income drawdown is a funding option that can be helpful in facilitating the funding of LTC services (Kenney et al., 2017). PCF can be used to meet regular care costs or to fund the purchase of an insurance product. The PCF can be used for both the individual and their partner's LTC needs, and any unused balance can be passed to the next generation to meet their LTC needs. DLA is a combination of a lifetime annuity and a LTC investment product. DLA provide standard lifetime annuity payments while the policyholder is in good health. The annuity payments increase to a much higher level when the policyholder requires LTC. INA is a medically and underwritten annuity that is

based on the life expectancy of the insured at the time of purchasing (Kenney et al., 2017). The annuity is purchased at or around the time of receiving care at home or going into a LTC facility. VA is an existing pension product that can provide a guaranteed minimum level of pension income. The individual's income increases to meet LTC costs when an individual fails to meet the set number of ADL requirements (Kenney et al., 2017).

In the Kenny et al. (2017) study results, response from individuals to the pensions freedom options and choice agenda is not known; however, providing several financial products will help individuals make provisions for funding their LTC when needed. It is recommended that data be collected regarding how effective this new system is when it comes to helping individuals use their savings to meet their LTC needs. Kenny et al. also suggested that awareness should be brought to individuals to help them understand what their potential LTC will cost, what state support is available, and what products are available when it comes to making a LTC funding decision.

Options to fund the cost of providing LTC to an aging population include private insurance in the form of LTC policies, public sector funding (Medicaid), and self-funding for individuals who have substantial wealth to leverage the equity of their assets to finance the cost of their LTC (Iacurci, 2017). Some of the LTC insurance policies follow a hybrid model. They provide LTC benefits at the time of need, while also providing a life insurance death benefit. This is of interest to many younger and middle-aged individuals who feel the need to invest in a LTC insurance policy at a time when they qualify for lower premiums based on their age. According to Iacurci (2017), there is a

growing need for financial advisers to be knowledgeable about long-term care funding mechanisms to help clients choose the best mechanism or combination.

At best, individuals who are young or middle-aged are in the best position to select LTC insurance or other financial instruments to cover the inevitable need for elder care. Their age enables them to secure policies at a lower rate premium. Some policies that are acquired at an early age also provide inflation-resistant benefits. These benefits include insurance riders that pay limited costs of LTC regardless of the expense at the time of need.

It is suggested that individuals solicit the expertise of an elder-care attorney to structure their assets appropriately to protect their wealth and assets from the eligibility requirements of the public (Medicaid) option to finance their LTC needs (Iacurci, 2017). Medicaid eligibility typically requires that individuals deplete privately owned funds before Medicaid will begin paying for LTC.

Long-term care policymakers continue to watch the German social health insurance model, and other options, to determine if their innovative initiatives can be implemented. Specifically, the intent is to determine what enables a social health insurance program to become and maintain financial sustainability. This is especially important to address an aging population in the face of rising healthcare costs which restrict or prevent access to needed social activities for those suffering from dementia.

Social Activities

Social activities affect and develop an individual who interacts with the social environment (Shaminov, 2018). Social activities are beneficial to various health

outcomes of the elderly population, including self-rated health, physical functioning, depressive symptoms, and quality of life (O'Reilly & Shatz, 2019). Social activities are classified into two categories: formal and informal (O'Reilly & Shatz, 2019). Formal social activities involve activities provided by a formal organization, such as a nursing home. Informal social activities include interactions with family, friends, and neighbors (O'Reilly & Shatz, 2019). Participating in social activities, whether formal or informal, is associated with independent instrumental activities of daily living. The lack of participation in social activities is significantly related to an increased risk of depression in the elderly population (Fu et al., 2018). Participating in social activities can provide positive value to relieve the negative impacts of aging, such as promoting the health of the elderly, reducing the burden on social insurance and family, and prolonging one's lifespan (Fu et al., 2018; Ohemeng, et al., 2020). With the growth in the elderly population in the USA and around the world, a significant concern later in life involves maintaining cognitive health. Cognitive health is a continuum of cognitive function ranging from cognitive decline to impairment and dementia. Some changes to cognitive health are a normal part of the aging process; however, a decline that impacts the elderly population's everyday functioning is not normal. There are no clinically proven therapies for maintaining cognitive health; therefore, social activities are essential for cognitive health. Social activities may fulfill a broad range of goals, including leisure, enjoyment, and productivity.

A significant concern of individuals who are aging is the ability to maintain an acceptable quality of life and social interactions. This includes the capacity to perform

basic activities of daily living, and the ability to live within the individual's chosen community. That means being able to choose what to do, where to go, and with whom to spend time with. According to the World Health Organization (2018a), activities of daily living in community-based settings should be available to people with dementia to enable them to maintain functional capacity and independence and remain within their community (World Health Organization (2018b).

Losing the ability to manage one's physical body and activities can be quite debilitating. Such a loss is exacerbated by the loss of memory and cognitive function. That is the plight of many individuals with dementia who reside in long term care (LTC) facilities. To mitigate this devastating loss, some LTC facilities provide social activities to their residents who are diagnosed with dementia. Modalities such as walking, dancing, and group participation may not reverse or correct the effects of dementia, but there is evidence that these modalities do improve the quality of life and social integration of individuals with dementia who reside in long term care facilities (McDermott, et al., 2019).

Dementia

The modern study of dementia began approximately 50 years ago (Ames, et al., 2017). In the mid-1960s, dementia was prevalent in the elderly and was associated with ageing (Ames, et al., 2017). Dementia is one of the most significant challenges to face society in the twenty-first century (Ames, et al., 2017). The most hopeful response to the dementia crisis, created by the need to care for the growing number of persons affected with dementia, has been the positive and creative attitude of both professional and lay

caregivers. This includes everyone involved in the care process, and policymakers who support the search for solutions to the dementia crises (Ritchie & Artero, 2017).

Dementia impacts the social functioning of people, which makes it difficult to contribute to society and to maintain social relationships (Dröes, et al., 2017). Social health is characterized by three dimensions, which include having the capacity to fulfil one's potential and obligations, the ability to manage life with some degree of independence, and the ability to participate in social activities (Dröes, et. al., 2017). The social environment is conceptualized into objective (social connectedness) and subjective (perceived social isolation) components (Poey et. al., 2017). Social connectedness includes living arrangements, size of social networks, and engagement in social activities (Poey et. al., 2017). Having a limited social network, such as having few or no friends or relatives, is associated with a greater risk of dementia (Poey et. al., 2017). Social engagement is defined as formal social activity, such as church attendance, volunteering, and work; and informal social activity, such as meeting friends and family, and group recreation (Poey et. al., 2017). Frequency of participation in social activities may serve as a protective role against cognitive decline (Poey et. al., 2017).

Dementia affects memory, cognitive abilities, and behavior. It also interferes with one's ability to perform daily activities. The impact of dementia is not only significant in financial terms, but it also represents a substantial human cost to countries, societies, families, and individuals (Shannon et al., 2019). People with dementia and their families face significant financial impacts from the cost of health and social care and from the reduction or loss of income (Shannon et al., 2019).

Dementia affects a growing number of individuals over 65 years of age worldwide (Giebel et al., 2020). Due to the increasing number of individuals affected by dementia, the cost of caring for such individuals is increasing. In addition to the increased costs, dementia causes an increased dependency on family support (informal care) (Giebel et al., 2020). For an individual over 65 years of age, one of the most distressing symptoms of early dementia is losing the ability to live independently (Giebel et al., 2020). The development of home-based services should go hand in hand with strong prevention and rehabilitation policies, to ensure that people can continue to live for as long as possible in their own home if they so wish. Home care should be available to all persons with LTC needs and not only to the most care dependent older individuals (Spasova et al., 2018). When an individual loses the ability to live independently, moving into a LTC facility (formal care) may become necessary. Dementia is a debilitating disease that progresses which causes an individual to move from a state of independence to a state of total dependency.

Long-Term Care

Historically, the term LTC has been used to refer to services and supports to help older individuals maintain their daily lives (Harris-Kojetin, et al., 2019). LTC is a rising and critical issue in many contemporary welfare states around the globe. Historically, care was provided by families because life expectancy increased over the last 50 to 60 years (Greve, 2017). LTC also involves human contact and ensuring the best quality of life possible for an individual with dementia (Greve, 2017). Services include a broad range of health, personal care, and supportive services. Additional services can include

care for chronic illness, injury, physical, cognitive, or mental disability, and other health-related conditions (Harris-Kojetin, et al., 2019). Finding a way to pay for LTC services is a growing concern for older individuals, and it is a major challenge facing state and federal governments (Harris-Kojetin, et al., 2019).

Individuals living with dementia may exhibit symptoms such as anxiety, depression, or wandering which could indicate an unmet need due to a disparity in environmental conditions impacting social interactions (Jones, et al., 2020b). Individuals with dementia who reside in LTC facilities are often unable to seek out and engage in activities independently due to impaired cognition. It is important that LTC facilities actively provide opportunities for psychosocial stimulation and well-being (Jones, et al., 2020b). LTC facilities provide a range of activities, however, individuals with dementia spend a significant portion of their day alone, doing nothing, and with minimal conversation (Jones, et al., 2020b).

Social activities are relevant and enjoyable to the person living with dementia, leading to improvements in either their physical function, emotional well-being, cognitive status, or behavior (Jones, et. al., 2020b). The need for meaningful social activity appears to be part of human nature (Mansbach et al., 2017). Activity theory has long posited that older adults who are engaged in activity, particularly meaningful activity, experience higher levels of psychological and physical well-being compared to those who are less involved (Mansbach et al., 2017). Since many persons with dementia lack the cognitive skills necessary to successfully seek out meaningful social activities independently, it is especially important that caregivers and residential facilities provide them with such

opportunities (Mansbach et al., 2017). In the USA, the base rate of cognitive impairment in general, and dementia, is high (Mansbach et al., 2017). While most LTC facilities provide activities to their residents with dementia, such activities tend to be sub-optimal. This is due to passive participation, poor content relatability, and a lack of funding for activity choices (Mansbach et al., 2017).

LTC services are provided daily, formally, or informally, at home or in an institution, to people suffering from a loss of mobility and autonomy in their activities of daily living (ADLs). Nationally, LTC is a growing component of health care spending. How much is spent or who pays the cost is uncertain, and the rate varies depending on the funding source used (Grignon & Spencer, 2018). There is no best rate formula for calculating the cost of LTC or its distribution across funders based on the types of care received. The lack of an ideal rate formula makes it essential for statisticians, national income accountants, health services providers, and policy analysts to use evidence-based information when allocating funds for LTC (Grignon & Spencer, 2018).

Long-term care differs from acute care in content, financing, adequacy, and place in public policy (Feder & Scanlon, 2019). Most governments contribute heavily to financing acute care for people whose resources are inadequate; however, almost half of LTC is paid for directly by its users. Such a financial burden often imposes a catastrophic expense upon the users (Feder & Scanlon, 2019). Financing arrangements and the payment mix for informal and formal LTC can leave some individuals unserved or under-served (Anderson, 2018; Feder & Scanlon, 2019).

In the next section, Chapter 3 defines the methodology used to explore the phenomena of accessing funding for social activities for individuals with dementia who reside in LTC facilities. The selected methodology was determined after examining the extant literature on funding, social activities, dementia, and LTC.

Chapter 3 Methodology

The methodology that was appropriate to explore the phenomena of accessing funding for social activities for individuals with dementia who reside in LTC facilities was a qualitative exploratory case study. I used thematic content analysis to determine the presence of certain words, themes, or concepts within qualitative data (i.e., text). Thematic content analysis enables the researcher to analyze specific words, presence, meaning, and relationships, such as funding, social activities, dementia, and LTC (Friese et al., 2018). I used a qualitative data analysis software program (Atlas ti22) to perform thematic coding and theme development. The approach used the analysis tool to explore and analyze the results associated with an administered case study questionnaire.

An exploratory case study methodology was used to address the barriers and remain consistent with the qualitative research paradigm. The unit of analysis was at the organizational level, using business office managers or persons responsible for securing funding for social activities for individuals with dementia who reside in LTC facilities. The outcome of this study identifed barriers and alternative funding sources to finance social activities for individuals with dementia who reside in LTC facilities.

Research Design and Rationale

The use of a qualitative exploratory case study enabled me to identify barriers to accessing funding for social activities for individuals with dementia who reside in LTC facilities. Qualitative research enhances understanding of the research participants' cultures, beliefs, values, human experiences, and situations. This type of research methodology develops theories about lived experiences (Kalu & Bwalya, 2017).

Qualitative data was collected and analyzed to identify barriers to accessing funding for social activities for individuals with dementia who reside in LTC facilities. The rationale for using the qualitative design was to provide a deeper perspective of the content and context of funding barriers for business office managers or persons responsible for securing funding who work in LTC facilities.

Role of the Researcher

For this study, I was an observer. I did not maintain a relationship of any kind with participants beyond what was required to gather information and formulate the specific research study. I did not perform interviews at my current place of employment. Incentives were not provided to avoid the introduction of bias and to eliminate all identified conflicts of interest. The study included 10 participants from LTC facilities in the city of Birmingham, Alabama. At the time of this study, the number of LTC facilities in Birmingham, Alabama was 38. The 10-participant sample represented 26.3% of the total population of 38 LTC facilities in Birmingham, Alabama. (Alabama Department of Public Health [ADPH], 2022). A consent form was provided to each participant via email before beginning the study. Upon receiving the returned consent form, I arranged a Zoom meeting to conduct individual interviews. The interviews were conducted via Zoom, which is a social networking tool that allowed the participant to provide in-depth responses during a video-based telephone call. I stressed the importance of the ethical expectations related to Walden University's Institutional Review Board (IRB).

Methodology

A qualitative exploratory case study was the selected methodology for this research study. The case study approach studies a single instance or several instances of a particular phenomenon (Frederikson et al., 2021; Heale & Twycross, 2018; Swan et al., 2020). A case study explores and describes phenomena using various constructs, tests a theory, builds theory or explanations, generates hypotheses, tests hypotheses, or illustrates theoretical insights through case vignettes (Duff, 2018). Using a case study design methodology allows researchers to compile a nuanced, holistic, and detailed analysis of a selected place, group, or process. For this research study, it was essential to identify and use LTC facilities as the chosen place or venue for the phenomena to be studied. Soliciting business office managers or persons responsible for securing funding as the organizational level group enabled me to define the unit of analysis. Finally, the scope of the research, with its given time constraints, required a methodology with a process that I could execute within 1 year. Constructing a plan that guides the research towards internal and external reliability is integral to research methodology (Swan et al., 2020). To achieve internal and external reliability, I compiled and analyzed data using an open-ended questionnaire.

There are three main types of case studies: descriptive, explanatory, and exploratory (Heal & Twycross, 2018). Following is an explanation of the types of case studies that were considered for this research.

Descriptive Case Study

A qualitative descriptive case study is used in qualitative research for studies that describe the nature and characteristics of a phenomenon (Orrie & Motsohi, 2018). It has been identified as essential and appropriate for research questions focused on discovering the who, what, and where of events or experiences and gaining insights from informants regarding a poorly understood phenomenon (Kim et al., 2017). Descriptive case studies are also used when a standard description of a phenomenon is desired, or information is sought to develop and refine questionnaires or interventions (Orrie, & Motsohi, 2018). The descriptive case study approach was not selected for this research study because the study focused on the lived experiences of a phenomenon.

Explanatory Case Study

An explanatory case study presents data to define cause-effect relationships that explain events (Duff, 2018). An explanatory case study focuses on an explanation for a question or a phenomenon. The results in an explanatory case study are not subject to interpretation. Explanatory case studies describe events or phenomena where the results are absolute (Vira, 2020). Explanatory case studies tend to follow a causal approach to the research paradigm. When using an explanatory case study methodology, the 'case' must be clearly defined from the outset (Saxena, & McDonagh, 2019). Based on the aim of this research, the explanatory case study approach was not selected for this study because the aim of the study was not to describe or explain the phenomena of funding barriers, but to explore the nature and impacts of funding barriers.

Exploratory Case Study

An exploratory case study aims to define the questions and hypotheses of a subsequent study or determine the feasibility of the desired research procedures (Duff, 2018). Exploratory case studies are a beginning point, or preliminary analysis, to be used to help develop a plan for conducting a more in-depth research project later (Swan et al., 2020). Given the research purpose of this study, I found the qualitative exploratory case study paradigm to be most appropriate because it afforded an understanding of the phenomena within its social context (see Effah et al., 2020). After comparing the three qualitative research designs, the qualitative exploratory design methodology was deemed most appropriate and suitable to answer the research questions for this study.

Participant Selection

Population

The study's purpose called for exploring barriers to accessing funding for social activities for individuals with dementia who reside in LTC facilities. The population from which this study's participants were selected was from 38 LTC facilities located in Birmingham, Alabama. Ten participants were recruited from the identified population to define the unit of analysis and the purposeful sample for this qualitative exploratory case study. The sample size was 26.3% of the total population of 38 LTC facilities in Birmingham, Alabama (ADPH, 2022).

Sampling Strategy

Qualitative research requires tools to evaluate sample size appraise the sample size continuously, and ascertain whether the sample size is adequate for analysis and final

publication (Abelson et al, 2019; Weller et al., 2018). Purposeful sampling was an acceptable sampling strategy used for this research study. For research in a cultural context, purposeful sampling is the best option because purposeful sampling uses selection criteria it can achieve better results than random sampling (Thomas, 2022)

Sampling Criteria

The sample's inclusion criteria for recruiting participants for this study specified that the participants be (a) adults over 18 years of age, (b) employed in a LTC facility located in Birmingham, Alabama, (c) employed as a business office manager, or person responsible for securing funding for social activities, with at least 2 years' experience in their current position, and (d) possess knowledge regarding the research topic. The specific participant selection logic ensured that all potential participants met the minimum requirements for recruitment, and subsequent participation in the study through in-depth interviews.

Sampling Selection

Sampling is the process of choosing a part of the population to represent the whole (Ghaljaie et al., 2017). Sampling is performed in two general ways: probability and nonprobability. In probability sampling methods, the rules of probability are applied, and as their main feature, each subject has a chance of being selected. Probability sampling methods include simple random sampling, systematic sampling, stratified sampling, and cluster sampling (Ghaljaie, et al., 2017). Nonprobability methods of sampling involve samples that are available to the researcher because they have characteristics that are

needed in the sample. I used a nonprobability purposeful sampling method (see Ghaljaie, et al., 2017).

Instrumentation

Content Validity

To accomplish content validity, the interview questions were sent to a healthcare finance professional who was familiar with the role and responsibilities of securing funding for social activities. The feedback I obtained from the healthcare finance professional was used to edit or revise the interview questions prior to interviewing the business office manager or person responsible for securing funding for social activities (see Lancaster, 2017). Business office managers or persons responsible for securing funding were sent a recruitment letter (Appendix A) regarding the doctoral research study via email and asked to signify their interest in participating in the research via a reply email.

When using qualitative coding techniques, establishing inter-rater reliability (IRR) is a recognized process of determining the trustworthiness of the collected data. However, the process of deciding IRR is not always transparent, especially if specialized qualitative coding software that calculates the reliability automatically is not being used (McAlister et al., 2017). Two factors contributed to the decision not to use inter-rater reliability assessment for this study. The first factor was that I was the sole researcher conducting the study. The second fact was that I used a qualitative data analysis software program (Atlas-ti22) to automate the thematic coding process. I was the only person analyzing and rating the thematic codes generated by the Atlas-ti22 software; therefore,

no interrater activity was used for this doctoral research study. For this research, the construct measured was access to funding for social activities for individuals with dementia who reside in LTC facilities.

Semi structured Interview Protocol

The primary data collection instrument used in this research was a semi structured questionnaire with open-ended, focused interview questions (Appendix C). Semi structured in depth interviews are commonly used in qualitative research and are the most frequently used qualitative data source in health services research (DeJonckheere & Vaughn, 2019). This data collection method typically consists of a dialogue between researcher and participant, guided by a flexible interview protocol and supplemented by follow up questions, probes, and comments. The semi structured questionnaire instrument allowed the researcher to collect response data, explore participant thoughts, feelings, and beliefs about a particular topic, and delve deeply into personal and sensitive issues based on the participant's lived experiences.

Overall, semi structured interviewing requires both a relational focus and practice in the skills of facilitation. Skills include a) determining the purpose and scope of the study; b) identifying participants; c) considering ethical issues; d) planning logistical aspects; e) developing the interview guide; f) establishing trust and rapport; g) conducting the interview; h) memoing and reflection; i) analyzing the data; j) demonstrating the trustworthiness of the data; and k) presenting the findings of the study (DeJonckheere & Vaughn, 2019). Semi structured interviews can be a powerful tool for health services researchers to understand individuals' thoughts, beliefs, and experiences. The interviews

were centered on 15 well-chosen questions guided by the study's research questions, literature review, and conceptual framework (See Table 3).

Table 3

Interview Questions

Question Number	Interview Question
1	What is your process for securing funds?
2	Is the process standard or ad-hoc?
3	How long does the process take to receive funds from initial request to final approval?
4	What criteria determines how funds are allocated?
5	Who determines recipient eligibility?
6	What criteria is utilized to support recipient eligibility?
7	What types of social activities qualify to receive allocated funds?
8	What resources do you use as part of the funding process?
9	What happens when funding requests are denied?
10	What type of restrictive funding does your facility receive?
11	How often do you have to request funding for social activities?
12	What are your barriers when seeking to secure funding?
13	What type of funding is used for social activities at your facility?
14	How often are those funding sources used?
15	What is your perception of the process when seeking funding sources?

The questions asked of the participants were focused, semi-structured questions that the participants answered in 30-45 minutes. Once a recruitment letter was returned signifying interest in the study, the researcher gave a consent form (Appendix B) to the participants via email.

Archival Data

Archival or secondary data is data that has been collected by someone other than the current researcher(s) for a different purpose than its intended use in the initial research (Webb et al., 2017). Some of the more commonly used data are existing literature, census data, governmental information, and financial data. Researchers often use archival or secondary data to triangulate findings from principal data collection methods such as interviews, case studies, surveys, and experiments (Webb et al., 2017). This study did not utilize archival or secondary data. The data for this study was original and uniquely related to the participants of the study.

Reflective Field Notes

Historically, field notes have been a vital component of qualitative research since the early 1900s (Phillippi & Lauderdale, 2018). Field notes are the researchers' private, personal thoughts, ideas, and queries regarding their research observations and interviews. Most qualitative research methods encourage researchers to take field notes to enhance data clarity and provide a rich context for analysis. Taking field notes is an integral part of documentation and analysis in qualitative research. With the growing use of data sharing, secondary analysis, and meta-synthesis, field notes ensure rich context persists beyond the original research (Phillippi & Lauderdale, 2018). Field notes are widely regarded as essential; however, there is no guide to the data collection process for using field notes. Data collection and responses of the participants of this study include reflective field notes that the researcher developed during the semi-structured interviews administered via the Zoom audio-conference interviews.

Procedures for Recruitment, Participation, and Data Collection

Recruitment procedures were based upon feedback and approval of the Walden University IRB. Upon approval, the data collection process began. Business Office Managers or persons responsible for securing funding who currently work in LTC facilities in Birmingham, Alabama, were identified for selection as participants of the study. The potential participants were formally asked to participate in the study by receiving a letter of recruitment. The potential participants who agreed to participate in the study were scheduled for a one-on-one audio-conference interview using Zoom. For all participants, pseudonyms were used to replace their names and locations. During the interview, alphanumeric numbers were used to identify the participants. After the interview, participants were given the researcher’s contact information and were informed that they could contact the researcher at any time to ask for information relating to the research. The collected data, including field notes and digital mp4 recordings of the interviews, are being kept in a secure and locked file cabinet at the researcher’s residence for five years after completion of the research. All data will be destroyed after five years using appropriate measures. The researcher started the interview by introducing themself to the participant. The researcher informed the participant of the possibility of future contact to provide or clarify missing or incomplete data. The participant was notified that they could end the interview at any time, if necessary.

Data Analysis Plan

The plan for data analysis was to identify and interpret the data collected from the participant interviews, thematically coded responses to the research questionnaire, and

the field notes. An objective analysis included guidance from a subject matter expert who actively practiced within the LTC field.

Issues of Trustworthiness

Trustworthiness or rigor of a study refers to the degree of confidence in the data, interpretation, and methods used to ensure the quality of a study (Raby & McNaughton, 2021). Protocols and procedures should be established by the researcher for a study to be worthy of consideration by the reader (Amin et al., 2020). Trustworthiness is a vital component of the research process. This study adhered to the intent of trustworthiness. The reliability activities were executed to add to the comprehensiveness and quality of the research study (Amin et al., 2020).

Credibility

The credibility of a study, or the confidence in the truth of a study, and therefore the findings, are essential criteria for qualitative research studies (Raby & McNaughton, 2021). Since readers want to know that academic studies were conducted using standard procedures typically used in qualitative research, the research steps and processes are documented, and adequate justification is provided for variations. Credibility was obtained by engagement with participants, persistent observation, peer-debriefing, member-checking, and reflective journaling (Raby & McNaughton, 2021; Amin et al., 2020).

Dependability

Dependability refers to the stability of the data over time and conditions (Raby & McNaughton, 2021). Dependability was obtained by maintaining an audit trail of process

logs and advisory debriefings. Inquiry audit trails were conducted by having academic advisors examine both the research process and product of the research study. The purpose of audit trails was to evaluate the accuracy of the research study and evaluate whether the findings, interpretations, and conclusions were supported by the data (Amin et al., 2020). Process logs are the researcher's notes of all activities that happened during the study and decisions about aspects of the study, such as whom to interview and what to observe (Raby & McNaughton, 2021).

Confirmability

Confirmability is the neutrality, or the degree findings are consistent and could be repeated. Confirmability is obtained by maintaining an audit trail of analyses and methodologies (Raby & McNaughton, 2021). An audit trail is a transparent description of the research steps taken from the start of the research project to the development and reporting of its findings (Amin et al., 2020).

Transferability

Transferability is how findings are helpful to persons in other settings (Raby & McNaughton, 2021; Amin et al., 2020). Transferability is different from other aspects of research in that readers determine how applicable the findings are to their situations or contexts (Raby & McNaughton, 2021). This research focused on the participants in the study and their lived experiences. The study's transferability included the rich, detailed description of the context, location, and people studied; and was transparent about its analysis and trustworthiness (Raby & McNaughton, 2021).

Authenticity

Authenticity is the extent to which the researcher has fairly and thoroughly shown a range of different realities that realistically convey participants' lived experiences (Raby & McNaughton, 2021). Authenticity is obtained by selecting appropriate participants and providing a detailed description of the study.

Summary

The purpose of this qualitative, exploratory case study was to explore barriers to accessing funding for social activities for individuals with dementia who reside in LTC facilities. Qualitative data was collected to address the research problem and purpose of the study. Social activities were the focus of the interview questions. Ten participants were selected to participate in this study. Semi-structured interviews were conducted via Zoom. The rigor of the methodology was evident by ensuring that the steps taken were valid, reliable, measurable, and able to be repeated. The participant's responses were recorded and analyzed. The findings supported a conclusion to the research study. Chapter 4 addressed the findings and analysis of the interview responses.

Chapter 4 Findings and Analysis

To outline Chapter 4, the data collection phase of the study began with a review of the purpose, research, and research questions (RQs). Use of a pilot interview is explained, and the environmental setting and participant demographics are defined. The purpose of this qualitative exploratory case study was to explore barriers to accessing funding for long-term care facilities that provide social activities for individuals with dementia. The following RQs were presented to define the scope of the study:

RQ1: What barriers exist when accessing social activity funding for individuals with dementia who reside in long-term care facilities?

RQ2: What funding methods are available to facilities that provide social activities to individuals with dementia who reside in long-term care facilities?

RQ3: What criteria determine eligibility for social activity funding for facilities that provide care to individuals with dementia who reside in long-term care facilities?

Pilot Study/Interview

To ensure the RQs were germane to the study, a pilot interview was conducted using a subject matter expert (SME) who actively practices in the LTC field. The purpose of the pilot interview was to validate that the research questions were aligned with the job descriptions of practitioners and that the responses would provide sufficient data to address the research questions. The findings of the pilot interview were that the SME's role was not ideally suited to respond to the research questions. Feedback from the SME did prove beneficial because it enabled me to expand the target audience to include

several positions such as business office managers, admissions directors, activities directors, and guest services coordinators who were responsible for securing funding for social activities in LTC facilities.

Setting for the Interviews

A significant environmental condition that influenced the setting and ability of participants to share their experiences was the Covid-19 virus. The initial setting for this exploratory qualitative case study was to be a face-to-face interview with each of the participants. Since most facilities would not permit in-person, face-to-face interviews due to the Covid-19 pandemic, the participants were interviewed using the Zoom audio-conferencing software application. The Zoom audio-conference enabled the interviewer to provide the participants with a copy of the interview questions prior to the interview. The participants were able to freely express their experiences and provide responses to the interview questions confidentially and without distraction.

The demographics of the study was changed during the data collection process due to the feedback obtained during the pilot interview with the SME. Additional positions included business office managers, admission directors, activity directors, and guest services coordinators. The additional positions enabled me to retain the study’s sampling selection criteria.

Data Collection

Data collection consisted of obtaining data from 10 participants. The participants were recruited from the identified population of 38 long-term care facilities located in Birmingham, Alabama. The 10-participant purposeful sample for this qualitative

exploratory case study represented 26.3% of the total population of 38 long-term care facilities located in Birmingham, Alabama.

Using a 15-question questionnaire instrument (See Table 4), semi structured interviews were conducted, guided by five research study constructs (See Table 5). The interviews were conducted using Zoom audio-conferencing software. The participant responses were recorded via the Zoom audio-conferencing software, transcribed using the Trint Automatic Transcription software, and analyzed using the Atlas-ti22 Qualitative Data Analysis software.

Table 4

Constructs with Related Interview Questions

Construct	RQ	Question Number	Interview Question
Input	2	1	What is your process for securing funds?
Input	2	2	Is the process standard or ad-hoc?
Input	2	8	What resources do you use as part of the funding process?
Input	2	11	How often do you have to request funding for social activities?
Activities	2	3	How long does the process take to receive funds from initial request to final approval?
Activities	3	4	What criteria determines how funds are allocated?
Activities	3	5	Who determines recipient eligibility?
Activities	2	7	What types of social activities qualify to receive allocated funds?
Output	2	9	What happens when funding requests are denied?
Output	2	10	What type of restrictive funding does your facility receive?
Output	2	13	What type of funding is used for social activities at your facility?
Outcome	1	12	What are your barriers when seeking to secure funding?
Outcome	2	14	How often are those funding sources used?
Impact	3	6	What criteria is utilized to support recipient eligibility?
Impact	3	15	What is your perception of the process when seeking funding sources?

Table 5

Research Study Constructs

Research Study Construct	Description (Contextualized for Social Activities in long-term care facilities)
Inputs	Inputs depict the current residency state of individuals with dementia who are dependent upon the financial resources and human effort provided by others for informal and formal support.
Activities	Activities describe the actions needed to implement or execute the funding process.
Outputs	Outputs consist of the available products and services the funding requestor intends to receive from their funding activities.
Outcomes	Outcomes are the observable and measurable changes in individual or group knowledge, attitudes, and behaviors of individuals with dementia.
Impacts	Impacts track and assess the results of the outcomes over a sustained period.

The interviews lasted approximately 30 minutes in duration for each participant. There were no significant variations in the data collection process based upon the data collection plan specified in Chapter 3. No unusual circumstances were encountered during the data collection process.

Data Analysis

The data collected from the Zoom audio conference recordings of each participant interview was transcribed into Microsoft Word (.docx) text documents using the Trint Artificial Intelligence (AI) Transcription software. The transcribed participant interview response documents were deductively coded and reported using a Microsoft Excel spreadsheet. The participant interviews enabled each participant to express their lived

experiences in response to each interview question. The questions related to the barriers, funding methods, and eligibility criteria used to secure funding for social activities provided to individuals with dementia who reside in long-term care facilities.

The participant interview transcribed data was subsequently uploaded to the Atlas-ti22 Qualitative Data Analysis software, which enabled the data to be inductively coded. Both deductive and inductive codes were used to identify themes, quotations, and patterns in the data that facilitated analysis of the data. The raw data, in the form of participant identification, quoted responses, and thematic codes were then reported using the Atlas-ti22 software query reports feature (See Appendix C). Discrepant responses were factored into the analysis of the data by treating them as outliers. The values of the outliers were factored into the total percentage of each interview question response. No discrepant responses were excluded from the data set. The outliers were analyzed to determine the context used by the participant and the intended meaning of the response. The interpretation of the outlier response was verified by contacting the participant a second time to request clarification of the outlier data.

Evidence of Trustworthiness

Trustworthiness or rigor of the study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of the study (Raby & McNaughton, 2021). Protocols and procedures were established by the researcher for the study to be worthy of consideration by the participants. Trustworthiness is a vital component of the research process. This study adhered to the tenets of trustworthiness.

Credibility

The credibility of the study, or the confidence in the truth of the study, and therefore the findings, was one of the essential criteria for this study. Since readers want to know that academic studies were conducted using standard procedures typically used in qualitative research, the research steps and processes were documented, and adequate justification was provided for variations. Credibility was obtained by engagement with a subject matter expert, participants of the study, peer debriefing, dissertation member checking, and reflective journaling.

Dependability

Dependability refers to the stability of the data over time and conditions (Raby & McNaughton, 2021). Dependability was obtained by maintaining an audit trail of process logs and advisory debriefings. Inquiry audit trails were conducted by having academic advisors examine both the research process and product of the research study. The purpose of the audit trails was to evaluate the accuracy of the research study and evaluate whether the findings, interpretations, and conclusions were supported by the data. Process logs were the researcher's notes of all activities that happened during the study and decisions about aspects of the study, such as whom to interview and what to observe.

Confirmability

Confirmability is the neutrality, or the degree that findings are consistent and could be repeated (Raby & McNaughton, 2021). Confirmability was obtained by maintaining an audit trail of analyses and methodologies. The audit trail included the transparent description of the research steps taken from the start of the research project to

the development and reporting of the findings. Notes were reviewed and discussed in advisory-debriefing sessions to prevent biases from only one person's perspective on the research.

Transferability

Transferability defines how findings are helpful to persons in other settings (Amin et al., 2020; Raby & McNaughton, 2021). Transferability is different from other aspects of the research in that participants determine how applicable the findings were to their lived experiences. Qualitative researchers focus on the informants and their story and support the study's transferability with a rich, detailed description of the context, location, and people studied, while being transparent about the analysis and trustworthiness of the data. The results of this research are transferable to other social interaction contexts, such as music therapy, exercise therapy, and speech therapy. Each of these contexts can utilize the methodological approach taken for this study, and the executed steps of the data collection and analysis plans to explore phenomena within their social interaction context. Transferability was enhanced in this study due to the focus on the participants in the study and their lived experiences.

Authenticity

Authenticity is the extent to which the researcher has fairly and thoroughly shown a range of different realities that realistically convey participants' lives (Raby & McNaughton, 2021). Authenticity was obtained by my screening participants using documented participant selection criteria and providing a detailed description of the study to each participant.

Results

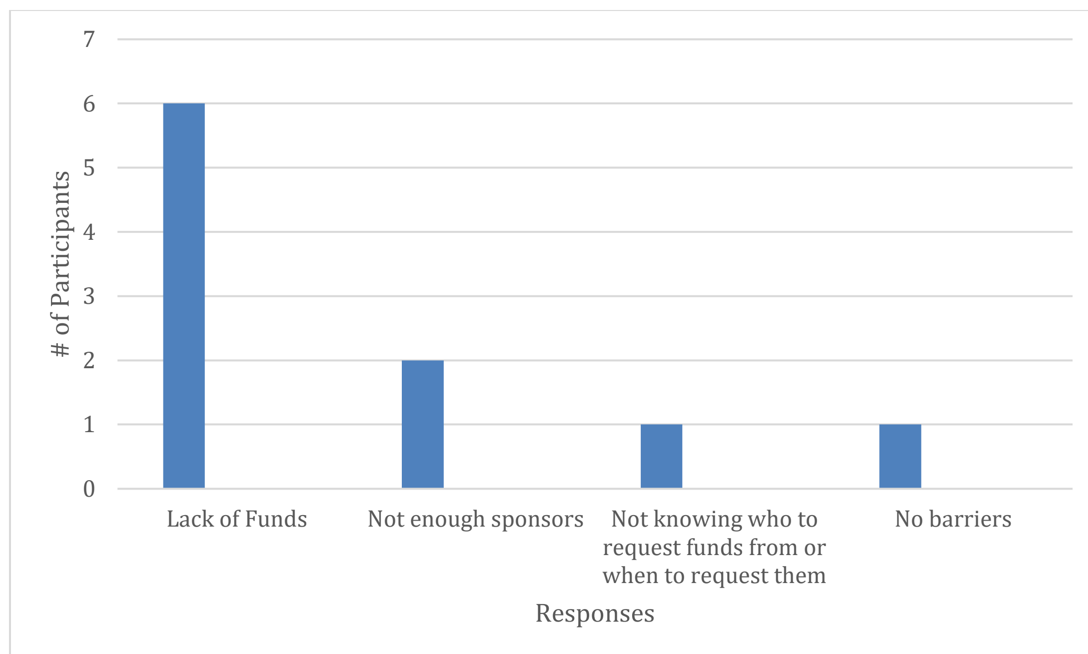
The findings of this study are organized by RQ and grouped by the research construct and quotation themes which emerged from the participant interview data. Where appropriate, I provided interpretation of the data to include discrepant responses that were classified as outliers.

RQ1: What barriers exist when accessing social activity funding for individuals with dementia who reside in long-term care facilities?

This research question was classified as an outcome construct. Interview Question #12 "What are your barriers when seeking to secure funding for social activities for individuals with dementia?" supported the outcome construct. It was found that six respondents supported the theme of the lack of funds as a barrier to accessing funds for social activities. Two respondents supported the theme of not enough sponsors (individuals/organizations that provide funds) to fund social activities. In addition, one respondent supported the theme of not knowing who to request funds from and when to request funds, as this presented a barrier to their funding process. Participant responses are represented in Figure 2.

Figure 2

Barriers to Securing Funding



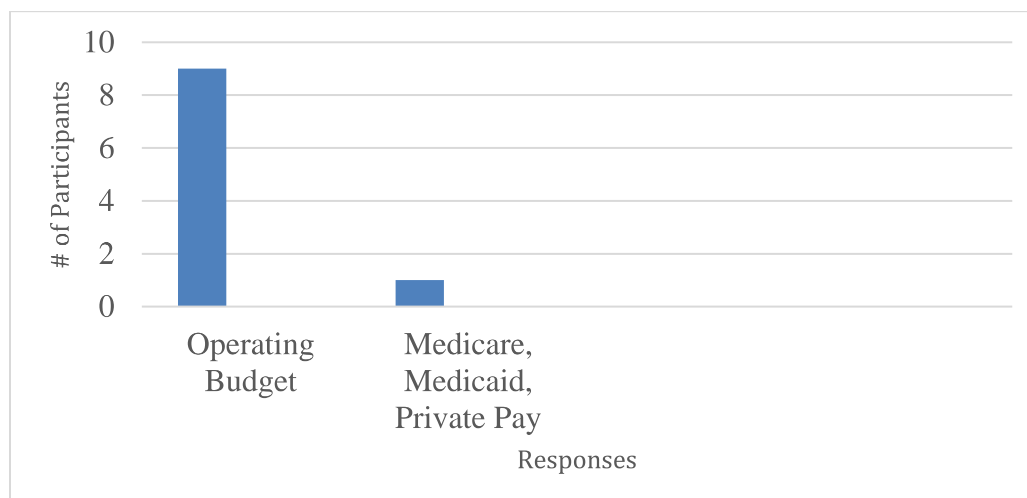
RQ2: What funding methods are available to facilities that provide social activities to individuals with dementia who reside in Long-term Care facilities?

RQ2 was classified as an input construct. Interview Question #1 “What is your process for securing funds?”; Interview #2 “Is the process standardized or ad-hoc?”; Interview Question #8 “What resources do you use as part of the funding process?”; Interview Question 11 “How often do you have to request funding for social activities?”; and Interview Question #14 “How often are these funding sources used?” all supported the input construct for RQ2. Nine respondents indicated that they support the theme of used the operating budget, and one respondent supported the theme that they used Medicare, Medicaid, and/or private pay insurance to provide social activities to

individuals with dementia who reside in their long-term care facility. Participant responses are represented in Figure 3.

Figure 3

Process for Securing Funds



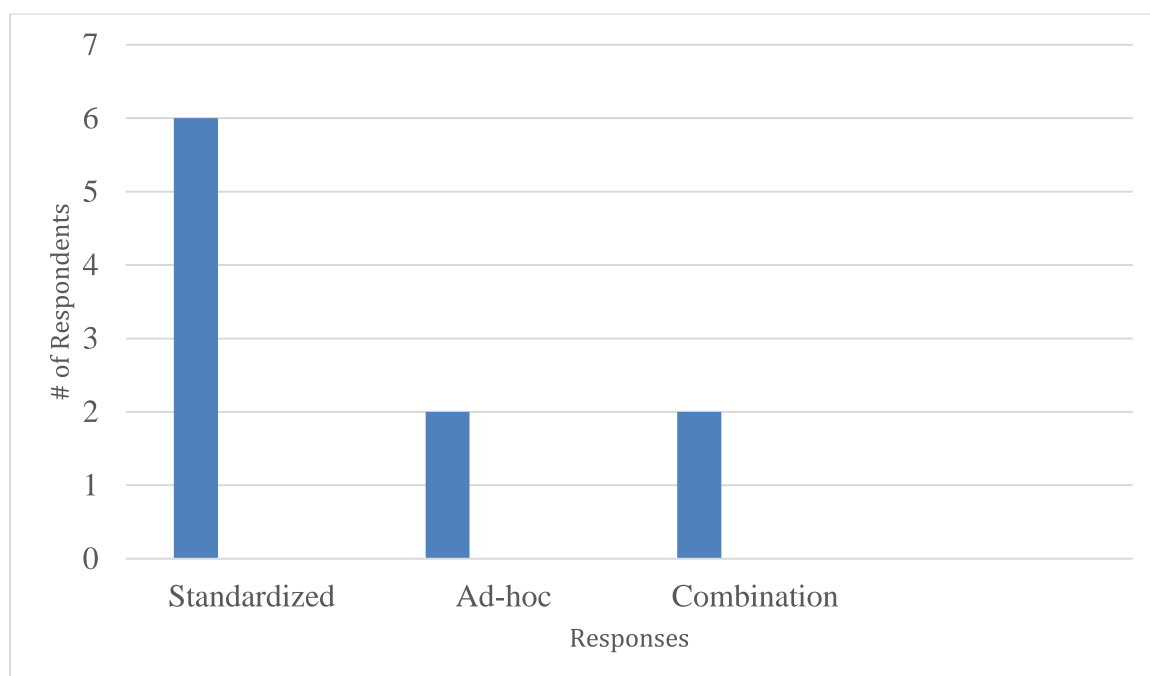
In terms of using a standardized or ad-hoc process to support the input construct for RQ2, six respondents supported the theme that they used a standardized process, Participant 8 stated "a budget was determined for the year", while two respondents stated that they supported the theme that they used an ad-hoc process. There were two respondents who stated that they supported the inductive theme of using a combination of standardized and ad-hoc processes, Participant 6 stated,

> The process is a little bit of both. It is standardized because it is determined for the year. And I tried to stay with what I have. If those funds run out, sometimes I like sponsors, vendors, churches, etc. for donations.

Participant 9 stated it's pretty standardized. But some years, it becomes ad-hoc. Standardized for routine social activities, and ad-hoc for special, one-time only social activities. Participant responses are represented in Figure 4.

Figure 4

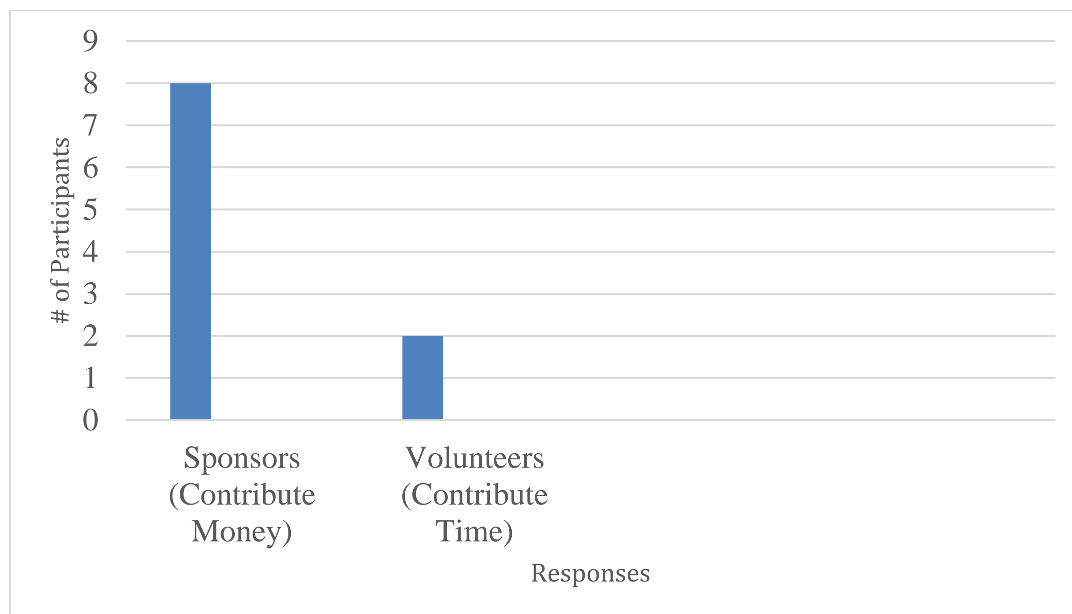
Standardized or Ad-hoc Funding Process



To address Interview Question #8, "What resources do you use as part of the funding process?", eight respondents supported the theme that sponsors (individuals/organizations that contribute funds) were trusted resources for providing funds. In addition, two respondents supported the theme that volunteers (individuals/organizations that contribute time) were valuable resources to use as part of the funding process. Both themes support the Input construct of RQ2. Participant responses are represented in Figure 5.

Figure 5

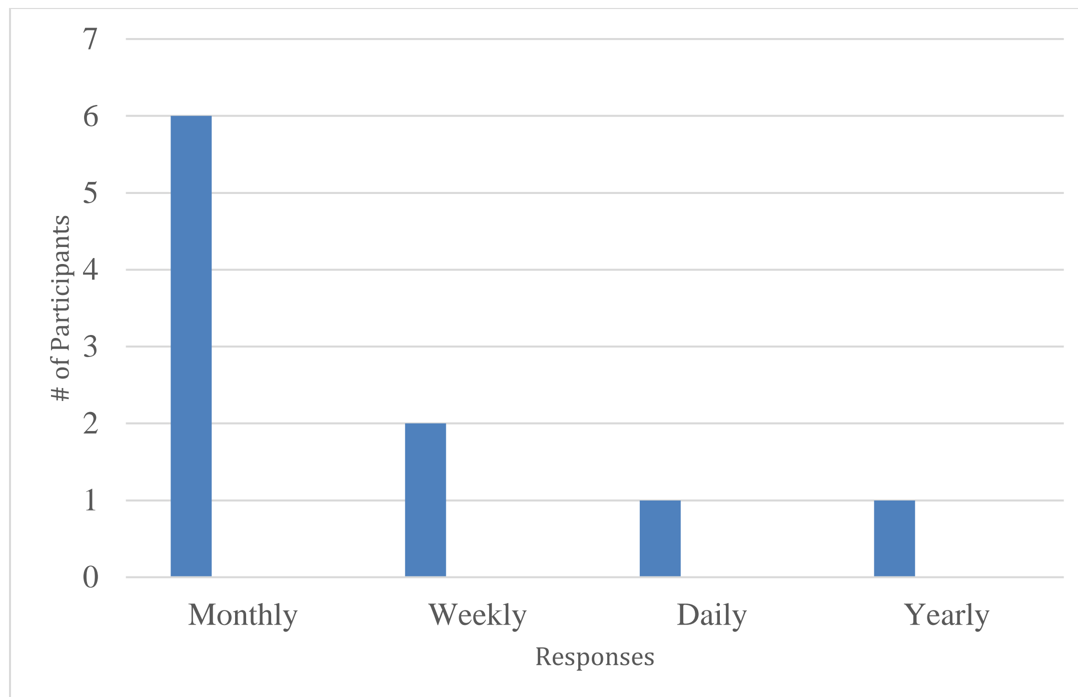
Resources Used as Part of the Funding Process



Interview Question #11, “How often do you have to request funding for social activities?”, was another Input construct supporting RQ2. It was found that six respondents supported the theme that they were requesting funding for social activities monthly. Also, two respondents supported the theme that they were requesting funding on a weekly basis; however, one respondent, Participant 2, stated that they supported the theme that funds are requested prior to each activity, and one respondent supported the theme that they were requesting funding on a yearly basis to provide social activities to individuals with dementia who reside in long-term care facilities. Participant responses are represented in Figure 6.

Figure 6

Frequency of Funding Requests for Social Activities

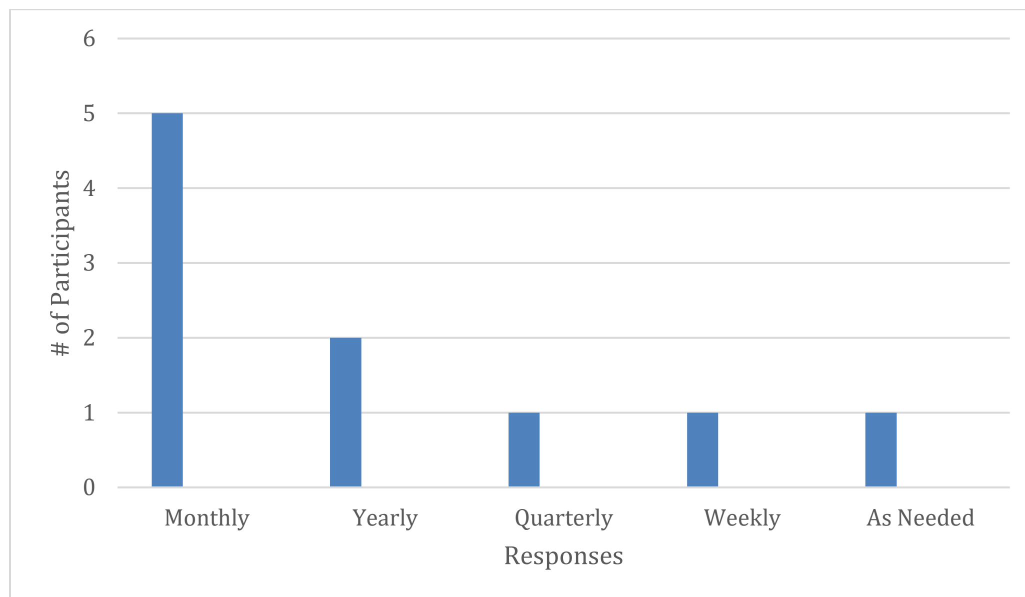


Interview Question #14, “How often are these funding sources used?” supported the outcome construct of RQ2, and utilization of the funding sources, with five respondents supporting the theme that they utilize the funding sources monthly (which is consistent with the frequency of the funding requests), and two respondents supported the theme that they utilized the funding sources yearly. In addition, one respondent supported the theme that they utilized the funding sources quarterly; one respondent supported the theme that they utilized the funding sources weekly, and one respondent, Participant 2, supported the theme that funds are used on an as-needed basis. Participant responses are represented in Figure 7. The frequency data indicates seasonal requests are submitted to

ask for funding for seasonal social activities and events which are part of the operating budget.

Figure 7

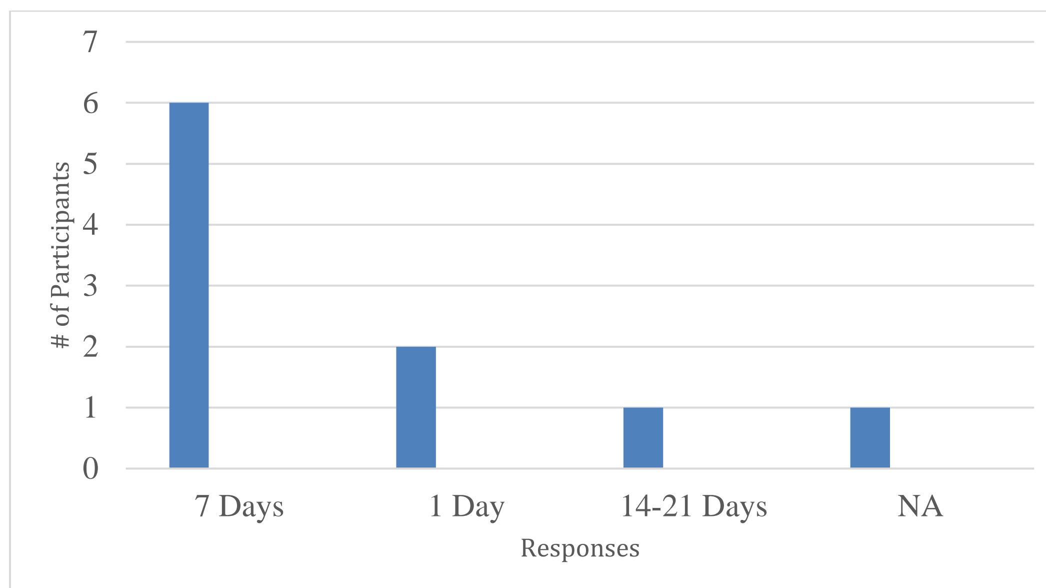
Use of Funding Sources



Two of the Interview Questions related to the activities construct of RQ2 were Interview Question #3, "How long does the funding process take from initial request to final approval?" and Interview Question #7, "What types of social activities qualify to receive allocated funds?". It was found, based on the inducive codes that six respondents received requested funds within seven days of initial request; two respondents received funds within one day of initial request; one respondent received funds within fourteen to twenty-one days of initial request; and one participant did not provide a response to this question (N/A). Participant responses are represented in Figure 8.

Figure 8

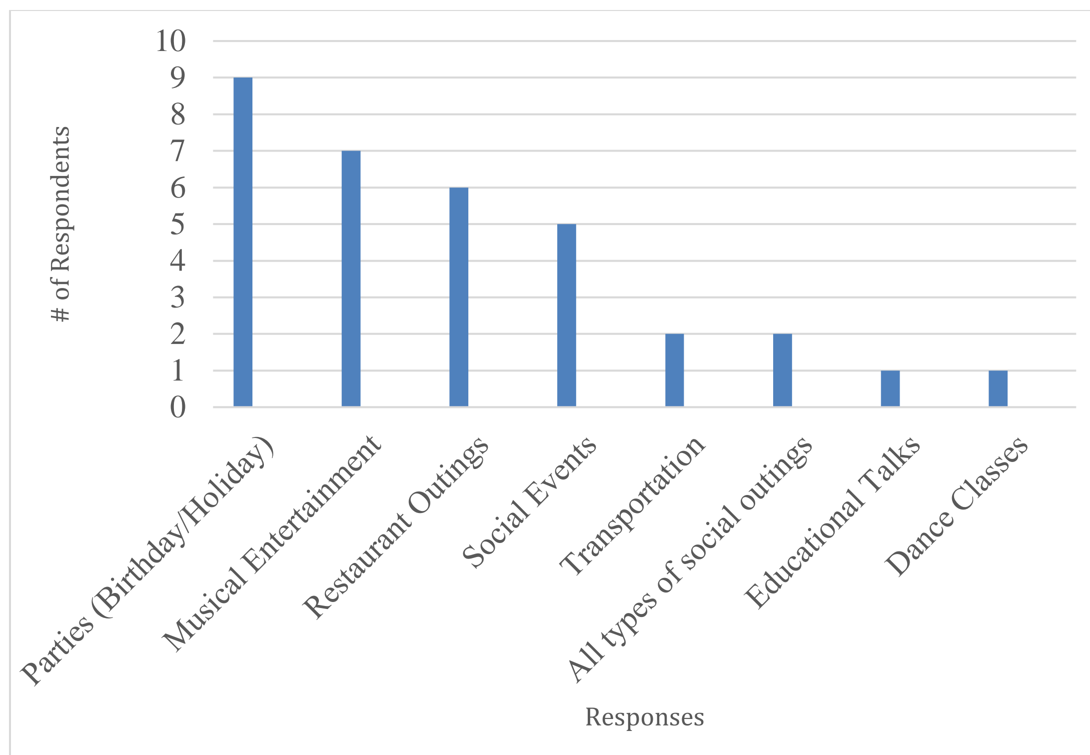
Duration of Funding Request Versus Approval Process



The second Interview Question supporting activities construct for RQ2 was Interview Question #7, "What types of social activities qualify to receive allocated funds?" The findings were inductively coded based on the responses of the participants. Nine responses were received for the inductive code Parties (Holiday and Birthday); seven responses were received for the inductive code Musical Events; six responses were received for the inductive code Restaurant Outings; five responses were received for the inductive code Social Events; two responses were received for each of the inductive codes Transportation and All Other Types; and one response was received for each of the inductive codes Educational Talks and Dance Classes. Participant responses are represented in Figure 9.

Figure 9

Types of Social Activities Receiving Allocated Funds



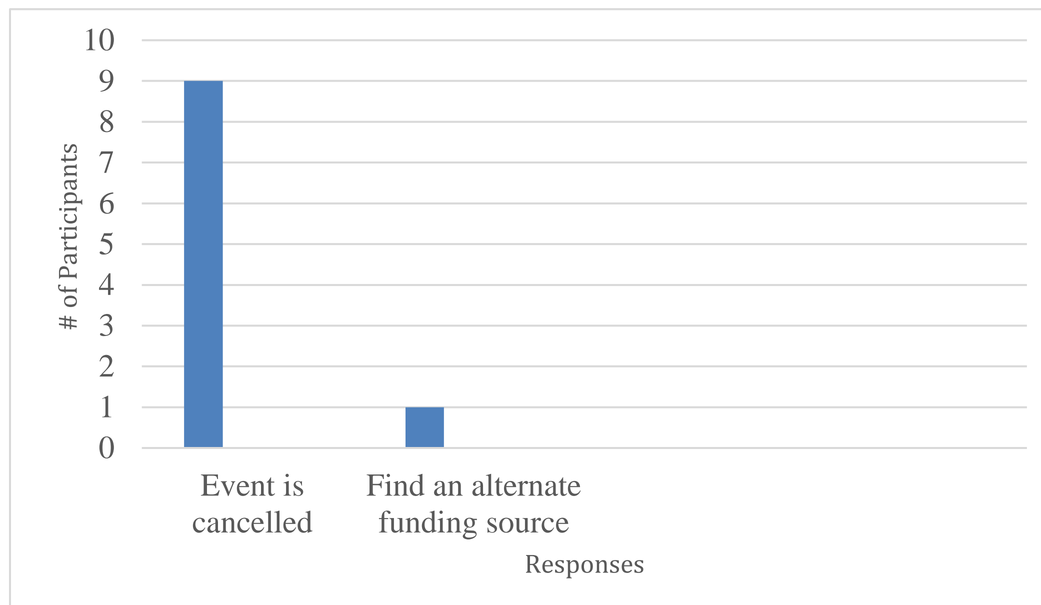
RQ2 was a process-oriented research question that encompassed several constructs. The final Interview Questions supporting the output construct of RQ2 were Interview Question #9, "What happens when funding requests are denied?"; Interview Question #10, "What type of restrictive funding does your facility receive?"; and Interview Question #13, "What type of funding is used for social activities at your facility?".

Interview Question #9 asked, "What happens when funding requests are denied?" The findings for interview question #9 were, nine respondents supported the theme that they canceled the social activity when the funding request was denied. Consequently, one

respondent supported the theme that they actively sought to find other funding sources, separate from the operating budget. Participant responses are represented in Figure 10.

Figure 10

Funding Request Denial



Interview Question #10 asked, “What type of restrictive funding does your facility receive?” The findings for interview question #10 found eight respondents supported the theme that they did not receive restricted funds. Due to the social needs of some individuals with dementia who reside in long-term care facilities, one respondent supported the theme that they receive restricted funds for specific uses, such as dance classes. Participant 9 stated,

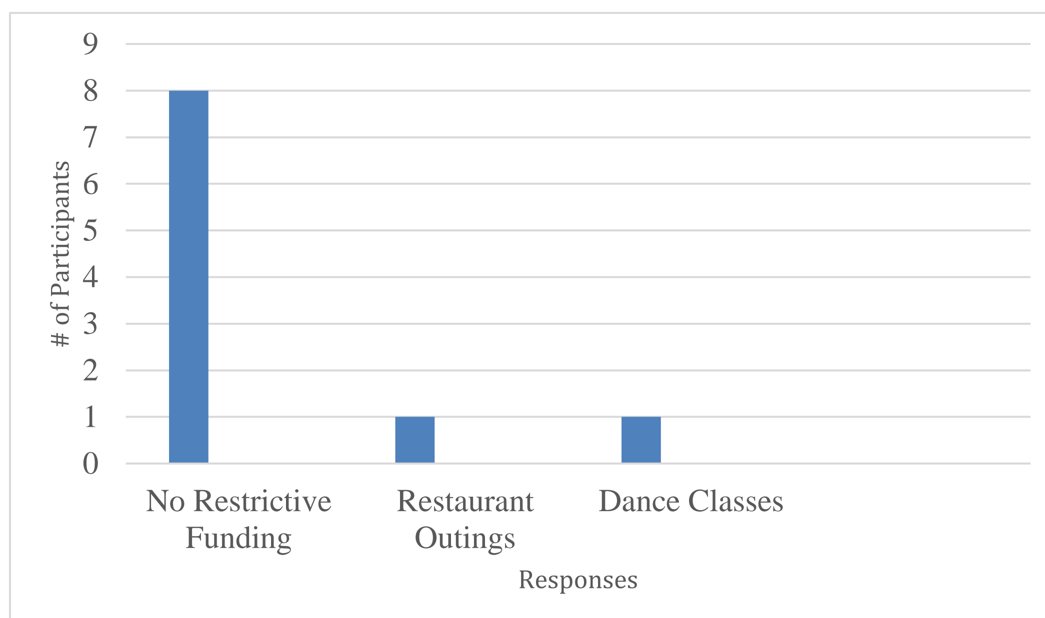
> “Yes, we do. Actually, it’s interesting you say that we have a few residents who are quite wealthy, or their families are quite wealthy, and they will provide, for example, a $1,000 donation for our social programs. But they

will say that it can only be used for the dance programs because their mom was a dancer or a ballerina".

It was also found that one respondent supported the theme that they receive restricted funds, in the form of cash donations, for Restaurant Outings. Participant responses are represented in Figure 11.

Figure 11

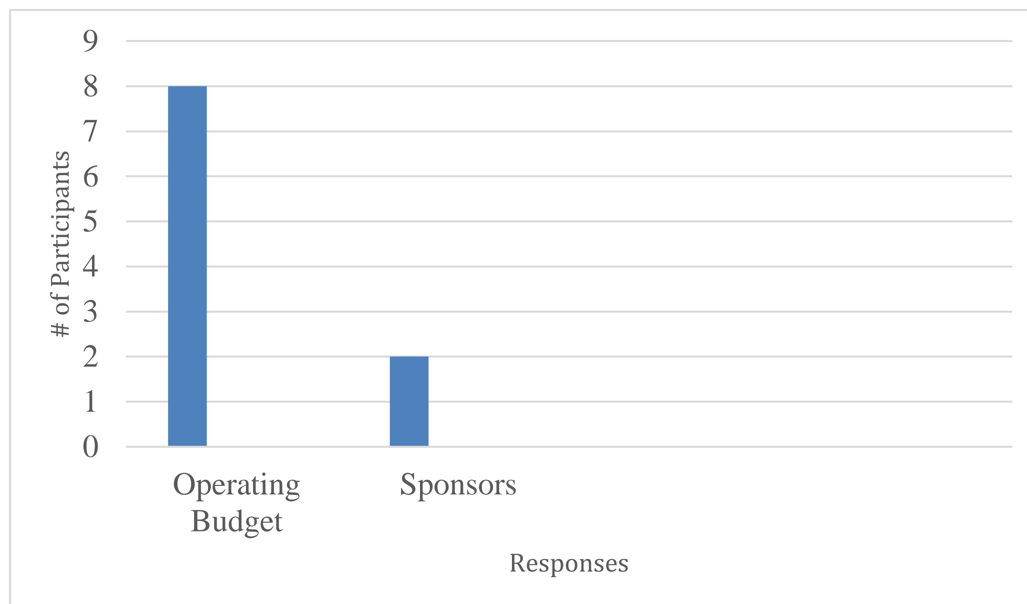
Restricted Funds



Finally, supporting the Output construct for RQ2, Interview Question #13 asked, "What type of funding is used for social activities at your facility?". Analysis of the data found that eight respondents supported the theme they utilized the Operating Budget, and 2two respondents supported the theme they utilized Sponsors (Individuals/Organizations that provide funds) to provide social activities to individuals with dementia who reside in long-term care facilities. Participant responses are represented in Figure 12.

Figure 12

Types of Funding Used



RQ3: What criteria determine eligibility for social activity funding for facilities that provide care to individuals with dementia who reside in long-term care facilities?

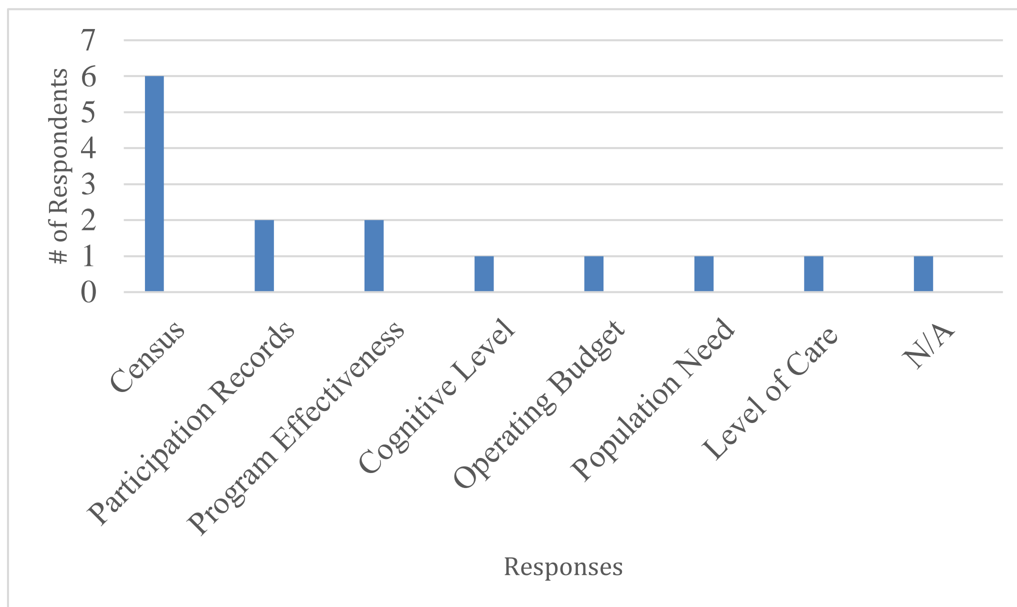
Research Question #3 (RQ3) includes the Activities and Impact constructs of this study. Interview Question #4 and Interview Question #5 support the Activities construct, while Interview Question #6 and Interview Question #15 support the Impact construct.

In response to Interview Question # 4, "What criteria determine how funds are allocated to social programs?" It was found that six responses were received for the inductive code census; two responses each were received for the inductive codes program effectiveness, and participation records; one response each was received for the inductive codes cognitive level, operating budget, population need, and level of care. One

participant did respond to Interview Question #4. Participant responses are represented in Figure 13.

Figure 13

Criteria Determining how Funds are Allocated

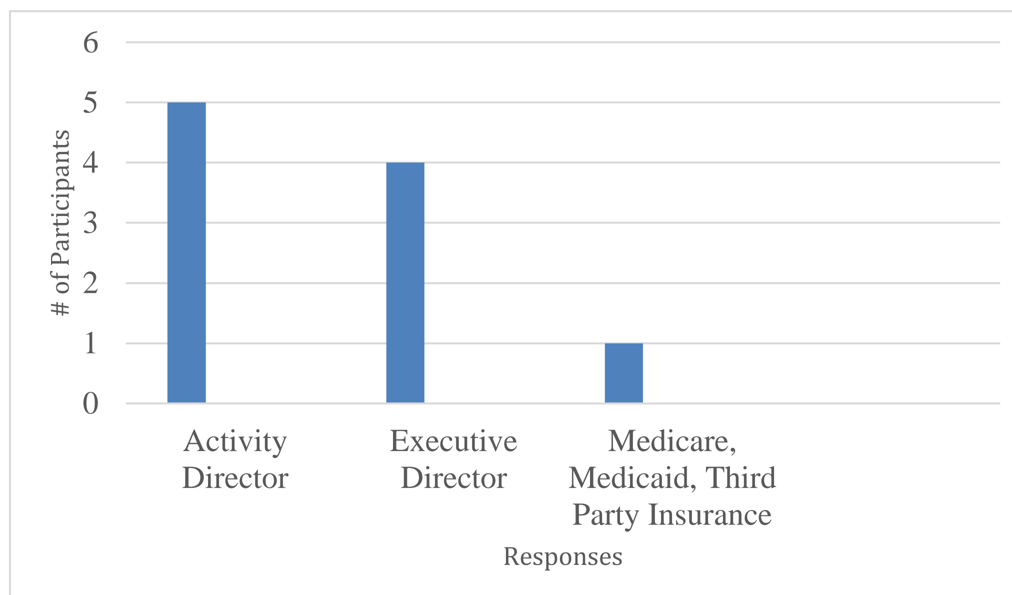


To identify key resources in the social activity funding process, Interview Question #5 asked, “Who determines recipient eligibility?”. It was found that five respondents supported the theme of the Activity Director as being responsible for recipient eligibility for funded social activities. Further, four respondents supported the theme of the Executive Director as being responsible for determining recipient eligibility. Participant 4 stated, *“*the Executive Director determines departmental recipient eligibility up to a certain amount. The next step would be a Capital Expense by the Corporate Office*”*. Finally, one respondent supported the theme of Medicare, Medicaid, and Third-

Party Payers as being responsible for determining recipient eligibility based on their insurability protocols. Participant responses are represented in Figure 14.

Figure 14

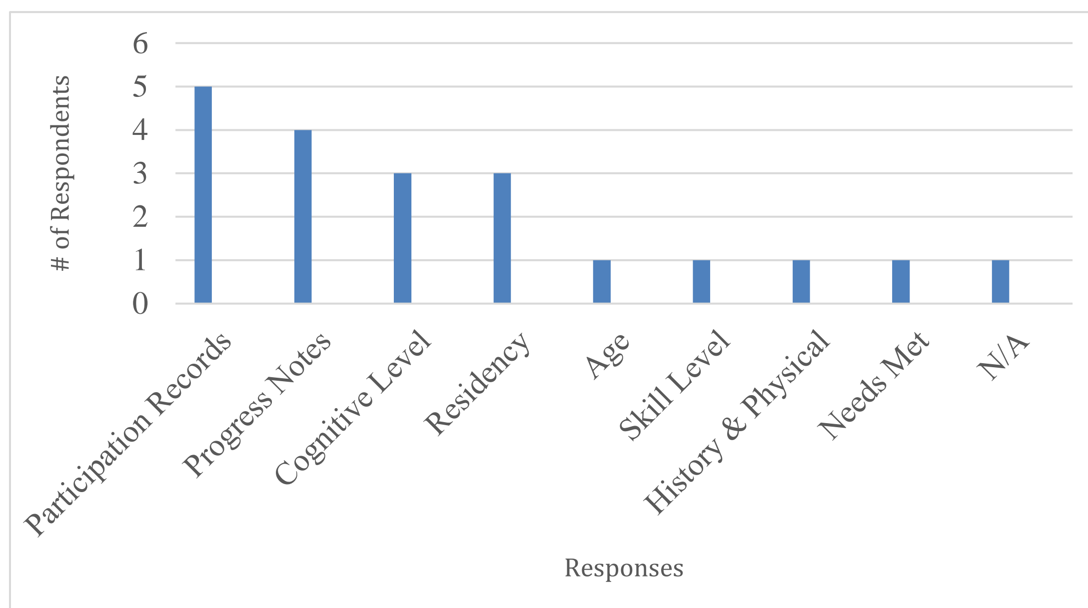
Recipient Eligibility Determination



Interview Question #6 supported the Impact construct of RQ3 and asked, “What criteria are utilized to support recipient eligibility?”. It was found that six responses were received for the inductive code participation records; four responses were received for the inductive code progress notes; three responses each were received for the inductive codes cognitive level of the individual, and residency. One response each was received for the following inductive codes, recipient eligibility, age, skill level, history and physical, and meeting the resident’s needs. One participant did not provide a response to Interview Question #6. Participant responses are represented in Figure 15.

Figure 15

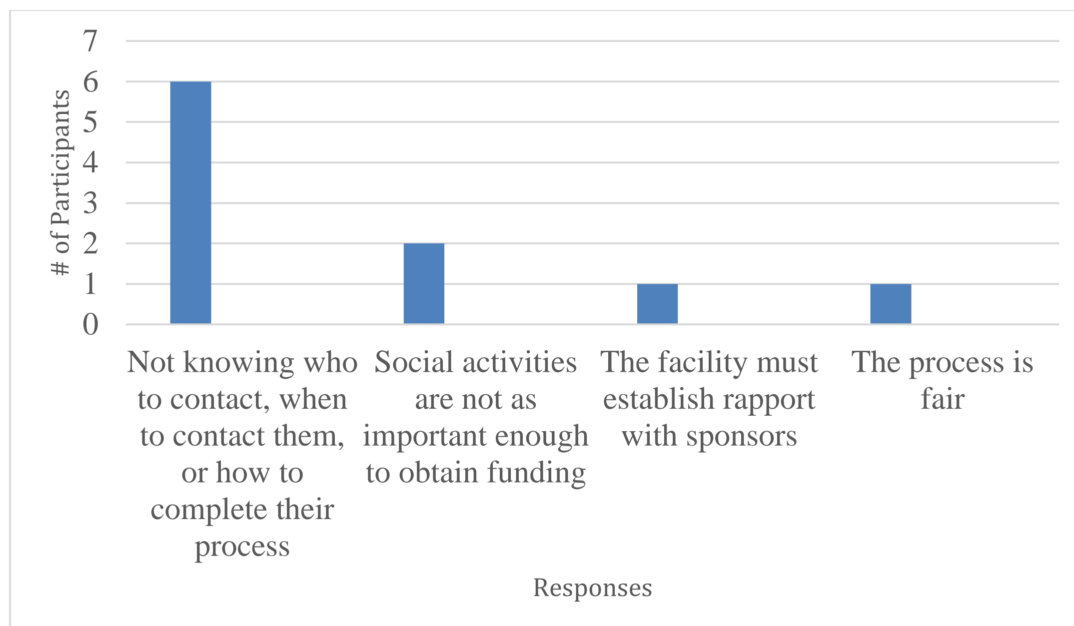
Recipient Eligibility Criteria



Interview Question #15 asked, "What is your perception of the process when seeking funding sources for social activities?". It was found that six respondents indicated that they supported the theme of not knowing who to contact, when to contact them, or how to complete their funding process. While two respondents indicated that they supported the theme of activities not being important enough to obtain funding. Participant 6 stated, "Not enough importance is put on social programs, not enough funds allocated*"*. One respondent indicated that they supported the theme that the facility must establish rapport with sponsors (Individuals/Organizations who provide funds), and one respondent indicated that they supported the theme that the process was fair towards their facility when seeking sources of funds. Participant responses are represented in Figure 16.

Figure 16

Perception of the Funding Process



Summary

Chapter 4 provided insightful data that has been transformed into information. The lived experiences of Business Office Managers, Admissions Directors, Activities Directors, and Guest Services Coordinators were captured and synthesized in this qualitative exploratory case study. Although the setting for the study was a rural environment, it represents a nation-wide population that is governed by the same rules and policies. As such, the purposeful sample utilized in this study was representative of the population of Business Office Managers, Admissions Directors, Activities Directors, and Guest Services Coordinators who sought to offer social activities to improve the quality of life for individuals with dementia who reside in long-term care facilities.

In Chapter 5, the study provides concluding thoughts on the purpose and nature of this qualitative exploratory case study. The key findings are interpreted and presented to identify their contribution to the body of knowledge. Comparative insights, affirmations, and refutations of knowledge, within the discipline of Health Services, are provided. The chapter summarizes the findings of the study in the context of the theoretical and conceptual frameworks. The chapter also provides recommendations for future research relevant to the analyses and findings of the study.

Chapter 5 Conclusion

The purpose of this qualitative exploratory case study was to explore barriers to accessing funding for LTC facilities that provide social activities for individuals with dementia. The study's methodology was a qualitative exploratory case study. The target population included residents of LTC facilities located in Birmingham, Alabama.

I based my study's approach off the work of Bismarck (see James, 2017). The study was unique because it explored the tenets of social health insurance theory to determine avenues that may assist business office managers or persons responsible for securing funding for individuals with dementia who reside in LTC facilities. The study was conducted to add to the body of knowledge of health services specific to the LTC environment. LTC practitioners and theorists can use the findings and empirical evidence of this study to support decision making, policy development, and practice improvements in health services for LTC.

By using a theoretical logic model, contextualized for the health services long-term care environment, the study's findings can be incorporated into the operational policies and guidebooks of practitioners. Use of the findings of the study may make the difference between securing funding versus not securing funding to access social activities for individuals with dementia who reside in LTC facilities. There is no best rate formula for calculating the cost of LTC or its distribution across funders based on the types of care received. The lack of an ideal rate formula makes it essential for statisticians, national income accountants, health services providers, and policy analysts to use evidence-based information when allocating funds for LTC.

The premise of the literature review of this study stipulated that federal and state policy changes are needed to support funding of LTC social activities. The findings of the study support the premise of the literature review. Using the seminal work of Bismarck (James, 2017), who theorized social health insurance as a social welfare construct that covers the working-class population, I conceptualized a health services construct for the LTC environment. The study's constructs were Inputs to depict the current residency state of individuals with dementia; Activities to describe the actions needed to implement a funding process; Outputs to define the intended results of the funding process; Outcomes to specify measurable changes in knowledge, attitudes, and behaviors; and Impacts to track the results of the outcomes over a sustained period. Bismarck's compulsory healthcare coverage, funded by employers, individuals, and private insurance was a good model to use in support of the provision of social activities that enhance the quality of life of individuals with dementia who reside in LTC facilities.

Summary of Findings

The key findings of this study revealed that nine respondents supported the theme that they used the operating budget to fund their social activities. Although that is a high number for use of the operating budget, six respondents perceived that not knowing who to contact, when to contact them, or how to complete the funding process were barriers to accessing funding for social activities. These findings indicate a lack of understanding of the processes used to obtain funds from the operating budget.

As a result of the lack of understanding of the funding process, funding requests were denied by executive directors responsible for allocating funds. Consequently, nine

respondents canceled their planned social activities when the funding requests were denied. Alternatively, the funding request denials led to eight respondents supporting the theme that sponsors (individuals/organizations that contribute funds) were trusted resources for providing funds. In addition, two respondents supported the theme that volunteers (individuals/organizations that contribute time) were valuable resources to use as part of the funding process to provide the planned social activities. The volunteers were used to solicit funds from family members, coworkers, and friends.

It is worth noting that the LTC's census was found to be the main criterion used to determine eligibility for budgeted social activity funding. When funds were approved, they were typically spent for social parties, musical events, and restaurant outings. The study found that six respondents believed the lack of funds was the most significant barrier to accessing funds for social activities. Often, the response from the executive director, who controlled allocations from the operating budget, was that there were simply not enough funds in the operating budget for the requested social activities. This indicates a lack of justification to receive the requested funds.

In Table 6, the constructs of the study were related to the findings of the study. The constructs, based on the study's logic model, included inputs, activities, outputs, outcomes, and impacts.

Table 6

Research Study Constructs Related to Findings

Construct	Question Number	Interview Question	Findings
Input	1	What is your process for securing funds?	Nine respondents used the operating budget, and one respondent used Medicare, Medicaid, and/or private pay insurance to provide social activities to individuals with dementia who reside in their LTC facility.
Input	2	Is the process standard or ad-hoc?	Six respondents stated they used a standardized process, while two respondents stated they used an ad-hoc process. Finally, two respondents used a combination of standardized and ad-hoc processes (standardized for routine social activities, and ad-hoc for special, one-time only social activities.)
Input	8	What resources do you use as part of the funding process?	Eight respondents stated that sponsors were trusted resources for providing funds. In addition, two respondents stated that volunteers were valuable resources to use as part of the funding process.
Input	11	How often do you have to request funding for social activities?	Six respondents requested funding for social activities monthly.
Activities	3	How long does the process take to receive funds from initial request to final approval?	Six respondents received requested funds within 7-days of their initial request.
Activities	4	What criteria determines how funds are allocated?	Six responses supporting the inductive theme that census was used as the criteria to determine how funds were allocated.
Activities	5	Who determines recipient eligibility?	Five respondents perceived the activity director's role as being

Construct	Question Number	Interview Question	Findings
			responsible for recipient eligibility for funded social activity participation. Four respondents perceived the executive director's role as being responsible for determining recipient eligibility.
Activities	7	What types of social activities qualify to receive allocated funds?	Nine responses were received for parties, Seven responses were received for musical events, Six responses were received for restaurant outings, Five responses were received for social events, and two responses were received for transportation as types of activities that qualified to receive allocated funds.
Output	9	What happens when funding requests are denied?	Nine respondents canceled the social activity when the funding request was denied
Output	10	What type of restrictive funding does your facility receive?	Two respondents received restricted funds for dance classes and restaurant outings.
Output	13	What type of funding is used for social activities at your facility?	Eight respondents used funds from the operating budget.
Outcome	12	What are your barriers when seeking to secure funding?	Six respondents believed the lack of funds was a barrier to accessing funds for social activities. Two respondents believed their barrier was not enough sponsors to fund social activities.
Outcome	14	How often are those funding sources used?	Five respondents stated that they use the funding sources monthly.
Impact	6	What criteria is utilized to support recipient eligibility?	Five responses were received for participation records, four responses were received for progress notes, three responses were received for cognitive level, and three responses were received

Construct	Question Number	Interview Question	Findings
			for residency as criteria used to support recipient eligibility.
Impact	15	What is your perception of the process when seeking funding sources?	Six respondents perceived that not knowing who to contact, when to contact them, or how to complete the funding process presented a negative perception of the process when seeking funding sources.

Interpretation of Findings

Providing access to social activities for individuals with dementia who reside in LTC facilities was considered a valuable health service by each of the study's participants. When comparing the results and findings of other studies, this finding supports the conclusion of Jones et al. (2021). In addition, Spasova et al. (2018) found that home care should be available to all persons with LTC needs and not only to the most care dependent older people (i.e., those with dementia).

Six practitioners who participated in this study believed the lack of funds allocated from the operational budget was a barrier to accessing social activities for individuals with dementia who resided in LTC facilities. Further, two practitioners perceived they had an insufficient number of sponsors to fill the gap when trying to find other sources of funding for desired social activities. These findings are consistent with the results of Smith et al. (2018). To understand why care home residents do not engage in meaningful activities, Smith et al. rejected the idea that low levels of activity were a natural part of the ageing process or that they can be explained by notions of resident

choice. Instead, their findings pointed to both insufficient funding and working practices within care homes as more substantive explanations (Smith et al., 2018).

Although seven practitioners indicated they use standardized processes to secure funds from the operating budget, the findings of Interview Question 15, (Figure 16) revealed that six participants did not know who to contact or how to complete the request for funding. These findings indicate a lack of understanding of the funding request process. Further, two practitioners perceived social activities as not being as important as other quality of life modalities. This finding is in direct opposition of Smith et al. (2018), who confirmed that the benefits of meaningful activity in later life are well documented. They reported on studies which showed that being socially active contributes to both physical and mental health as well as quality of life. Their research also suggested that activity may be beneficial to people residing in care homes, including people living with dementia (Smith et al. (2018), My findings indicated that when a practitioner submits a request for funds from the operating budget and the request is denied, the practitioner simply cancels the desired social activity. The working practice of canceling the activity based on funding denial lends credence to the perception that the social activity was not as important as other quality of life modalities. The result of the cancellation process is a reduction of allocated funds in the operating budget during subsequent fiscal years.

Accessing funding for social activities is a process that is planned; however, utilizing the allocated funds occur on an ad-hoc basis. This is especially true during the end of the fiscal year, as the analysis found that funding requests increased towards the end of the fiscal year. By interpretation, it appeared that the rule-of-thumb was to either

use the allocated funds, or lose them by the end of the fiscal year. This finding pointed to the need to have more public and private collaborations to increase the availability of funding for activities which support dementia care and research (Ienca et al., 2018).

My analysis of the data found that two participants used restricted funds to provide access to social activities. Restricted funds can ensure certain social activities are not cancelled. One participant described the lived experience of a LTC resident who was previously a professional dancer. Over time, the resident could no longer practice their craft independently. Dancing was simply not offered as one of the LTC facilities' social activities. The family of the resident, knowing the resident's love and desire for dancing, provided restricted funds that enabled the facility to offer dance classes to all residents capable and willing to participate in the dance class as a social activity. Although this is only one incident of using restricted funds to address a social activity of an individual suffering with dementia, it was noteworthy. Van der Steen et al. (2018) explored the effects of music therapy as a restricted fund social activity. The results of the study indicated a low level of significance related to improvement in quality of life and social interaction; however, Van der Steen et al. (2018) did indicate that a dedicated social activity, such as music therapy, improved emotional well-being and social interaction for dementia sufferers living in LTC facilities. It is believed that an increase in restricted funds could result in a decrease in the cancellation rate of social activities, due to denied funding requests.

Limitations

The actual limitations of the study that occurred during the COVID-19 pandemic are as follows: First, during the interview process, scheduling face-to-face interviews with business office managers or persons responsible for securing funding for individuals with dementia who reside in LTC facilities was restricted because of state regulations that were in effect. This limitation was overcome by conducting audio-only Zoom interviews. Secondly, in several facilities, patient satisfaction surveys were suspended; therefore, results could not be obtained. This limitation required the exclusion of patient survey satisfaction results from the data collection and analysis phase of the study. Thirdly, gaining entrance into LTC facilities was limited due to restrictive COVID-19 infection control protocols that were in place; therefore, audio-only Zoom interviews were conducted. The audio-only Zoom interviews were adapted to the research data collection plan to address the COVID-19 protocol restrictions.

Trustworthiness of the Study

Trustworthiness or rigor of the study is found in the degree of confidence in the data, interpretation, and methods used to ensure the quality of the study (Raby & McNaughton, 2021). Data collection and data analysis plans were established by the researcher for the study to be worthy of consideration by the reader. This study adhered to the intent of trustworthiness by documenting the executed steps of the data collection and data analysis plans. Reliability activities were executed to add to the comprehensiveness and quality of the research study. Documentation of the executed data collection and analysis plans ensured that the study could be replicated.

Credibility of the Study

The study's credibility, or confidence in the truth is based upon the reported findings and results of the actual lived experiences of the participants, documented during the participant interviews. While inductive and deductive coding techniques were used to report the data, this facilitated illustration of the data using graphs. Since readers want to know that academic studies were conducted using standard procedures typically used in qualitative research, the research steps and processes were documented, and justification was provided for variations. Credibility was obtained by engagement with participants, persistent observation, peer-debriefing, member-checking, and reflective journaling.

Dependability of the Study

Dependability refers to the stability of the data over time and conditions (Raby & McNaughton, 2021). Dependability was obtained by maintaining an audit trail of process logs and advisory debriefings. Inquiry audit trails were conducted by having academic advisors examine both the research process and product of the research study. The purpose of audit trails was to evaluate the accuracy of the research study and evaluate whether the findings, interpretations, and conclusions were supported by the data. Process logs are the researcher's notes of all activities that happened during the study and decisions about aspects of the study, such as whom to interview and what to observe. The process logs proved invaluable in keeping the data collection and reporting phase of the study on track.

Confirmability of the Study

Confirmability is the neutrality, or the degree findings are consistent and could be repeated. Confirmability was obtained by comparative analysis of prior research studies within the same context as this study. The researcher examined the different methodological approaches used to study the phenomenon of accessing social activities and barriers. The audit trail used for this study provided a transparent description of the research steps taken from the start of the research project to the development and reporting of its findings.

Transferability of the Study

Transferability of a study relates to how findings are helpful to persons in other settings (Amin et al., 2020). Transferability is different from other aspects of research in that readers determine how applicable the findings are to their situations or contexts (Raby & McNaughton, 2021). The results of this research are transferable to other social interaction contexts, such as music therapy, exercise therapy, and speech therapy. Each of these contexts can utilize the methodological approach taken for this study, and the executed steps of the data collection and analysis plans to explore phenomena within their social interaction context. Transferability was enhanced in this study due to the focus on the participants in the study and their lived experiences. The study's transferability included the rich, detailed description of the social activity context, location, and people studied; and was transparent about its analysis and trustworthiness.

Authenticity of the Study

Authenticity is the extent to which the researcher has fairly and thoroughly shown a range of different realities that realistically convey participants' lived experiences (Raby & McNaughton, 2021). Authenticity was obtained by systematically selecting participants using a documented screening process and providing a representative sample of the population affected by the phenomenon.

Recommendations for Future Research

Based on the findings of this study, it is recommended that future research be conducted to explore formalized processes for funding social activities in LTC facilities. Future studies should investigate the rationale for the denial of social activities funding requests since such denials result in the cancellation of social activities, whose goal is to improve the quality of life for residents with dementia who reside in LTC facilities. Of interest, would be a study on which disciplines receive allocated funds from the operating budgets of LTC facilities, and the percentages of such allocations.

Implications for Practice

The study supports three implications for practice:

- Change in rationale for denial of budgeted funding requests for social activities.
- Increase awareness for existing and new professional caregivers on the funding processes. This can be achieved by attending continued education units (CEU) seminars.

- Provide a universal template that can be utilized for the process of applying for social activity funding. The steps to accomplished this would include petitioning state and national professional associations for the adoption of a standardized funding template to determine who to contact, when to contact them, and how to complete their funding request process.

Conclusion

It is likely that as an individual reaches 65 years of age and older, they will inevitably require some form of long-term care support to manage their health and activities of daily living. The issue with individuals who suffer with dementia is, they may be physically capable of living independently; however, they may not be cognitively able to live without informal or formal support and assistance. There are options that can prepare individuals for the inevitable state of requiring long-term care. Those options include wealth accumulation and/or long-term care insurance, as well as, knowing the quality of life that is desired for elder years to determine which option is suitable for one's long-term care needs. A key factor in selecting an option for long-term care is making the determination of whether an individual wants family members or friends (informal care), or a professional long-term care organization (formal care), to help manage their quality of life at an elderly age. Regardless of whether the selection is informal care or formal care, social activity has been found to enhance the quality of life for individuals suffering with cognitive impairment, such as dementia.

This research provides empirical evidence that social activities are beneficial to individuals with dementia who reside in long-term care facilities. Improving policies and

procedures that facilitate the process of obtaining funds for social activities is a benefit of this study. The study contributes to the body of knowledge of health services by increasing awareness of the barriers to accessing social activities for individuals with dementia who reside in long-term care facilities and provides recommendations for social change to improve the funding process.

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Appendix A: Recruitment Letter

Date XX/XX/XXXX
Participant's Name & Address

Dear Participant,

I am a doctoral student working on my doctoral dissertation, entitled, "Exploring barriers to accessing funding for social activities for individuals with Dementia" The context of my research is funding for these activities in long-term care facilities. My research is overseen by my academic advisor and mentor, Compreca Martin, Ph.D., Walden University.

My research explores the barriers preventing or restricting access to funding for social activities for individuals with dementia in long-term care facilities LTC. I desire to interview Business Office Managers or persons responsible for securing funding who actively seek funding for social activities in LTC facilities. These managers are familiar with barriers preventing or restricting access to such funding and are ideal candidates to participate in this study.

I am requesting permission to conduct my dissertation research at your LTC facility in Birmingham, Alabama. Specifically, I am requesting permission to engage in the following research activities:

- Interview Business Office Managers or persons responsible for securing funding.
- Ask 10-15 open-ended questions.
- Address any questions or concerns of the participants related to the research study.

This project will begin once I have obtained approval from Walden University's Institutional Review Board (IRB), which will review my study to ensure the adequacy of my plan for protecting the privacy rights of the participants and organizations involved in the research study.

My projected timeline for conducting the interviews will be based upon your consent to participate in this research study. The study will comply with your organization's Health Insurance Portability and Accountability Act (HIPAA) guidelines and Walden University's Institutional Review Board (IRB) policy for ethical research. All data collected will be kept confidential. Neither participants nor sites will be specifically identified in any report of my findings or my published dissertation. I will provide a copy of the aggregate results of the study upon your request.

You can grant your permission to this request by sending a reply email to

Sincerely,
Gwendolyn Smith
Doctoral Student
Walden University

Appendix B: Interview Questions

Date: ___________

Interviewee: (Identifying Number______)

Years of Experience as a Business Office Manager: ___

Researcher to Participants Prologue:

I appreciate you agreeing to participate in this study. I am going to ask you multiple questions relating to your experience as a Business Office Manager. The questions will be focused specifically on your perspective in accessing funding for individuals with dementia. You are encouraged to elaborate where you feel comfortable and if you need any clarification from me regarding any of the stated questions, please feel free to ask. Are you ready to begin?

1. What is your process for securing funds?
2. Is the process standardized or ad-hoc?
3. How long does the process take to receive funds from initial request to final approval?
4. What criteria determines how funds are allocated to the social programs?
5. Who determines recipient eligibility?
6. What criteria is utilized to support recipient eligibility?
7. What types of social activities qualify to receive allocated funds?
8. What resources do you use as part of the funding process?
9. What happens when funding requests are denied?
10. What type of restrictive funding does your facility receive?
11. How often do you have to request funding for social activities?
12. What are your barriers when seeking to secure funding?
13. What type funding is used for social activities at your facility?
14. How often are these funding sources used?
15. What is your perception of the process when seeking funding sources?

Appendix C. Anonymous Participant Quotations Sorted by Code Report

Table C1

Anonymous Participant Quotations Sorted by Code Report

Document ID	Quotation	Code
Participant 7.mp4.docx	Christmas parties	allocated
Participant_10.docx	criteria determines how funds are a	allocated
Participant 2.m4a.docx	Each year, the corporate leadership	allocated
Participant 8.m4a.docx	educational talks and programs	allocated
Participant 2.m4a.docx	entertaining	allocated
Participant 3.m4a.docx	entertainment	allocated
Participant 3.m4a.docx	Entertainment	allocated
Participant 1.m4a.docx	higher functioning groups	allocated
Participant 6.m4a.docx	holiday parties	allocated
Participant 9.m4a.docx	I use 10% of the moneys that are co	allocated
Participant 9.m4a.docx	I use those funds to fund our social	allocated