

Activity: Nature Goal: Social Populations: Dementia Populations

## TH Activity Plan – Community Gardening – Dementia Populations

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### Materials

Sun protection, water, wipes,  
gloves

**ACTIVITY DESCRIPTION:** Participants will visit a community garden or urban farm, participating in gardening or other activities as they are able & interested in.

### THERAPEUTIC GOALS:

**Cognitive/Intellectual:** Maintain communication skills interacting with others in a setting outside of senior facilities

**Physical:** Maintain physical stamina & strength walking, bending, carrying lightweight items (trowel, basket)

**Psychological/Emotional:** Build self-esteem by assisting in growing vegetables for community, family members & self

**Sensory:** Expand time outdoors; build tolerance to outdoor environment - wind, temperatures

### STEP-BY-STEP PROCESS:

1. **Pre-Session Preparation:** Make plans for a visit to a community farm, with input from care partner or family members who may participate/drive/help supervise at the site. On the day of the visit, consideration for the participant's mood, willingness to visit & anticipated behavior should be assessed. Safety of the participant, their care partner & other group members is a priority.
2. Facilitator begins session once at the community garden by sharing some guidelines, timelines & information on physical boundaries of garden, restrooms & safety protocols.
3. Depending on how the visit is structured, participants can walk around community garden, enjoy tasks like harvesting, watering, talking to others, under close supervision. Participants may be assigned a specific bed to work in or the TH program might have a specified bed for their programming.
4. Facilitator can call participant(s) together to share experiences, taste fruits or vegetables (with prior identification of allergies, swallowing, or medication issues that would preclude this). Reminders for water intake, bathroom break & departure time should be done.

**APPLICATIONS FOR POPULATIONS:** Gardening at urban farms and community gardens is not as often used for therapeutic programming for people living with dementia. Visits to and participation in activities in these settings can provide important opportunities for socialization, outdoor access, shared positive activities with family and care partners, while working towards positive health outcomes. This activity will be guided by the individual's stage of dementia, their care partners, and their interests and willingness to go to community gardens.

Therapeutic goals can include socializing where a visit and/or actual gardening tasks can provide opportunities for social interactions, these more challenging and less available as dementia progresses. Care partners who may not be the primary clients of therapeutic horticulture programming will also benefit from these types of outings, interactions and visits to outdoor settings. Community benefit—demonstration that people living with dementia can still enjoy outdoor activity, engaging with the public, continue gardening hobby—can be uplifting for care

partners and educational for others at the community garden while being beneficial for self-esteem and empowerment for people living with dementia. Participating in food production for themselves, care partners or donations to community food bank, even if it is minimal (a one-time visit or watching as others garden), can provide emotional/psychological inspiration and meaning that is so easily diminished as dementia progresses.

Additional therapeutic horticulture goals can focus on maintaining physical stamina and strength for people living with dementia by such activities as walking in the community garden, bending and carrying lightweight items (harvested vegetables in a basket), watering plants, these based on functional abilities of the individual. A goal of experiencing joy and happiness can be significant for this population. Nature experiences, reminiscing about earlier life and family gardens, tasting savory fresh strawberries off the vine or watermelon can prompt sensory based joy.

“Programs for people living with dementia require specific and thorough safety protocols (see next section). Depending on the stage of dementia, and each person’s particular functioning abilities, activity facilitators will need to determine the safety requirements and health benefits for each green exercise session... [and visit to community farms]... The variability from day to day, and even within a given day, of each individual’s mood, behavior and willingness to participate can vary greatly. However, everyone can benefit from time outdoors and whatever amount of physical activity is possible” (Fleming, 2024).

**SAFETY CONSIDERATIONS:** “Close supervision is required even if participants are escorted by their care partners or family members... Be alert to opportunities and tendencies for elopement.. [and plant that may be put into mouths during the session and at home]. Tripping or other hazards should be removed (hoses on paths). In warm weather, water, sunscreen or other sun protection should be available. Participants may not realize or be cognitively aware of sun/heat exposure; this is the responsibility of the facilitator. No person should be left unattended in green space [or community garden]” (Fleming, 2024).

**NOTES OR OTHER CONSIDERATIONS:** Some community gardens or urban farms may offer this type of programming for this and other special populations. Consideration of physical endurance and attention span, the latter often shorter with people living with dementia, should guide the therapeutic horticulture activity. Giving participants a voice or choice (limit the options to make decision-making easier) in what tasks they will do, or plants they will tend can be empowering.

#### **REFERENCES/ RESOURCES:**

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- White, PC., J. Wyatt, J., Chalfont, G. et al. (2018). Exposure to nature gardens has time-dependent associations with mood improvements for people with mid- and late-stage dementia. *Innovative Practice Dementia* (London), 17(5), 627-634.

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TH Activity Plan form developed by Lesley Fleming, Susan Morgan and Kathy Brechner (2012), revised in 2023.