

IMPACT OF SOCIAL ISOLATION



Mass Home Care

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Mass Home Care

OUTLINE

- INTRODUCTION
- PROJECT DESCRIPTION
- TRAINING DEVELOPMENT
- PROGRAM IMPLEMENTATION
- LESSONS LEARNED
- NEXT STEPS

THANK YOU!

- Funding from the Metro West Health Foundation
- Training partners, Advanced Home Care
- Implementation partners, BayPath Elder Services
- Research & Development partner, UMass Boston Gerontology Institute



Mass Home Care

Foundation: MHC was established in 1983 to “encourage and promote the quality of life for residents of Massachusetts through a process of public education, information dissemination, and direct and contracted activities.”

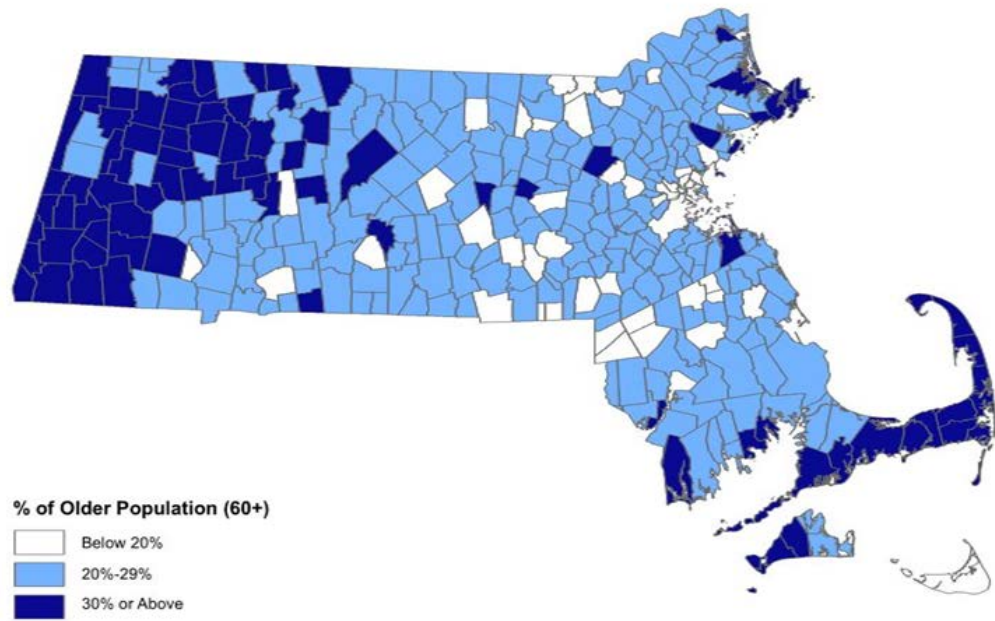
Goal: We assist our member agencies fulfill their roles as Area Agencies on Aging (AAAs) under Title III of the Older Americans Act and as the state designated Aging Services Access Points (ASAPs).

Mission: We work to foster the development of a comprehensive and coordinated service systems that enable individuals live at their highest level of functioning possible, in the least restrictive setting possible, for as long as possible.



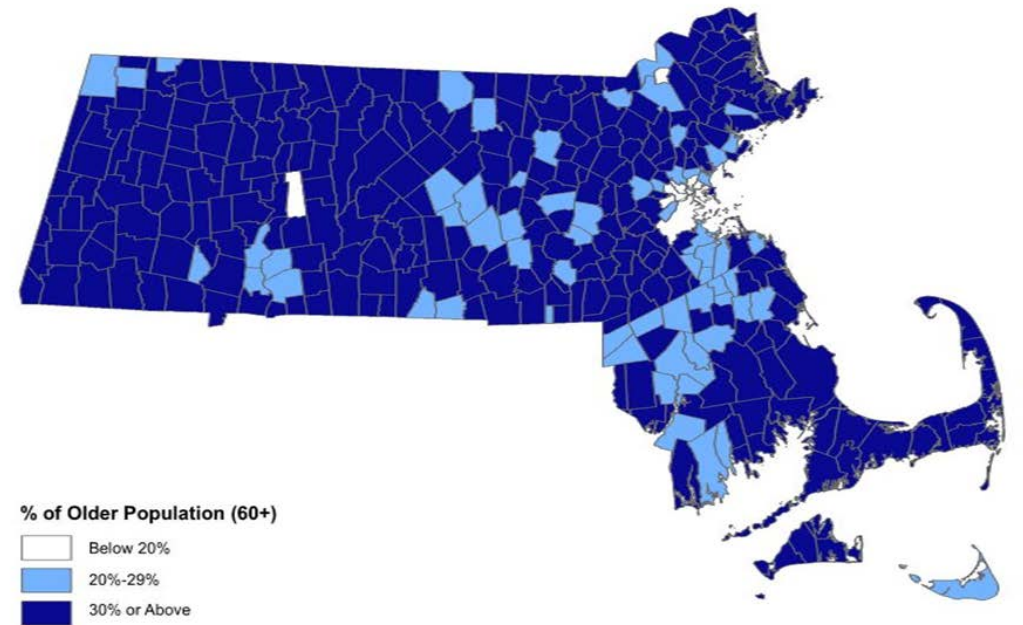
MASSACHUSETTS IS AGING!

Older Population (60+) in Massachusetts, by Town in 2015 Projection



Source: Center for Social & Demographic Research on Aging, Gerontology Institute, UMass Boston.
Based on data from the Donahue Institute, University of Massachusetts

Older Population (60+) in Massachusetts, by Town in 2035 Projection



Source: Center for Social & Demographic Research on Aging, Gerontology Institute, UMass Boston.
Based on data from the Donahue Institute, University of Massachusetts

BRIEF HISTORY OF THE MA AGING SERVICES NETWORK

- Area Agencies on Aging (AAAs) established in the Older Americans Act (OAA) in 1965
- Massachusetts Executive Office of Elder Affairs established in 1971
- In Massachusetts, 27 Home Care Corporations established 1973-1975
- In 1982, Mass Home Care established to serve as advocate for funding and support for home and community based services on the state and national levels
- Aging Services Access Points (ASAP) law passed in 1997: MGL Chapter 9a §4b

SIMPLIFYING THE ALPHABET SOUP

Aging Services Access Points (ASAPs)

- 26 private, non-profit agencies
- Governing Boards made up of at least 51% representation of person's age 60 or older

Area Agencies on Aging (AAAs)

- 22 federally designated regional agencies that plan and coordinate aging services
- 19 of 26 ASAPs are also AAAs in Massachusetts

Aging and Disability Resource Consortia (ADRCs)

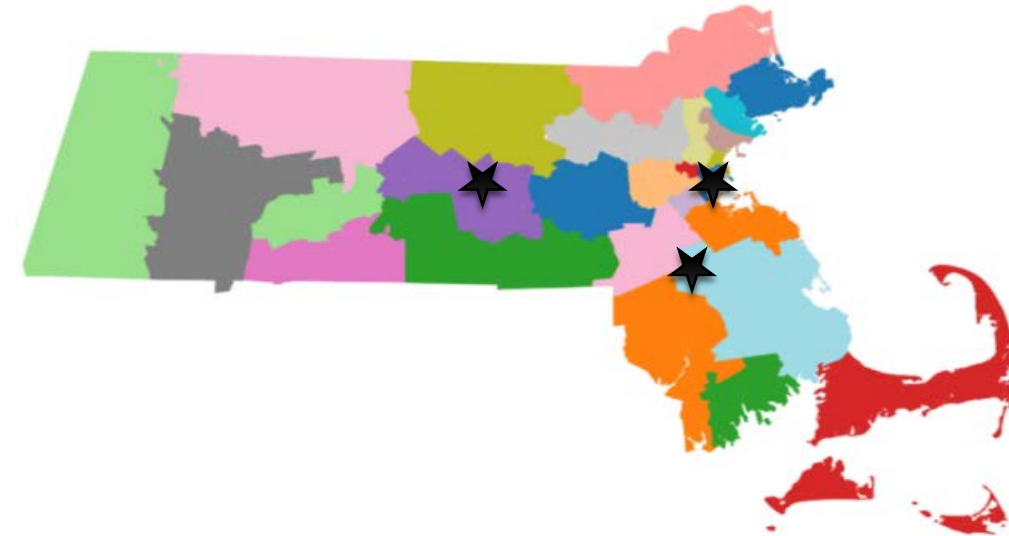
- “No Wrong Door Approach” collaboration between the ASAPs and the Independent Living Centers (ILCs)



MA ASAP/AAA NETWORK

Color Key

	Baypath Elder Services, Inc.		Highland Valley Elder Services, Inc.
	Boston Senior		LifePath, Inc.
	Bristol Elder Services, Inc.		Minuteman Senior Services
	Central Boston		Montachusett Home Care Corporation
	Coastline Elderly Services, Inc.		Mystic Valley Elder Services, Inc.
	Elder Services of Berkshire County, Inc.		North Shore Elder Services, Inc.
	Elder Services of Cape Cod and the Islands, Inc.		Old Colony Elder Services, Inc.
	Elder Services of Merrimack Valley, Inc.		SeniorCare, Inc.
	Elder Services of Worcester Area, Inc.		Somerville/Cambridge Elder Services, Inc.
	Ethos		South Shore Elder Services, Inc.
	Greater Lynn Senior Services, Inc.		Springwell, Inc.
	Greater Springfield Senior Services, Inc.		Tri-Valley, Inc.
	HESSCO Elder Services		WestMass ElderCare, Inc.

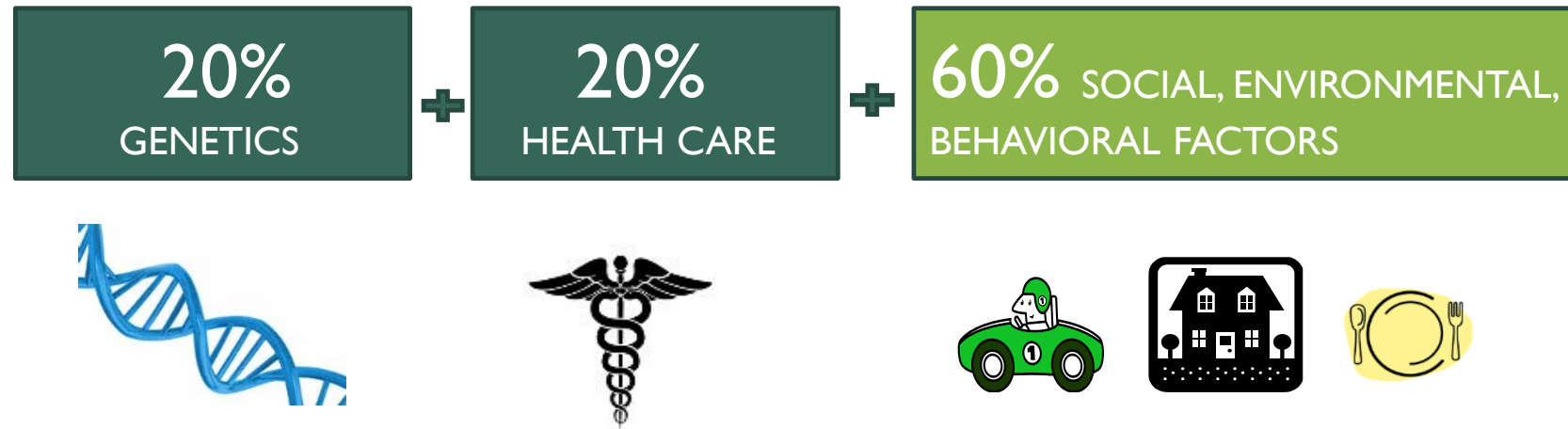


 Stand-alone AAAs: Age Strong Commission, Central MA Agency on Aging, and Old Colony Planning Council

For more information, visit www.masshomecare.org

ASAP/AAA MISSION: ADDRESS SOCIAL DETERMINANTS OF HEALTH

WHAT DETERMINES HEALTH?



*ADAPTED FROM MCGINNIS ET AL., 2002 by Minuteman Senior Services

ASAP STATUTORY RESPONSIBILITIES



Information and Referral



Home Care

Care Management

Service Plan Development and Coordination

In-Home Assessments

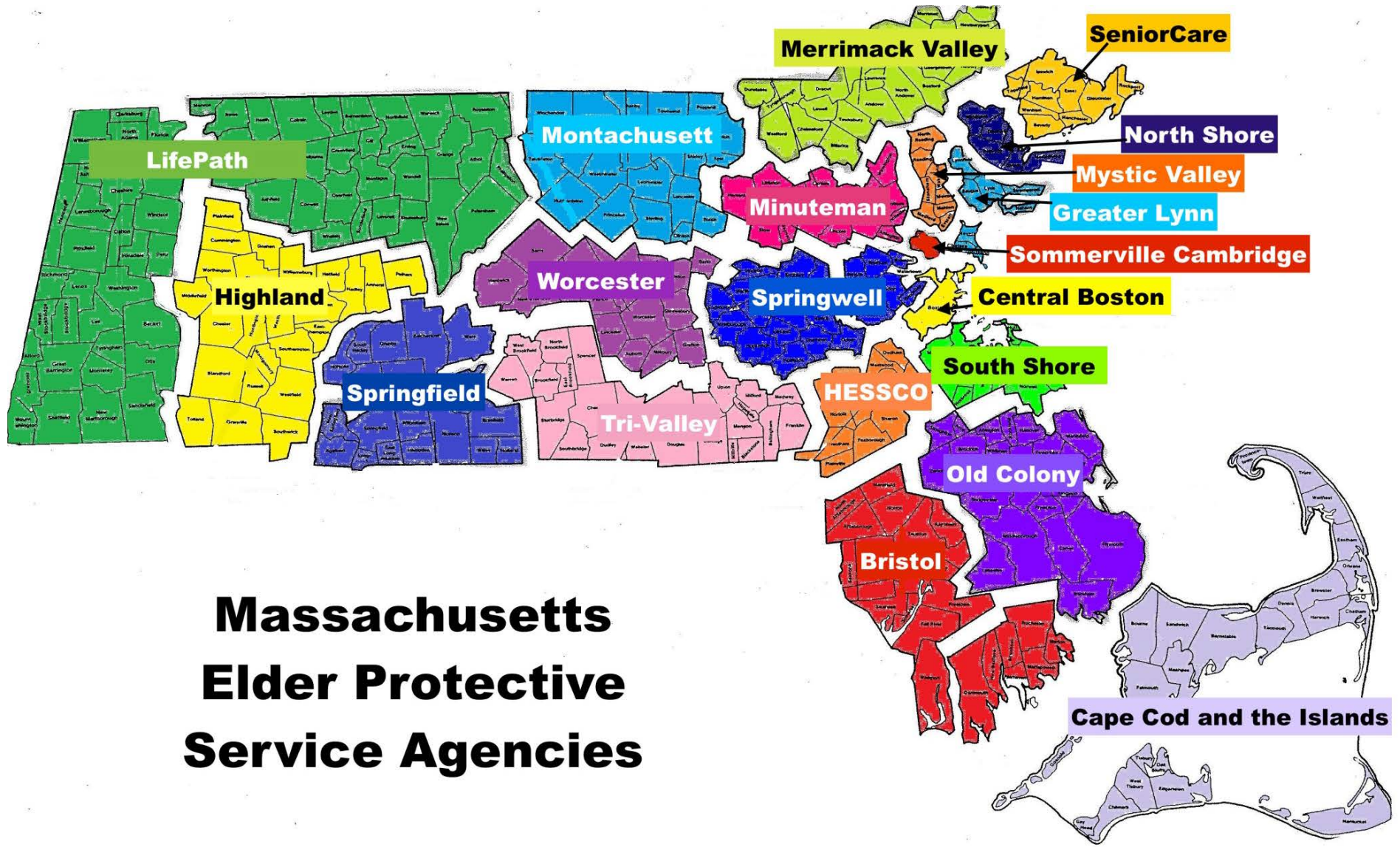
Authorization and Purchase of Services



Clinical Eligibility and Assessments for Medicaid-funded Institutional and Community Based Care



Elder Protective Services



Massachusetts Elder Protective Service Agencies

COMPONENTS OF THE ELDER PROTECTIVE SERVICES PROGRAM

Massachusetts General Laws (M.G.L.) Chapter 19A
651 C.M.R. 5.00-5.20

Centralized Intake Unit	Online Reporting Portal	State Guardianship Program	Money Management Program	19 Designated PS Agencies
Receive statewide reports on elder abuse	Reports received via online system	4 contracts 170 statewide guardianship slots	Rep-payee/Bill Payer 1500 elders statewide	Screening Investigation Ongoing Services

FY2018 ENROLLMENT DATA: ELDER PROTECTIVE SERVICES

Elder Protective Services

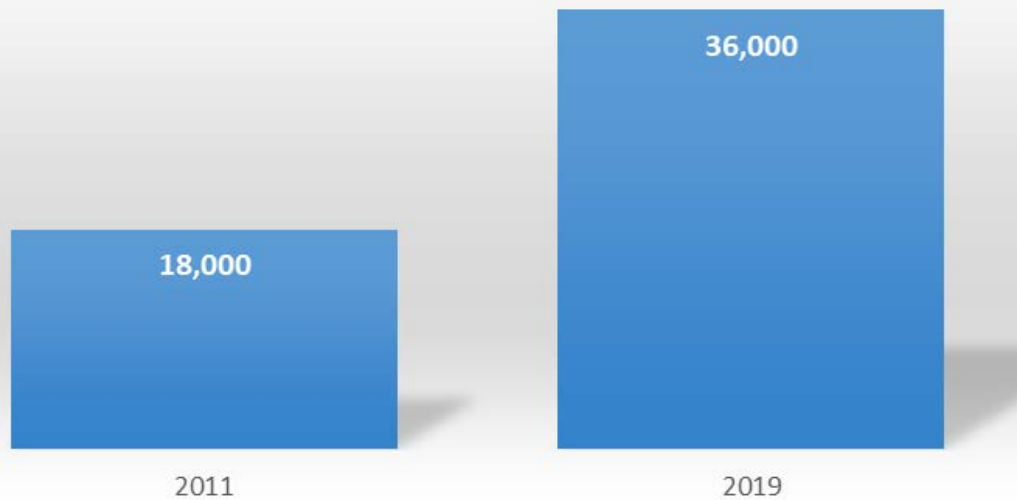
- Screened in for Investigation:
19,899
- Investigation Completed:
16,560
- Abuse and Neglect Cases
Confirmed: 9,881

Money Management Program

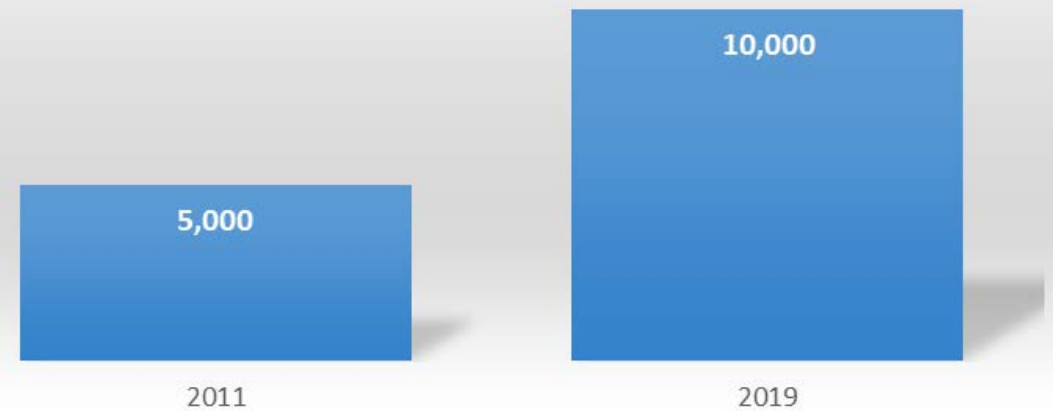
- Consumers served by program: 12,993
- Volunteers: 924

ELDER PROTECTIVE SERVICES PROGRAM GROWTH

Number of PS Reports



Number of Substantiated PS Investigations

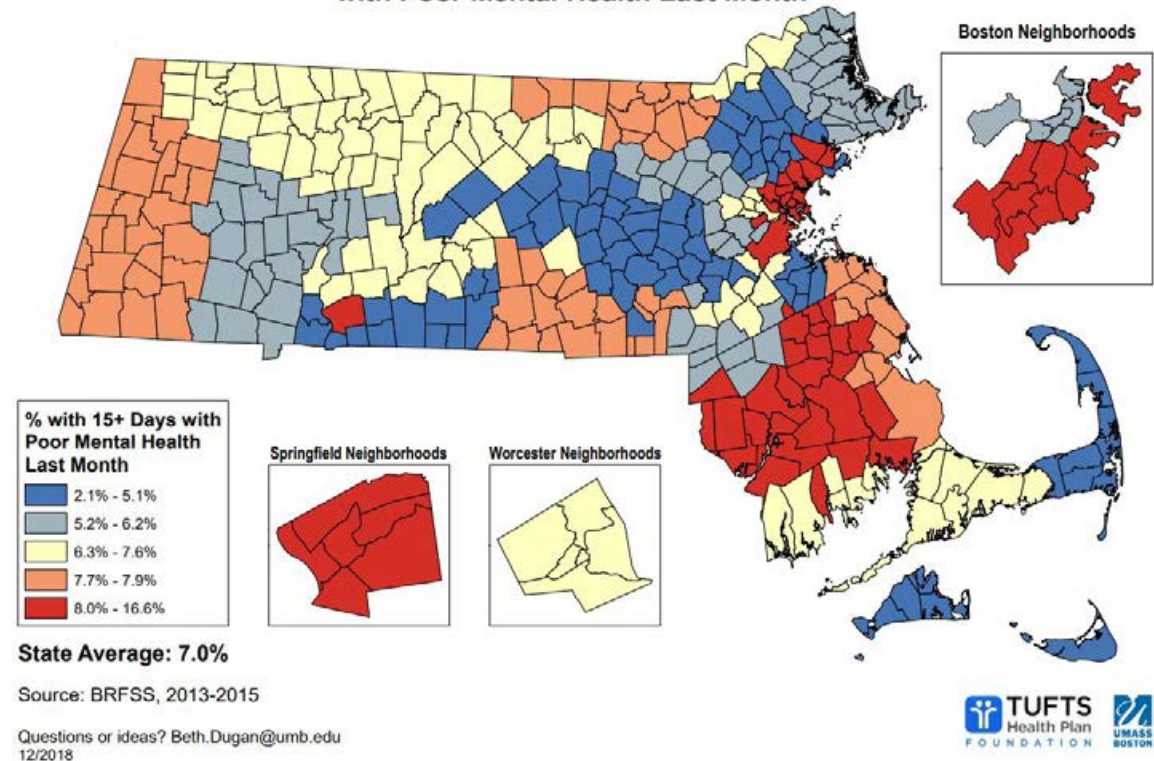


MENTAL AND BEHAVIORAL HEALTH NEEDS OF OLDER ADULTS OVERLOOKED

- 3 out of every 10 older residents have ever been diagnosed with depression – the most commonly diagnosed mental health issue among older people.
- 6% of all Massachusetts residents over the age of 65 have some form of substance use disorder.
- 25.4% of Medicare beneficiaries in Massachusetts have been diagnosed with an anxiety disorder at one point in their lives.
- Higher rates were found in communities with relatively high levels of serious and chronic disease, crime, and older people living alone.

Map 59

Percentage of Persons Age 60+ Years Who Had 15+ Days with Poor Mental Health Last Month



<https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/highlight-report/>

OLDER ADULTS AND SOCIAL ISOLATION

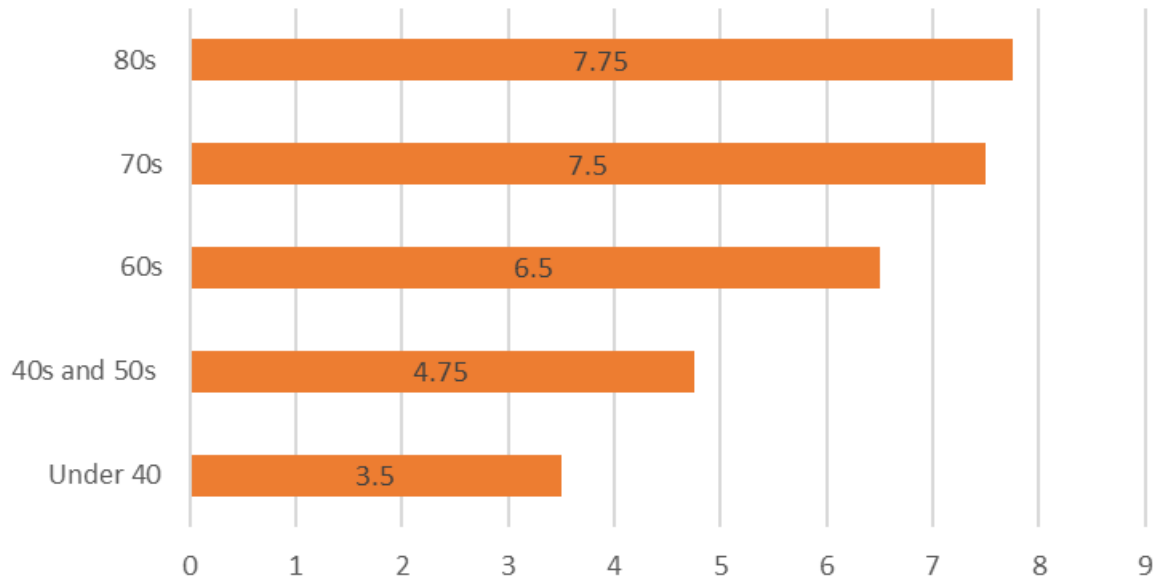
- **1 in 4 adults** aged 60 and older live alone in the US (16.7 million individuals)
- These individuals can spend up to 10 hours alone each day which is almost twice as much as those people living with a spouse
- Time spent alone is a measure of social isolation, which has known negative health effects among older adults including:
 - Lower cognitive stimulation
 - Forgetting to take medications
 - Lower physical activity levels

<https://www.pewresearch.org/fact-tank/2019/07/03/on-average-older-adults-spend-over-half-their-waking-hours-alone/>

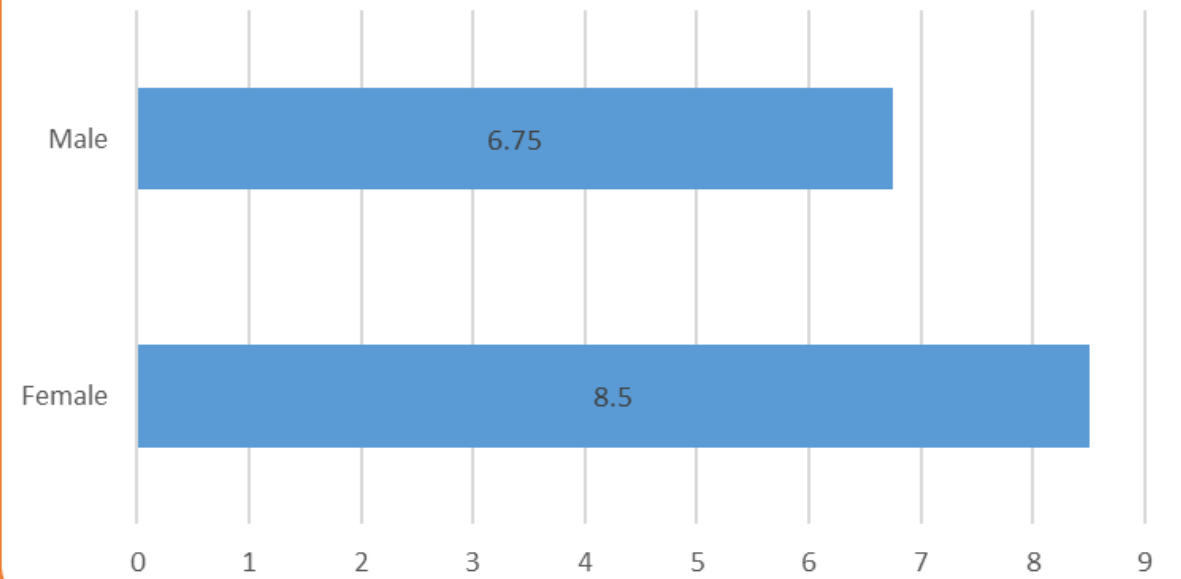
The screenshot shows the Pew Research Center website interface. At the top, there is a search bar and a navigation menu with categories like U.S. POLITICS, MEDIA & NEWS, SOCIAL TRENDS, RELIGION, INTERNET & TECH, SCIENCE, HISPANICS, GLOBAL, and METHODS. Below this is a secondary menu with PUBLICATIONS, TOPICS, DATASETS, INTERACTIVES, FACT TANK, and EXPERTS. The main content area features the 'FACTANK' logo and the article title 'On average, older adults spend over half their waking hours alone' by Gretchen Livingston, dated July 3, 2019. The article includes a photo of an elderly woman sitting on a park bench next to a shopping cart. A 'RELATED' sidebar on the right lists other articles from the center, such as 'Americans 60 and older are spending more time in front of their screens than a decade ago' and 'Adult caregiving often seen as very meaningful by those who do it'.

HOME ALONE – OLDER ADULTS THROUGHOUT OUR COMMUNITIES

Average Hours Spent Alone - All Genders



Average Hours Spent Alone in 80s



Impact of Education: People 60 and older with a high school diploma or less spend 45 minutes more alone than people with a bachelor's degree

SOCIAL ISOLATION AMONG DIVERSE OLDER ADULTS

“Evidence suggests that isolation, especially among older adults, is of growing concern. And older adults in communities of color, in American Indian and Alaska Native communities and in LGBT communities, experience isolation differently than do older adults in the mainstream.”

<https://www.diverseelders.org/2019/05/28/despite-connectivity-social-isolation-is-not-declining-especially-among-diverse-older-adults/>



The image is a screenshot of a blog post on the Diverse Elders Coalition website. At the top, there is a navigation bar with links for "WHO WE ARE", "WHAT WE DO", "WHAT TO KNOW", and "WHAT YOU CAN DO". Below this is a banner with the text "BLOG" and the Diverse Elders Coalition logo, which features a colorful geometric design. The main content area has a light beige background. On the left, there is a profile picture of Jenna McDavid, a woman with long brown hair, and her name "Jenna McDavid" is written below it. To the right of the photo, the date "May 28, 2019" is displayed. The title of the blog post is "Despite connectivity, social isolation is not declining—especially among diverse older adults". Below the title, there is a sub-headline: "This article originally appeared in Aging Today, the bimonthly newspaper of the American Society on Aging." Below the text is a photograph of a group of people, mostly older adults, sitting at tables in a room decorated with streamers and balloons, attending a social event. At the bottom of the screenshot, there is a caption: "Participants at SAGE's Bronx center attend a senior social in 2018. Community organizations and events like this, which are welcoming and culturally competent for diverse older adults, can decrease social isolation. (Photo courtesy of SAGE)".

WHO WE ARE WHAT WE DO WHAT TO KNOW WHAT YOU CAN DO

DIVERSE ELDERS COALITION

BLOG

May 28, 2019

Despite connectivity, social isolation is not declining—especially among diverse older adults

This article originally appeared in Aging Today, the bimonthly newspaper of the American Society on Aging.

Participants at SAGE's Bronx center attend a senior social in 2018. Community organizations and events like this, which are welcoming and culturally competent for diverse older adults, can decrease social isolation. (Photo courtesy of SAGE)

When asked by staff of the Diverse Elders Coalition about the aging services

THE COST OF SOCIAL ISOLATION

AARP Foundation®

For a future without senior poverty.

Conducted by AARP Research



A National Survey of Adults 45 and Older

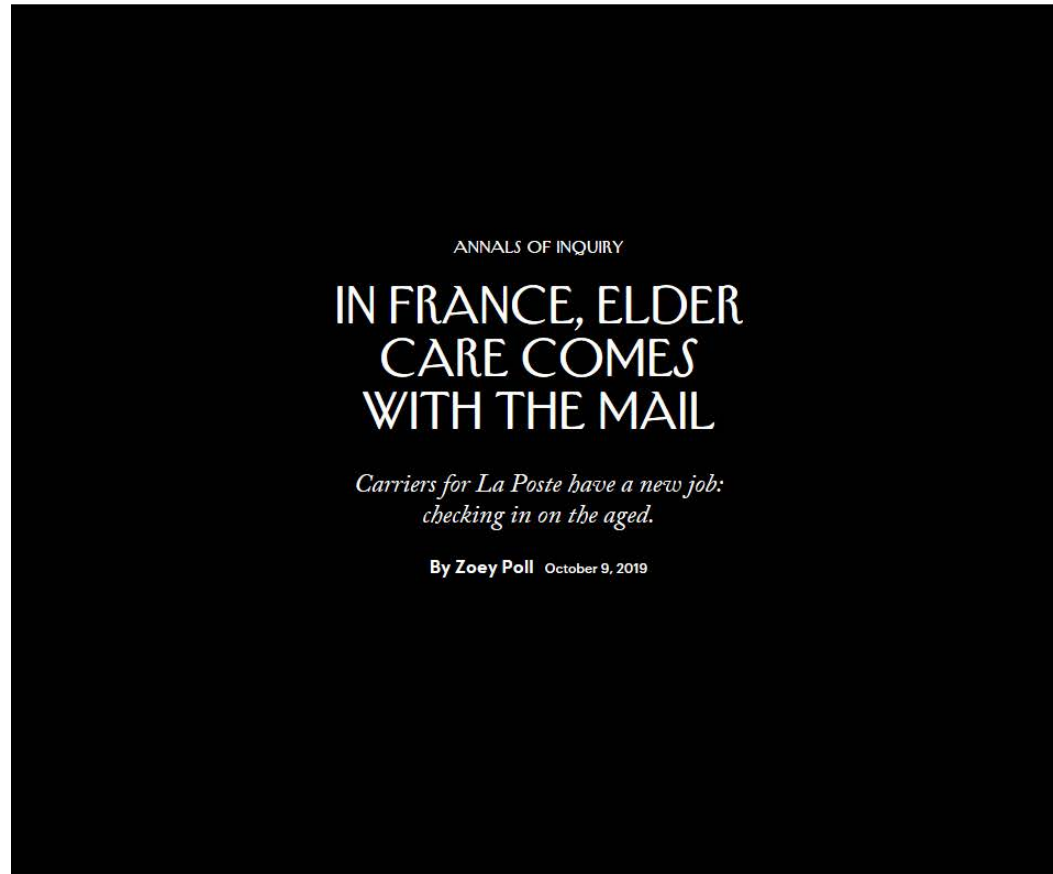
LONELINESS AND SOCIAL CONNECTIONS

→ doi.org/10.26419/res.00246.001

- In 2018, 35 percent of U.S. adults age 45 and older are lonely
- Medicare spends an estimated \$6.7 billion in additional spending each year on socially isolated older adults
- Technology holds promise to help reduce loneliness and social isolation, but it is not a substitute for human interaction

<https://www.aarp.org/research/topics/life/info-2018/loneliness-social-connections.html>

ASAP SERVICES AND SUPPORTS – TOUCHPOINT FOR OLDER ADULTS IN OUR COMMUNITIES



<https://www.newyorker.com/culture/annals-of-inquiry/in-france-elder-care-comes-with-the-mail>

SOCIAL ISOLATION IS A PUBLIC HEALTH ISSUE

- Social isolation is defined as the objective lack of social interaction or social relationships. The experience of isolation falls onto a spectrum of severity (Coyle & Dugan, 2012)
- Social isolation has been associated with negative health outcomes including heart disease, depression and increased risk of mortality (Holt-Lundstadt et al., 2017)
- Socially isolated seniors have higher Medicare spending, driven by increased hospitalization and institutionalization, and face greater mortality (Shaw, 2017)
- Home care aides not only provide important care and physical support to their clients, they are often among a limited number of social contacts these older adults have on a weekly basis.

PROJECT DESCRIPTION

- **Overall goal:** develop an innovative way to identify and intervene with older adults at vulnerable points in their life that may put them at greater risk of social isolation and offer services to address their needs.
- **The two aims of this project**
 - to develop and implement a new social isolation program with home care aides and their clients and
 - to document the impact of home care and home care plus a social program in ameliorating social isolation and improving the well-being of older adult home care recipients.



TRAINING DEVELOPMENT

- Research partners, lead trainer and representatives from three home care agencies participated in the development of the curriculum. The title is “It Takes Two”
- Key areas:
 - Structuring and organizing the time
 - Learning communication strategies
- Practicing flexibility!

Activity Box: included cards, drawing materials, question/answer games



Serving Pink Lemonade

TRAINING OVERVIEW (2 HOURS)

- **Section #1:** Student Handbook
 - Module 1: Understanding Social Isolation
 - Module 2: Interacting Socially
 - Module 3: Structuring Your Time
 - Module 4: Tips and Tricks
- **Section #2:** Appendix
 - Tips and Tricks
 - Key Terms



IT TAKES TWO: ENGAGING SOCIALLY WITH YOUR HOME CARE CLIENT

Student Handbook

This training was developed thanks to generous funding from the MetroWest Health Plan Foundation. This curriculum and subsequent trainings were developed through a collaboration between the Home Care Aide Foundation, the University of Massachusetts Boston, and BayPath Elder Services. In appreciation

IMPLEMENTATION

- A total of 9 home care aides completed the training
- A total of 6 older adults were “screened into” the program and agreed to 12 1-hour sessions of social participation.
 - These were “new clients”
 - Only 4 completed the program
- Reasons for non participation:
 - Wanted more “service” not social time
 - Didn’t think they “needed” more social time with their aide

PARTICIPANT DESCRIPTION (N=6)

Age	83	69	65	70	71	83
Gender	Female	Female	Female	Female	Male	Female
Race	White	White	White	White	White	White
Marital Status	Single	Divorced	Married	Divorced	Single	Widowed
Living alone	Yes	Yes	No	Yes	Yes	Yes
Memory Issue	Yes	Yes	Yes	No	No	Yes
Feels lonely	No	No	No	No	No	Yes
Spends long periods of time alone daily	Yes	Yes	No	Yes	Yes	Yes
Eats most meals alone	Yes	Yes	Yes	Yes	Yes	No
Participates in activities	No	No	No	No	No	No

FEEDBACK FROM HOME CARE AIDES:

- Aides voiced interest in being able to “refer” clients. They know clients that could have used the program that were not screened in and in some cases it didn’t work with those who were screened in.
- Memory issues make it hard to play games
- Preference for a different aide to provide this program, rather than the person who is providing the home care service
 - Difficulty to transition; and going for only 1 hour is not enough. Never enough time.
- Aides build relationships while doing their work. They talk and visit and get to know one another.
 - Could this hour be added to the overall service time so that things can take a bit longer?
 - Stayed for the extra hour and helped her client cook. But they did it together versus the aide doing it alone.
 - Another sat on the bed and folded laundry while she chatted with her client. So it was socializing but also getting chores done.
- Instead of the aide providing the program, could a senior companion program be linked to this screening process?

PARTICIPANT OUTCOMES (N=4)

Consumer says he/she feels lonely	T1	T2
P1	0-NO, NEVER	1-YES SOMETIMES
P2	0-NO, NEVER	1-YES SOMETIMES
P3	0-NO, NEVER	1-YES SOMETIMES
P5	0-NO, NEVER	1-YES SOMETIMES

Frequency of feeling sad/depressed	T1	T2
P1	0-Indicator not exhibited in last 3 days	0-Indicator not exhibited in last 3 days
P2	1-Exhibited 1-2 of last 3 days	0-Indicator not exhibited in last 3 days
P3	0-Indicator not exhibited in last 3 days	0-Indicator not exhibited in last 3 days
P5	1-Exhibited 1-2 of last 3 days	0-Indicator not exhibited in last 3 days

PARTICIPANT OUTCOMES

When asked about what aspects of your time together did you most enjoy, answers included:

CARDS, TV
CHATTING
TALKING
OUR CONVERSATIONS, HAVING SOMEONE TO LISTEN AND GIVE MY
OPINION

When asked what could be improved about the program, answers included:

A LONGER TIME
ALLOW FOR A LONGER TIME
FRAME
LASTS LONGER
NONE

When asked if they would want to continue having this time with their aide, answers included:

YES, IT BROKE UP THE DAY
YES, A NEW PERSON TO INTERACT WITH
YES, I ENJOYED IT
NO. I FEEL WITH FAMILY AND FRIENDS I HAVE A SATISFACTORY AMOUNT OF
INTERACTION

FEEDBACK FROM PROVIDERS

- Difficulty in recruiting eligible older adults to participate in the program. Thoughts on why:
 - Stigma?
 - Want more service, not socializing
 - Didn't feel like it was needed



BUILD A RELATIONSHIP WITH YOUR HOME CARE AIDE!

Project Goal: The Home Care Aide Foundation, BayPath Elder Services and UMass Boston are working together to promote social interaction between home care aides and the seniors they support.

Project Description: Eligible seniors will receive additional hour of home care services per week for 12 weeks. The purpose of this additional time is to get to know one another better and enjoy one another's company. You will be asked to complete a short assessment and survey at the end of the program. All information collected for this project will be kept **CONFIDENTIAL**.

If you are interested in participating: Contact Council Assistant Director, Hayley Gleason, at 617-744-6561 or Research Fellow at UMass Boston's Center for Social and Demographic Research on Aging at 617-287-7467.

Thanks to the MetroWest Health Foundation for their support of this project!

The Home Care Aide Foundation is a non-profit organization that supports the home care aide workforce through professional development and research initiatives. The Foundation was developed to support, promote, and work in partnership with this critical workforce to improve their working conditions.

For more information visit our website at: www.hcacouncil.org



NEXT STEPS:

- Collect post-test information from clients to assess pre/post differences in isolation
- Collect post-test information from clients about their experience with the program
- Re-visit the screening process, including aides in the process

- Isolation continues to be an issue among home care population

QUESTIONS?

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