Steps to Assessing and Addressing Social Isolation in Community-Dwelling Older Adults

Leigh Ann Eagle, Sue Lachenmayr, Matthew Smith / June 20

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STRATEGIES TO REDUCE SOCIAL ISOLATION IN COMMUNITY-DWELLING OLDER ADULTS

MARYLAND LIVING WELL CENTER OF EXCELLENCE
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SOCIAL ISOLATION

- ABOUT 28% OF OLDER ADULTS IN THE UNITED STATES (13.8 MILLION PEOPLE) LIVE ALONE, BUT MANY ARE NOT LONELY OR SOCIA LLY ISOLATED

- AT THE SAME TIME, SOME PEOPLE FEEL LONELY DESPITE BEING SURROUNDED BY FAMILY AND FRIENDS

- THE AARP FOUNDATION AND THE MARYLAND LIVING WELL CENTER OF EXCELLENCE – MAC, INC. ARE PILOTING A TOOL TO IDENTIFY EARLY SIGNS OF SOCIAL ISOLATION

- A ‘STOPLIGHT’ ASSESSMENT TOOL WILL BE WIDELY AVAILABLE ONLINE AND TO COMMUNITY-BASED ORGANIZATIONS AND HEALTHCARE PROVIDERS

1. HTTPS://WWW.NIA.NIH.GOV/NEWS/SOCIAL-ISOLATION-LONELINESS-OLDER-PEOPLE-POSE-HEALTH-RISKS
Social isolation among older adults is associated with an estimated $6.7 billion in additional Medicare spending annually.

- Each month, Medicare spent an estimated $134 more for socially isolated older adults ($1,608 more annually).
- The cost of social isolation to Medicare is comparable to that of some chronic conditions.
KEY RISK FACTORS

• LIVING ALONE
• DIVORCED, SEPARATED, OR WIDOWED
• NEVER MARRIED
• DISABILITY AND IMPAIRMENT
• INDEPENDENT LIVING DIFFICULTY
• POVERTY
VALIDATING ‘TIPPING POINT’ RISKS

• **GOAL**: DEVELOP A BRIEF, EASY-TO-USE VALIDATED SCREENER TO IDENTIFY OLDER ADULT RISK OF SOCIAL ISOLATION & LINK THEM TO LOCAL RESOURCES AND SERVICES

• CREATED A MULTI-COMPONENT INSTRUMENT WITH PARTS OF VALIDATED SCALES AND ITEMS ABOUT SOCIODEMOGRAPHICS AND OTHER SOCIAL DETERMINANTS
  - **UPSTREAM SOCIAL ISOLATION RISK SCREENER (U-SIRS) (PRONOUNCED “USERS”)**

• PILOT IN PROGRESS
  - SERIES OF NATIONAL ONLINE SURVEYS
  - FACE-TO-FACE VALIDATION WITH PROFESSIONALS IN 5 STATES (FL, MA, MD, TX, WA)
    - COMMUNITY-BASED ORGANIZATIONS
    - CLINICAL SITES
CONSTRUCTS OF U-SIRS

A COMBINATION OF OBJECTIVE AND SUBJECTIVE MEASURES THAT ASSESS AN INDIVIDUAL’S CONNECTIVITY AND INTERACTION WITH OTHERS (E.G., FAMILY MEMBERS, FRIENDS, COMMUNITY MEMBERS, ORGANIZATIONS, SERVICE PROVIDERS, SOCIAL SUPPORTS)

FOCUS ON THREE INTERCONNECTED DIMENSIONS OF SOCIAL ISOLATION:

• PHYSICAL [OBJECTIVE]
  • (NETWORK STRUCTURE, NETWORK STRENGTH, FREQUENCY OF INTERACTION, PHYSICAL MOBILITY, ACCESS/TRANSPORTATION)

• EMOTIONAL [SUBJECTIVE]
  • (PERCEPTIONS ABOUT NETWORK STRUCTURE COMPOSITION AND QUALITY, LONELINESS, DEPRESSION, SATISFACTION WITH CURRENT SITUATION)

• SOCIAL SUPPORT [OBJECTIVE & SUBJECTIVE]
  • (SOURCES, PERCEPTIONS ABOUT MEETING NEEDS, PERCEPTIONS ABOUT ACCESSING SERVICES/RESOURCES, SATISFACTION)
IN-DEPTH SCREEN

BRIEF ISOLATION SCREEN

PHYSICAL

EMOTIONAL

SOCIAL SUPPORT

PHYSICAL

EMOTIONAL

SOCIAL

EDUCATION & REFERRAL

PRINT/ONLINE

TELEPHONE/VISITATION

EBPs

PROFESSIONALS

SITES

FQHC

LOW-INCOME HOUSING

SENIOR CENTERS

MAP (ADRC)

HOSPITAL/ER DISCHARGE

MEALS ON WHEELS

SITES

FQHC

LOW-INCOME HOUSING

SENIOR CENTERS

MAP (ADRC)

HOSPITAL/ER DISCHARGE

MEALS ON WHEELS
<table>
<thead>
<tr>
<th>Care Planning</th>
<th>Maryland Access Point (MAP) No Wrong Door Information &amp; Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td>Nutrition counseling, education, and care planning; Meal programs: delivered to homes or senior centers; List of community food resources; Meal enhancements and nutritional supplements</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td>Application for financial aid, including SNAP, Medicaid, the State Health Improvement Program (SHIP), energy-assistance programs, income-tax assistance, Medicare prescriptions, and Part B premiums; Medication and supplement grants</td>
</tr>
<tr>
<td><strong>In-Home Care</strong></td>
<td>Assistance with in-home care, sitters list, assisted living subsidies, Community First Choice; Telephone reassurance; Options Counseling</td>
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<tr>
<td><strong>Medical Conditions</strong></td>
<td>Medication management Assistance for dental, eye care, and hearing aids</td>
</tr>
<tr>
<td><strong>Social Support</strong></td>
<td>Senior centers (exercise, socialization); Support groups (Alzheimer, caregivers, stroke, renal); Lifelong learning; Volunteer opportunities; Senior employment</td>
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<tr>
<td><strong>Environmental Assistance</strong></td>
<td>Counseling on housing and assisted living; Education about local transportation systems; Training for assistive technology equipment &amp; adapted telephones; Ramp assistance</td>
</tr>
<tr>
<td><strong>Health and Wellness</strong></td>
<td>EBP Programs: Chronic disease, diabetes self-management; cancer thriving and surviving; Diabetes prevention program; Malnutrition workshop: Stepping Up Your Nutrition; Fall-prevention workshops Stepping ON, OTAGO; Depression care management: PEARLS</td>
</tr>
</tbody>
</table>
OVERVIEW OF ROLLOUT AND VALIDATION

• EMBED INTO EXISTING EFFORTS AND WORKFLOW
  • COMMUNITY-BASED ORGANIZATIONS
    • AGING SERVICES NETWORK, EVIDENCE-BASED PROGRAMS
  • CLINICAL SETTINGS

• VALIDATION METHODOLOGY
  • IDENTIFY RISK PREVALENCE
  • PSYCHOMETRIC PROPERTY TESTING
  • SERIES OF SENSITIVITY ANALYSES AND REGRESSION MODELS
  • CONCORDANCE ANALYSIS BASED ON PROFESSIONAL PERCEPTION
ADVANCING THE CONVERSATION

• HOW DO YOU SEE THIS INITIATIVE FITTING INTO YOUR CURRENT EFFORTS?

• HOW DO OLDER ADULTS SPEAK ABOUT SOCIAL ISOLATION?

• HOW SHOULD WE REFER TO SOCIAL ISOLATION TO GET USEFUL INFORMATION?

• Not connected
• No or limited contact
• Alone
• Solitude
• Withdrawn
• Detached
• Segregated

• Talk
• Interact
• See
• Spend time
• Visit
• Chat
• Play
• Go
HOW YOU CAN HELP

• RECRUIT OLDER ADULTS (AGE 60+) TO COMPLETE THE U-SIRS ONLINE
• EMAIL, LISTSERV, POST LINK ON WEBSITE, KIOSK/STATION
• TAKES ABOUT 15 MINUTES (DEPENDING ON SETTING AND READING ABILITY)

• GIVE NAME AND EMAIL ADDRESS ON SIGN-UP SHEET
  • RECEIVE AN EMAIL FROM DR. SMITH
  • FORWARD EMAIL TO OLDER ADULTS OR LINK THEM TO THE QUALTRICS SURVEY
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