

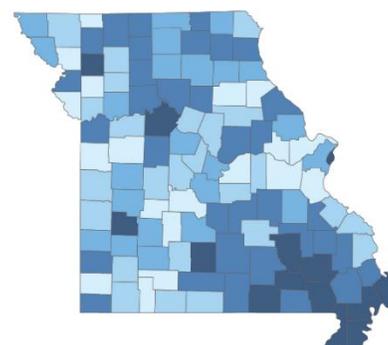
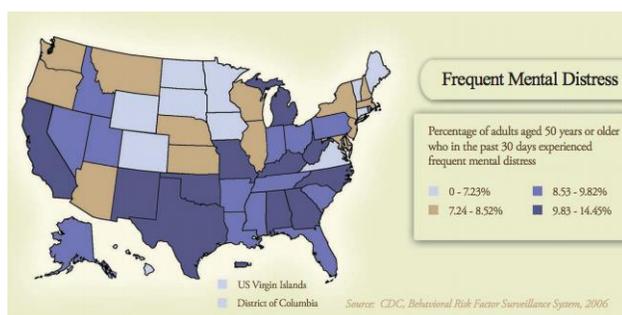
Issue #1: SOCIAL ISOLATION/DEPRESSION:

1. What Is the Issue?

- Estimated 20% of people aged 55(+) experience some type of mental health concern – anxiety, sever cognitive impairment, and mood disorders (depression, bipolar).
- Depression is the most prevalent mental health problem among older adults. It's associated with distress and suffering, and can lead to impairments in physical, mental, and social functioning. The presence of depressive disorders often adversely affects the course and complicates the treatment of other chronic diseases.
 - Older adults with depression visit the doctor and ER more often, use more medication, incur higher outpatient charges, and stay longer in the hospital.
 - Depression is NOT a normal part of growing older, in 80% of cases it is a treatable condition.
- **The American Psychological Association warns that loneliness epidemic now represents a threat to public health that EXCEEDS that of obesity.**
- Loneliness does not depend on how many friends or relationships you have, it depends entirely on the subjective quality of the relationships and whether you feel emotionally and/or socially disconnected from those around you. More than 60% of lonely people are married.⁴
 - Loneliness distorts perceptions of relationships. Studies found that merely asking people to recall times they felt lonely was sufficient to make them devalue their relationships. These perceptual distortions often cause lonely people to withdraw even further.
- **LONELINESS IS AS DANGEROUS AS CIGARETTE SMOKING! Chronic loneliness increases risk of early death by 14%.**
- Being unmarried, male, having low education, and low income were all independently associated with social isolation. Black and Hispanic older adults had lower odds of social isolation compared to White older adults.

2. What Are the National and Local Trends?

- In 2011, 24% of self-responding, community-dwelling older adults (=about 7.7 million people) were characterized as socially isolated, including 1.3 million (4%) who were characterized as severely socially isolated.



Percentile of the mean z scores for six risk factors of social isolation in adults aged 65 and older (poverty; living alone; divorced, separated or widowed; never married; disability; independent living difficulty), relative to all U.S. counties

<= 18th 19th to 38th 39th to 57th 58th to 77th >= 78th

- St. Louis City adults ages 65-74 have a 20% lower suicide rate, but a higher self-inflicted injury hospitalization rate compared to Missourians of the same age group

3. What Can/Is Being Done?

- Visiting Nurses Association: volunteers go and visit seniors in their homes, play bingo via Skype, etc.
- Kingdom House – Senior Companion Program: helping finding seniors companions

4. Best Practices/Recommendations.

- AARP Social Isolation: https://www.aarp.org/content/dam/aarp/aarp_foundation/2012_PDFs/AARP-Foundation-Isolation-Framework-Report.pdf
- Circle of Friends <https://academic.oup.com/biomedgerontology/article/64A/7/792/548576>
St Louis University School of Social Work has been researching this EB program.
- Cognitive Stimulation Therapy. <https://www.slucare.edu/geriatric-medicine/cognitive-stimulation-therapy.php>
- Involve seniors in the community by recruiting them to do volunteer work with children in childcare centers or with at-risk children.
- Recruit seniors to volunteer in senior centers programs that include exercise programs, bible study, recreational opportunities, hobbies, health information, and hot lunch gatherings.
- Create peer support group for widowed seniors – enhances support satisfaction, diminish support needs, decreases social isolation and loneliness. Transportation programs to help reduce isolation – facilitate access to senior center and other activities, meal delivery services, and provide/facilitate social contact for/with seniors

Issue #2: HOMEMAKER CHORE SERVICES/ IADL's

1. What Is the Issue?

- *Homemaker/Chore Service*: helps with different chores around the house, such as cleaning, preparing meals, or doing laundry. They also help with harder tasks like washing floors, windows, and shoveling snow.
 - Provision of assistance to persons having difficulty with 1(+) IADLs, such as meal preparation, shopping, light housework, money management, or using the telephone.

2. What Are the National Trends?

- The 2016 National Health Interview Survey found that 20.7% of adults 85(+), 7% of those aged 75-84, and 3.4% of those aged 65-74 needed help with ADLs. Overall, 6.4% of adults 65(+) needed help with personal care.
- In 2011, 18 million older adults (nearly **HALF**) have received help related to their health or functioning or had difficulty carrying out self-care, mobility, or household activities. The group receiving help with the most basic self-care and mobility activities represents 7 million people (20% of the population).

5. What Can/Is Being Done?

- County Older Resident Programs offered by St. Louis County targets the needs of older adults, by addressing variety of programs, services, and opportunities, including homemaker/chore services.
- MO HealthNet coverage of HCB services

3. Best Practices/Recommendations.

- Clients receive re-ablement services to learn to manage daily living activities, all within the context of healthy aging. Services are typically short term, intensive home care support provided for an average of six weeks. Services involve motivation, personal care and hygiene, practical help (e.g., preparing meals), prompting medication, providing advice and information (e.g., preventing falls, local community services), helping establish social contacts and rebuilding confidence to get out (e.g., to go shopping).
- Neighborhood Involvement Program (NIP): chore services program for seniors
- *HOME (Household & Outside Maintenance for Elderly)*: The HOME program includes nearly 4,000 volunteers who donated more than 18,000 hours of service annually. HOME encompasses a large network of staff handypersons, homemakers, and independent contractors who provide low-cost home repair, cleaning, and maintenance services. Through the HOME program, low-cost household services are available for people 60 and older, regardless of income. Services include...housecleaning and laundry, snow shoveling, lawn mowing, interior and exterior painting, minor repairs and plumbing, installation of safety devices, errands and grocery shopping, leaf raking and other yard chores, and window washing.
- The CAPABLE Project: CAPABLE stands for "Community Aging in Place, Advancing Better Living for Elders," developed by a research team at Johns Hopkins
 - Sends in a handyman, nurse, and an occupational therapist into the homes of low-income seniors aging in place to see how far \$4,000 per household can go in preserving people's independence
 - Over the course of 4 months (pilot study), a CAPBLE nurse visits a senior's home 4 times to assess health risks, often finding correctable problems, such as someone taking all of his/her pills at once instead of staggering them

- OT appears 6 times, teaching basic movements and exercises to help maintain mobility, along with identifying household risks
- Handyman make up to \$1,100 in home improvements, such as raising toilet seats, replacing patches of floor and installing ramps.
- Experts discovered that it is more often the little things, like being able to use kitchen utensils and navigate steps, that end up limiting seniors' ability to remain independent
- See housing as a part of healthcare
- In medicine and nursing, professionals usually determine goals for people, whereas CAPABLE staff starts by asking "what do you want to be able to do?"

