

Combating Loneliness in Senior Care Living

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Objectives



Discuss the loneliness experienced by senior care residents



Examine the physical and mental impact of loneliness and social isolation on senior care residents



Explore activities and programs to engage senior care residents and promote emotional well being

Depression versus loneliness

Depression	Social Isolation/ Disengagement	Loneliness
Clinical diagnosis	Objective view	Subjective feeling
Long term	Episodic	Episodic
Medical treatment and therapy	Therapy and engagement activities	Therapy and engagement activities

Resident loneliness perceptions

Operators

- Pre: 1%
- During: 74%

Family Members

- Pre: 26%
- During: 58%

Residents

- Pre: 39%
- During: 62%

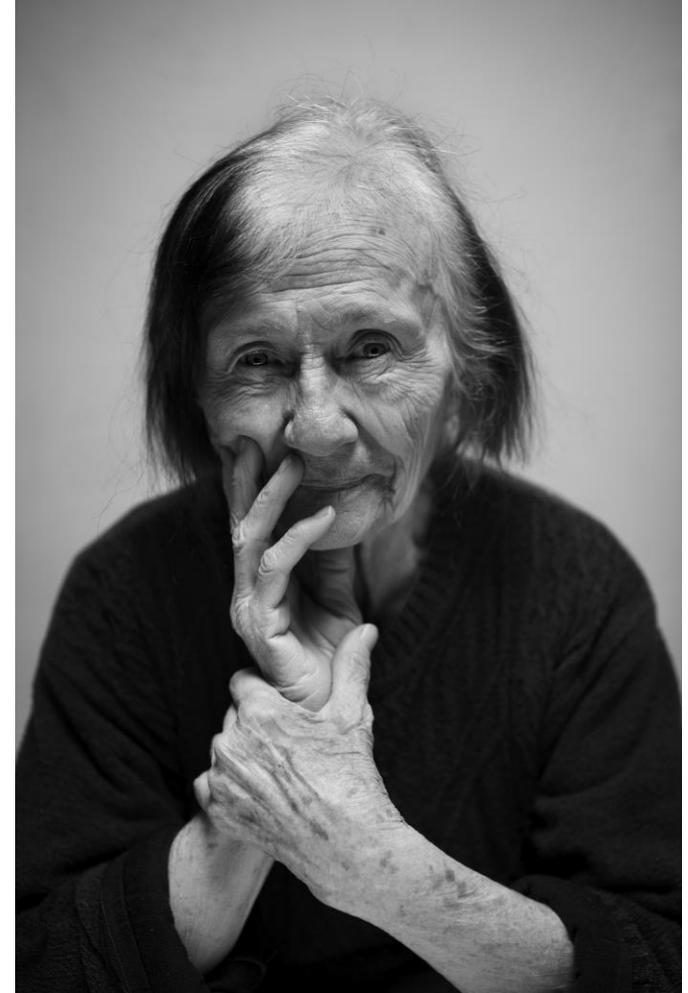
Misconceptions of senior care owners and operators

- Abundance of activities
- Socialization opportunities
- Variety of amenities
- Aesthetic surroundings



Population statistics and characteristics

- G.I. Generation (1900-1924-----121 years to 97 years)
- Silent Generation (1925-1945----96 years to 76 years)
- Baby Boomers (1946-1964----75 years to 57 years)



Relationships

- Family
- Friends
- Acquaintances



Causes of Loneliness

- Loss of :
 - Independence
 - Family
 - Significant other
 - Friends
 - Home
 - Cherished possessions
 - Anticipation of special occasions and holidays
 - Belonging



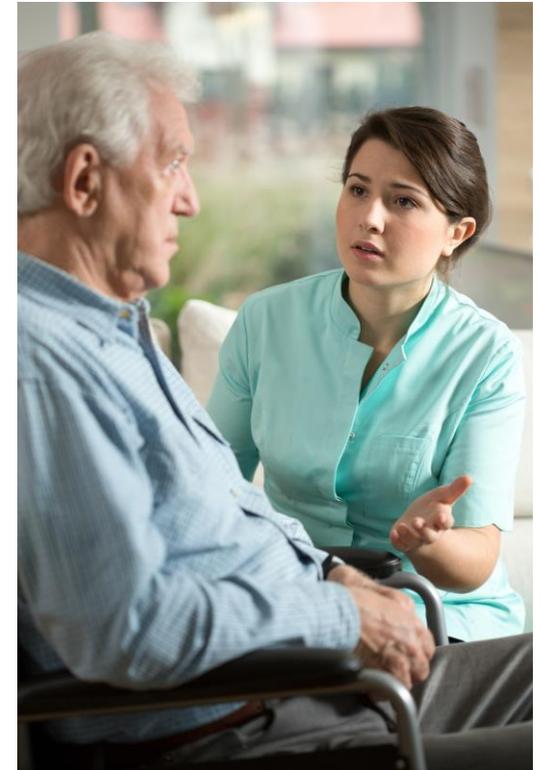
Admission to senior care

- Strange setting
- Unfamiliar people
- Disrupted routine



Socialization

- Relationships
 - Residents
 - Staff
 - Family



National Academies of Sciences study: Social Isolation and Loneliness in Older Adults

- Social Isolation
 - Increased risk of premature all-cause mortality
 - 50% increased risk of developing dementia
 - 25% increased risk for cancer mortality
 - Increased susceptibility to abuse
- Loneliness
 - In heart failure patients
 - 4x increased risk of premature death
 - 68% increased risk of hospitalization
 - 57% increased risk of Emergency Department visits
 - Higher rates of depression, anxiety and suicidal ideation
 - 59% increased risk of functional decline
- Poor Social Relationships (either social isolation or loneliness)
 - 29% increased risk of heart disease
 - 32% increased risk of stroke



National Academies of Sciences study: Social Isolation and Loneliness in Older Adults

- Conditions that impact loneliness and social isolation:
 - Parkinson's Disease
 - Multiple Sclerosis
 - Cancer
 - Spinal Cord injury
 - Incontinence (bowel or bladder)
 - Psychiatric Disorders / Mental Health conditions
 - Disability
 - Cognitive Function
 - Dementia
 - Alzheimer's disease
 - Speech and communication ability
 - Alcoholism/substance abuse*





Consequences due to a pandemic

Resident loneliness perceptions

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- During: 74%

Family Members

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Residents

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Resident impact

- Well-being
 - Physical
 - Mental
 - Emotional



Behaviors and Falls

- Loneliness
- Social isolation
 - Living alone
 - Little to no social contact



Physical health

- New ailments
- Exacerbation of existing conditions





Assessing loneliness

Measurement

Campaign to End Loneliness Measurement Tool	De Jong Gierveld Loneliness Scale	UCLA Loneliness Scale	Single-Item Scale
3 questions; positive wording	6 questions; mixed wording	3 questions; negative wording	1 question; negative wording
Loneliness mentioned: No	Loneliness mentioned: No	Loneliness mentioned: No	Loneliness mentioned: Yes
Short, easy to use	Distinguishes between causes of loneliness	Short with simple scoring	Target: get to the 'heart' of the issue

Ongoing assessment and training

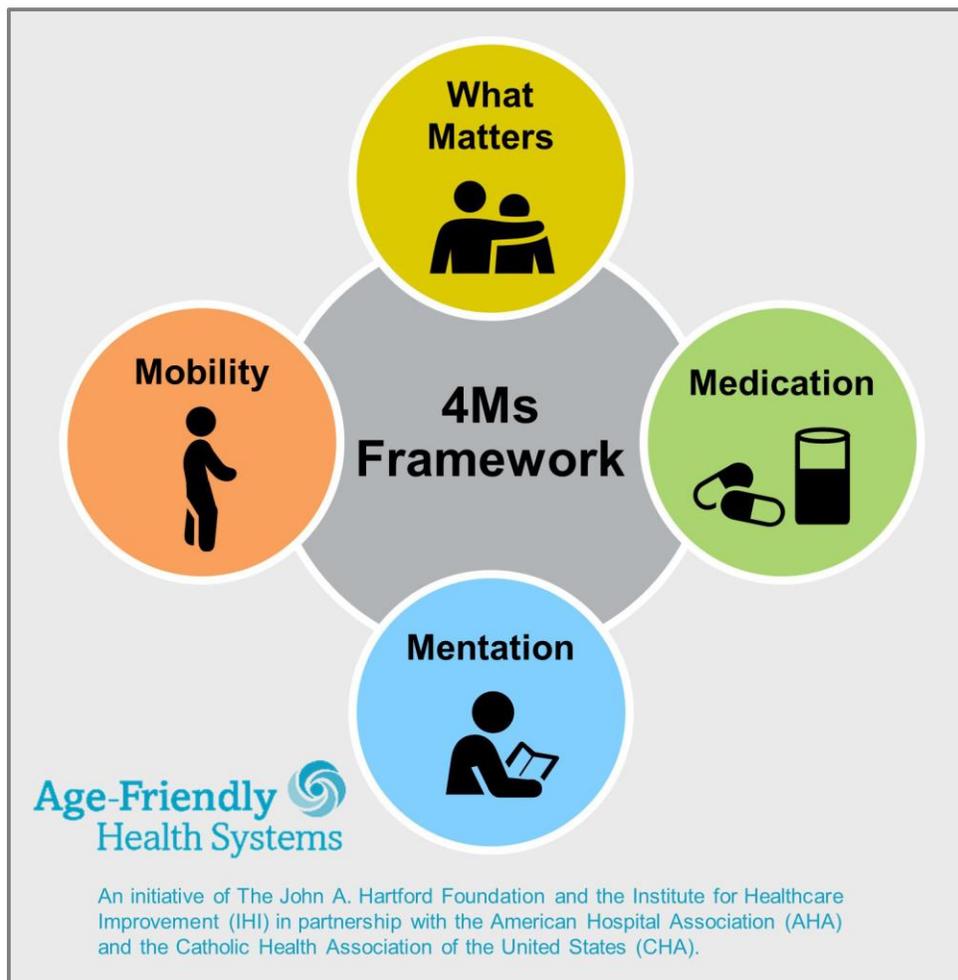
- Regular screening
- Staff training





Strategies to address loneliness

Age-Friendly Health Systems framework



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Maslow's hierarchy of needs



Roger's Client Centered Therapy

- Congruence (genuine, real)
- Acceptance
- Empathy



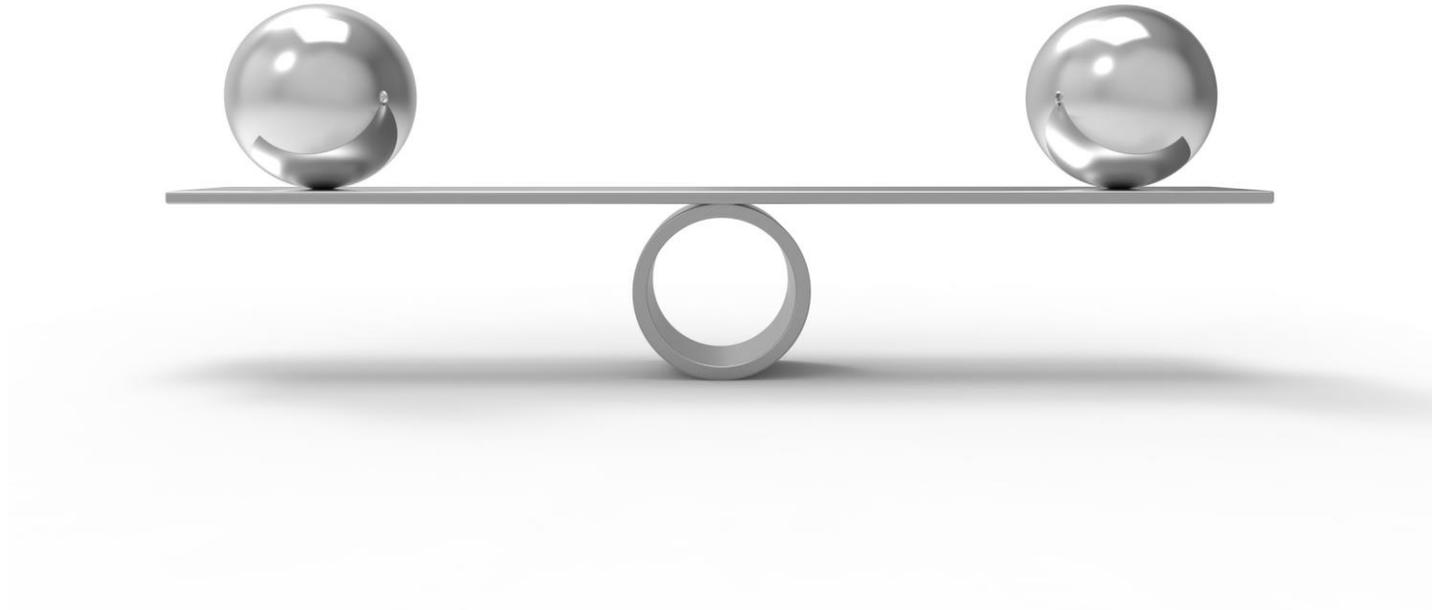
Parse's Human Becoming Theory

- Preferences
- Autonomy
- Quality of life



Bridging the gap

- Owners/operators
- Facility management
- Residents
- Family



Mitigation techniques: What can you do?

- Stage social engagement activities to involve residents in “befriending”
 - Activities that involve cooperation and support among participants
 - Get to know residents’ likes/dislikes, personal and family histories*
 - Mentoring programs / volunteerism
 - Call/Video schedules - visitation
 - Family
 - Care givers
 - Students/other volunteers
 - Social media
- Education / cognitive engagement
 - Learn new skills
 - Painting
 - Puzzles
 - Gaming
 - Video
 - Poker, Bridge, Other card games
 - Pool
 - Bingo
- Animal therapy



Mitigation techniques: What can you do?

- Support groups
 - Situational (grieving, medical condition, etc.)
 - Cognitive wellbeing (suicide prevention)
- Social activities
 - Group trips to:
 - Sporting events
 - Cultural events (theater, concert, ethnic festival, county fair, etc.)
 - Parties
 - Church community events
 - Local community involvement
 - Establish a buddy system
 - Music / dancing
- General Store and Gift Shop



What can you do during a pandemic?

- Drive-by parades
- Traveling refreshment cart
- Meet at the doorways
- Pizza tasting and scoring



Mitigation techniques: What can you do?

- New poll of seniors Jan. 2021 from advertising agency - Craft & Communicate
 - What seniors are looking for in a retirement community:
 - Physical exercise and engagement:
 - Pools (indoor, outdoor, hot-tubs)
 - Outdoor trails
 - Exercise room
 - Small gardens
 - Dance hall
 - Mental engagement
 - Movie theater
 - Audio book library
 - Tech center with staff to provide training and support
 - Social eating choices
 - Restaurant
 - Deli
 - Pub
 - Animal Support



Always think quality

- Evaluate interventions at regular intervals
- Re-plan as applicable
- New activities/learning keeps people engaged



Resources

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Resources

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- COVID's Heavy Toll: Depression, Suicides, Opioid Overdoses Increase in Pandemic Era, Crain's Detroit Business, October 4, 2020, Jay Greene. <https://www.crainsdetroit.com/health-care/covids-heavy-toll-depression-suicides-opioid-overdoses-increase-pandemic-era>
- Suicide Facts and Figures: United States 2020, American Foundation for Suicide Prevention; https://chapterland.org/wp-content/uploads/sites/13/2017/11/US_FactsFigures_Flyer.pdf
- Maslow's Hierarchy of Needs, Simply Psychology. <https://www.simplypsychology.org/maslow.html#gsc.tab=0>
- Carl Rogers, Simply Psychology. <https://www.simplypsychology.org/carl-rogers.html>
- The Human Becoming Theory - Rosemarie Parse, Peace in Home Health. <https://www.peaceinhomehealthcare.com/dementia-and-older-adults-3/>

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