

Aging

Futures

. . . older adults living well
as they define it.

Social Connections Workgroup Report

2003

A Community Partnership for Older Adults Project

A National Program of The Robert Wood Johnson Foundation

Aging Futures Partnership
Broome County, New York

Our Mission

*Creating and strengthening community systems,
thus enabling persons age 60 and over to maintain
the highest quality of life.*

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About the Partnership

“The beauty of collaboration is the acknowledgement that each organization has a special function, a power that it brings to the joint effort. At the same time, each organization provides valuable services or products critical to the health of its community.” (Winer Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey, 1994)

Since 1989 Broome County has benefited from a dedicated Partnership of consumers, educational institutions, public and private and not-for-profit agencies and faith communities dedicated to enhancing the quality of life for seniors in Broome County. Aging Futures demonstrates their commitment to strengthening Broome County’s long term care system by:

- Engaging seniors, listening to their needs and including them in planning processes
- Promoting the independence of seniors
- Building and supporting a responsive long term care system

Broome County was one of 13 communities nationwide to receive a planning grant from The Robert Wood Johnson Foundation, as part of their Community Partnership for Older Adults initiative. The grant, awarded in August 2002, supported our local Partnership in coordinating a planning process to meet the needs of vulnerable elders and their caregivers in Broome County.

Aging Futures Partnership goals:

- Strengthen a long standing and diverse Partnership focused on long term care services and supports
- Understand local needs, prioritize action steps and act collectively to address them
- Develop strategies that will bring about change in both practice and policy
- Secure funding and evaluate our efforts
- Support and coordinate community education about senior issues

Aging Futures

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Social Connections

Workgroup Report

I. Importance of Social Connections

- A. **Introduction:** The Aging Futures Partnership established three workgroups based upon community priorities identified following extensive data analysis. Social Connections was identified as a need due to the increasing numbers of vulnerable frail elders and the fact that isolation is a powerful risk factor for poor health. On the other hand, social support, whether expressed in emotional support or physical assistance, has proven to have positive effects on health. Social connection can buffer or reduce some of the health effects of the natural aging process (Kang).

The charge of the Social Connections Workgroup was:

How will social connectivity be promoted among seniors living in the community given that people are living longer, have diminishing social contacts and increasing physical limitations?

The strategies in this report are intended to promote the *social capital* available to the *vulnerable* and/or *isolated* senior citizens of Broome County and to facilitate and motivate seniors to use that resource. It is assumed that achieving this objective will enhance the social integration, physical and mental health, and life satisfaction of the vulnerable and isolated senior citizens of Broome County, thereby extending the period of time they may continue to live at home and function more independently.

This report is intended to enhance the work of the Aging Futures Partnership by offering strategies for a community based response to the issue of social isolation. The strategies will be incorporated into two critical documents: a grant proposal to the Robert Wood Johnson Foundation as part of their Community Partnership for Older Adults Initiative and the Broome County Strategic Long Term Care Services Plan. The plan will be made available to community groups and the information contained in this report:

- Will assist in educating the leadership within Broome County about how isolation impacts seniors,
- Stimulate discussion and a coordinated local response to keeping our citizens engaged in their community, and
- Enhance the work of the Aging Futures Partnership in regard to social isolation

B. Desired Outcomes:

- Seniors are aware of the impact of social isolation on their ability to remain independent.
- Seniors willingly invest in development of social supports.
- Community supports are in place to support seniors in developing and maintaining social supports.

C. Rational for Selection of Social Connections

Why social connections are important: Greater social capital confers benefits on individuals including a sense of belonging, personal meaning, relevance, and a buffer against stress.

1. Age-adjusted mortality is lower in communities where residents are embedded in dense social networks. (See, for example, House, James S. And Karl R. Landis and Debra Umberson, "Social Relationships and Health" in Kawachi, Ichiro; Bruce Kennedy, and Richard G. Wilkinson (ed). *The Society and Population Health Reader V. I.* New York, The New Press, 1999, pp. 161-170.)
2. A study in the United States of male health professionals, aged 42 to 77 years, found that compared with men with the highest level of social networks, socially isolated men (not married, fewer than six friends or relatives, no membership in church or community groups) were at increased risk for cardiovascular disease mortality and deaths from accidents and suicides. (Kawachi, *et. al.* "A Prospective Study of Social Networks in Relation to Total Mortality and Cardiovascular Disease Incidence in Men in the United States" in Kawachi, *et. al.*, *The Society and Population Health Reader*, 1999, pp. 184-194). In a Swedish study of 150 cardiac patients and patients with high-risk factor levels for coronary heart disease, socially isolated patients had a three times higher ten-year mortality rate than those who were socially active and integrated. (Berkman, Lisa. "Social Networks and health: The Bonds that Heal" in Tarlov, Alvin R. and Robert F. St. Peter. *The Society and Population Health Reader: A State and Community Perspective*, The New Press, New York, 2000, pp. 259-277).
3. The likelihood that women will engage in cancer screening, and refrain from or moderate smoking and alcohol use, is higher among those embedded in dense social networks. (See, for example, Berkman, Lisa F. "The Role of Social Relations in Health Promotion").
4. Compared with individuals residing in states lower in social capital, individuals residing in states higher in social capital are more likely to rate their health as excellent to good. NOTE: Self-rated health has been found to correlate

highly with physician assessed health. (Kawachi, Ichiro, Bruce P. Kennedy, and Roberta Glass, “Social Capital and Self-Rated Health: A Contextual Analysis” in Kawachi, *et. al.*, 1999, pp. 236-248.)

Isolation and seniors: “The linking of social relationships to longevity, the discovery that social support lies at the core of those relationships, and the special role of social support in aging have been gradually, but unmistakably, demonstrated.”

“Successful Aging” Robert Kahn, John Rowe, MD
(MacArthur Foundation Study)

Social support literature: There is substantial evidence that social support is linked to well being. Engaging in a social network and being part of a community that can be responsive to individuals during stressful events have beneficial effects on well-being. Social support also has positive effects on coping and mortality. Socially isolated or less socially integrated individuals are less healthy, psychologically and physically.

The MacArthur Study: In this landmark study seniors who were considered to be successful “agers” reported that they thrive as a result of important social bonds with both family and friends. Many cite friendship as the key factor in keeping them active and emotionally secure, even in advanced age. It is also noted in the MacArthur Study that giving emotional support is more important than receiving it, and that the process of giving can distract a person from pain resulting from losses. We concur with one senior, Rita, age 79, who, responding to an interviewer in a MacArthur Foundation study of social connectedness and aging, said this about friendship and her friends: “One watches the other, we take care of each other. It’s definitely part of staying young to have friends. I miss it in rainy or snowy weather when I can’t go walk. I miss my friends. If you ever have problems, you can discuss them with them and they talk to you. I wouldn’t have someone else to talk to if not for them. My husband died years ago. Most of my older friends have gone.” (Kahn, date not given).

Isolation likely to become more of an issue in the years ahead: Seniors are now expected to live longer, and more of them will be affected by various health problems such as disability, chronic health conditions, memory impairments and depression (U.S. Administration on Aging, 2001). The older a person gets, the more vulnerable they become. Most well-being indicators are not as positive for seniors who are more isolated, living in poverty, or who are members of minority groups. To improve well-being indicators for seniors, it is essential that communities provide a varied response to the health, recreational and social needs of the elderly. (1)

Patterns of support: Most people, regardless of age, report a considerable number of close relationships with others. On average, people report that their

personal network includes eight to eleven members, and this size social network appears stable across a lifetime. Most elderly do not have as many family members or friends as they used to, having lost some to death, distance or circumstances. The book “*Successful Aging*” Chapter 10 - *Relating to others*, Pages 160-161, does suggest that “replacement of social ties is common.”

D. Population to be Served: Broome County at-large will be served through the media, personal contact, and community-wide education. Consistent with the definition of the concept used by The Robert Wood Johnson Foundation - Community Partnerships for Older Adults - a senior citizen is considered to be *vulnerable* if he or she is:

1. 75 years of age or older; or
2. 60 years of age or older and meets *one* these criteria:
 - a. needs help with bathing
 - b. uses a cane, walker, or wheelchair
 - c. rates their health as fair to poor
 - d. is afraid to be alone for more than two hours
 - e. has a chronic illness

Social isolation is considered for the purposes of this project to refer to those seniors age 60 and above that have infrequent meaningful social interactions with friends, neighbors or relatives. We recognize that social science offers various definitions concerning isolation and that there are established criteria for measuring isolation.

E. Rational for Selection of Initiatives:

The Aging Futures data collection committee coordinated a variety of studies over a nine- month period to ensure that the activities and strategies of the Partnership were based on evidence. The data collection process included 5 main studies.

1. Key findings from the research.
2. What we learned from the prioritization process in which 1,460 seniors were asked to prioritize issues.
3. Our service inventory: A listing of agencies in our community that offer services that support homebound and isolated seniors. The recently completed third edition of the *Broome County Elder Services Guide* includes a listing of numerous organizations that offer recreational and social activities. The listing is far from complete and localized opportunities are too numerous and ever changing to commit to paper. The completion of the on-line guide in the Fall of 2003 has enabled us to ensure that the information can be kept more up-to-date.
4. Focus groups of caregivers, home health aides, hospital discharge planners and CASA personnel.
5. Face-to-face semi-structured interviews.

A variety of venues for social contact appear to effectively support seniors in staying connected. Among men and women sixty years of age or more, telephone contact, visits, participation in groups, were interactions that predicted “robust aging,” (an index of overall well-being that includes involvement in productive activity, emotional and mental status, and functional level). (See Appendices for program descriptions.)

Workgroup Findings: The indicators actually present a mixed picture. Many believe that Broome County seniors are extremely connected. This is because most seniors have lived in this community for some time and often they have adult children nearby. However, economic decline has more adult children leaving the area. Additionally, strong ethnic neighborhoods with a sense of community history offered many seniors a sense of extended family, and caregiving is occurring between friends and neighbors.

On the other hand, we know that seniors are more at risk of social isolation due to their loss of mobility and other events that typically accompany the senior years. Seniors are living longer, and that often means living alone longer.

As partners engaged in senior planning, we have identified two important issues about isolation and Broome seniors. First, we have basically spoken only in generalities about this issue and we have not used hard, local data to quantify the extent of isolation in our community. Second, there currently is not a consensus on the extent of isolation. Partners do agree, however, on certain particulars:

1. We need to move beyond generalities in discussions to specifics about the extent of isolation, and identify specific at-risk populations and the neighborhoods in which they live.
2. It is likely that with the current economic and social structure realities of Broome County, our community will experience a significant decline in social capital that could indeed result in seniors experiencing more social isolation and the decline associated with that status. The declining population base and restrictive economic environment has led to a number of factors that may serve to reduce the community’s stock of social capital.
 - A decrease in the number of neighborhood based churches that can be supported by the community.
 - A decline in the membership of voluntary organizations and a resultant increase in the risk that the number of such organizations may decrease.
 - Changing urban neighborhoods that no longer bear resemblance to the community in which the senior aged.
3. We need to be focused on how we are linking seniors that are experiencing isolation and what strategies are in place that are working. We also need to

understand the capacity of agencies to provide support services and better understand what supports will assist neighbors and friends to offer low cost or no cost (informal) support to isolated seniors.

F. Assumption for Outcomes, Outputs and Activities

1. Isolation and lack of social contacts is a risk factor for poor health.
2. Changes in health status, loss of family and friends, and personal mobility frequently leads to social isolation of the frail and vulnerable.
3. Agencies, groups and organizations, families/friends and the vulnerable elderly themselves will recognize the importance of social connections and willingly invest in the development of social supports.

G. Resources: Most resources involved in this initiative will be contributions of staff time from Partnership agencies and community volunteers. Efforts will be directed to bring the needs of the isolated elder to the attention of the community. A budgeted expense of \$15,000 is allocated for media and related outreach, and marketing. It is assumed Aging Futures will pursue other grants for capacity building.

H. Lead Agency for Implementation of Initiative or Components of Initiative: Partnership members and community agency representatives will prioritize the specific initiatives to be undertaken and most activities will be under the direction of the Partnership staff.

I. Evaluation / Conclusion: A measure of the program outcome will rely on the reporting of agencies and groups who have actively engaged in locating and assisting isolated and vulnerable elderly individuals.

A survey will be developed and implemented to assess the ability of agencies to identify isolated elders. It will examine the impact of the media and community education efforts to reach the public and their understanding of social isolation and how it might be reduced.

II. Proposed Specific Implementation Strategies

Goals and Outcomes: The goals identified by the Social Connections Workgroup are designed to improve the quality of life of Broome County's frail elders, as elders define it, and create an integrated long term care delivery system that evolves with the needs of the community's seniors.

Goals:

1. To assist isolated or at-risk seniors in making connections to supports and services.
2. To promote awareness among seniors as to why they should stay socially engaged.
3. To enhance the capacity of the community to respond to isolation issues and support agencies offering services to homebound seniors.
4. To continually assess and better document the extent of isolation in the county and have a process for identifying isolated seniors that ensures the linking process is occurring.

Our desired long-term impacts:

1. Enhanced social capital that supports elders.
2. Increased motivation among seniors to utilize social capital.

A. Outcomes: Following one year of social capital building in the county we anticipate the following outcomes:

1. Seniors become more knowledgeable about the importance of social connections.
2. An increase in a self-rated sense of well-being and life satisfaction among the vulnerable and/or isolated seniors.

B. Outputs:

- Training of agency staff
- Educational programs for the community
- New screening and referral process
- Neighborhood capacity is improved

C. Activities: All strategies are designed to support systemic changes in the Broome County service delivery system and to offer supports to neighborhoods and other grassroots efforts that help seniors to remain socially engaged. The following five strategies are suggested:

1. Identify isolated seniors:

The workgroup has also identified several ways we can come to better understand isolation issues. Also there are a number of new data sources that should be reviewed and used by the workgroup to further understand the extent of isolation in Broome County.

- Office for Aging and CASA will establish and use the same process for identifying seniors who are isolated.

- Analyze computerized assessments on the 1,000 plus seniors that is collected each year by OFA and CASA. Particular focus will be given to the 3 questions related to loneliness, informal supports and isolation. The Aging Futures Partnership will assess the feasibility of the computerized assessments to analyze and trend the results.
- Partner with the C3 Project to support door-to-door interview process in Binghamton legislative districts 7 and 9 (known as the north side) to determine the extent of isolation among seniors. Service providers will learn what seniors need to improve their quality of life and keep them socially connected. The data secured in the survey described above will be analyzed using appropriate bi-variate and multi-variate analysis.
- Identify data collection processes for rural, urban and suburban communities with special attention on ethnically diverse neighborhoods.
- Make available data from the Office for Aging Performance Outcome Measurement Program (POMP), Social Functioning Survey.

2. Support seniors in making connections:

Materials that highlight voluntary organizations supporting seniors will be updated, enhanced, maintained and distributed. An inventory of voluntary organizations, identifiable by towns, will be created and made available to vulnerable and/or isolated seniors. Agencies and groups will be featured in Aging Futures media efforts.

3. Advocacy liaisons:

Recruit, train, and utilize a highly competent set of individuals, preferably seniors themselves, who live within walking distance, or easy commuting distance, of their respective vulnerable and/or isolated clients. These individuals will serve as *advocacy liaisons*. *Advocacy liaisons* will visit often with their clients, thereby building trust and rapport; serve as a bridge to connect one isolated and/or vulnerable senior with another; and facilitate and motivate participation by the isolated and/or vulnerable seniors in organized activities at the level of the block, neighborhood, hamlet, community, or county. Advocacy liaisons will nurture an on-going and trusting relationship with these individuals, especially with the isolated seniors, a relationship that will, over time, build trust and rapport. The primary duty of the advocacy liaison will be to introduce these vulnerable and/or isolated individuals to:

- Others who live close by (current or potential neighbors and friends).
- Each other.
- Voluntary associations supportive of their interests and consistent with their
- physical and psychological abilities.

4. Enhance capacity of agencies serving seniors who are isolated:

- Discuss trends seen by the outreach staff from community organizations.
- Provide in-services and cross training on senior isolation and current data.
- Discuss and possibly modify referral processes used to link isolated seniors.
- Assess feasibility of building additional capacity of agencies offering supports such as telephone reassurance.
- Plan and implement additional intergenerational programs that include visiting and support at home.
- Assess the need to expand programs such as Gaining Resources for Older Workers (GROW).

5. Conduct an education campaign:

- Promote awareness and education about the extent of isolation in our communities.
- Design a media campaign to introduce the social capital project to the community at large and to motivate engagement of both seniors and other community members.
- Provide explanations, examples, and illustrations of social capital and of how social capital benefits a community and, in particular, its senior population. Portray various types of isolation to support community understanding of how it affects seniors and how our community at large is losing the asset of senior involvement.
- Engage media including WSKG, WBNG and *The Press & Sun Bulletin* to feature information on social capital among seniors.
- Encourage Partnership members to feature similar articles in agency newsletters and offer speakers bureau type programming on isolation and a charge for community action.

Conclusion: Aging Futures seeks to increase the percentage of vulnerable and/or isolated seniors in Broome County who meaningfully participate in a rich and dense fabric of social relationships, whether with friends, neighbors, relatives, and/or with voluntary organizations.

This long term strategy will identify and locate the vulnerable and/or isolated senior population; support voluntary organizations that support the development of social connections among seniors; and educate the community on this important senior issue.

III. Appendices

Best Practices / Model Programs for Keeping Seniors Connected

Match-up Interfaith Volunteers:

Match-up Interfaith Volunteers is a network of trained volunteers who provide support and companionship to older and disabled persons living in the Boston area. Their mission is to decrease isolation that too often comes with age and disability, to prevent or delay institutionalization, and to enhance quality of life. Volunteers can be any age. The program has several components:

1. Friendly visitors develop a one-on-one friendship with an elder.
2. Medical escorts help elders get to medical appointments.
3. A health communication workshop designed to break through communication barriers between senior patients and their physicians. The workshop is entitled, "What's Up Doc?"

The project is affiliated with Tufts Health Plan and Kit Clark Senior Services. They have assisted 5,000 ethnically diverse and isolated seniors in Boston by connecting them to health and social services.

Senior support services affiliated with the Come Share Society:

This organization services 150 clients. The goal of Senior Support Services is to keep seniors well enough to remain in the community and to cut down on the frequency of visits isolated seniors make to the hospital emergency room each year. Isolated seniors are offered peer counseling, resource directories, telephone calls and home visits. Five times a week, three shifts of volunteers make over 400 calls. More than 15 volunteers visit with seniors through the Friendly Visitor Program. Friendly visitors encourage isolated seniors to become more interested in the community, which in turn results in those seniors going out more often. They eat a meal together, shop or play a game together.

Gatekeeper Program:

The Gatekeeper Program is a 15-year initiative of the Multnomah County Aging and Disability Services in Portland, Oregon that includes the CarrierLink Program. The US Postal Service letter carriers check on vulnerable seniors living alone. Gatekeepers are those who have been trained to recognize seniors who might need help and a process for making a referral to a case manager. In Portland the largest number of referrals come from utility companies, law enforcement, health care providers and fire departments.

U.S. Department of Health and Human Services – Health Resource Services Administration: Bureau of Primary Health Care: Outreach and Enrollment Initiatives for Dual Eligible Seniors:

The Bureau of Primary Healthcare has identified strategies for moving seniors beyond listening about a program to actually enrolling. Trained workers and volunteers who work with elders assist them with applications and track the application through a process. The program also utilizes Americorps Promise Fellow Training.

Youth Working with Seniors – A program of The Canadian Red Cross:

The society for the Retired and Semi-Retired and the Human Resources Development of Canada, sponsored a Youth Employment Initiative called Emergency Preparedness: Youth Working with Seniors. The program was first piloted in April 1999 - November 1999 when government, organizations and local communities were making preparation for possible disruption from the Y2K problem. The model has utility for other outreach initiatives. The focus on the activities is to ensure that isolated seniors have a level of preparedness. Seniors benefited from the project by reducing their anxiety and stress, becoming less isolated through linking with members of their community and building networks, and becoming more self-sufficient.

Telephone Support:

A project in Nova Scotia looked at telephone support groups for seniors with disabilities, where groups met once a week via teleconferencing for 12 weeks. Interviews with participants and leaders revealed decreased support needs, diminished loneliness and enhanced coping. Selection, training, and support of peer and professional leaders as well as control of discussions were important ingredients of successful support groups. (Stewart, Mann, Jackson 2001)

Friendship Program:

Research from the Netherlands sought to understand whether older women could learn skills for improving old friendships or building new ones. (Stevens & Van Tilbury, 2000). Thirty-two women aged 54-60 participated in a friendship program organized by a local older adults service agency. Their lives were compared with 913 women aged 54-84 who had not been involved in the program. Researchers found that women who completed the course were successful in reducing their loneliness. The women in class had developed new friendships and their network was considered more complex, meaning they were tied to people in more ways.