# Addressing Social Isolation and Loneliness in Older Adults Living in Public Housing (Webinar)

**December 15, 2022**

NCHPH
National Center for Health in Public Housing

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FOR EQUITABLE CARE FOR ELDERS

# National Center for Health in Public Housing (NCHPH)

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for $2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.


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# About NCECE

**Who We Are:** Established in 2017, the National Center for Equitable Care for Elders (NCECE) is a training and technical assistance Center that provides innovative and culturally competent models of care, inter-professional training and educational resources to health care professionals providing care to older adults.

**Our Mission** is to build strong, innovative and competent health care models by partnering with CHCs, PCAs and HCCNs to provide quality and inclusive care for older adults.

**Stay Connected With NCECE:**

**Twitter:** twitter.com/NationalECE

**Facebook:** https://www.facebook.com/NationalECE

**Website:** ece.hsdm.harvard.edu

**Email:** ece@hsdm.harvard.edu

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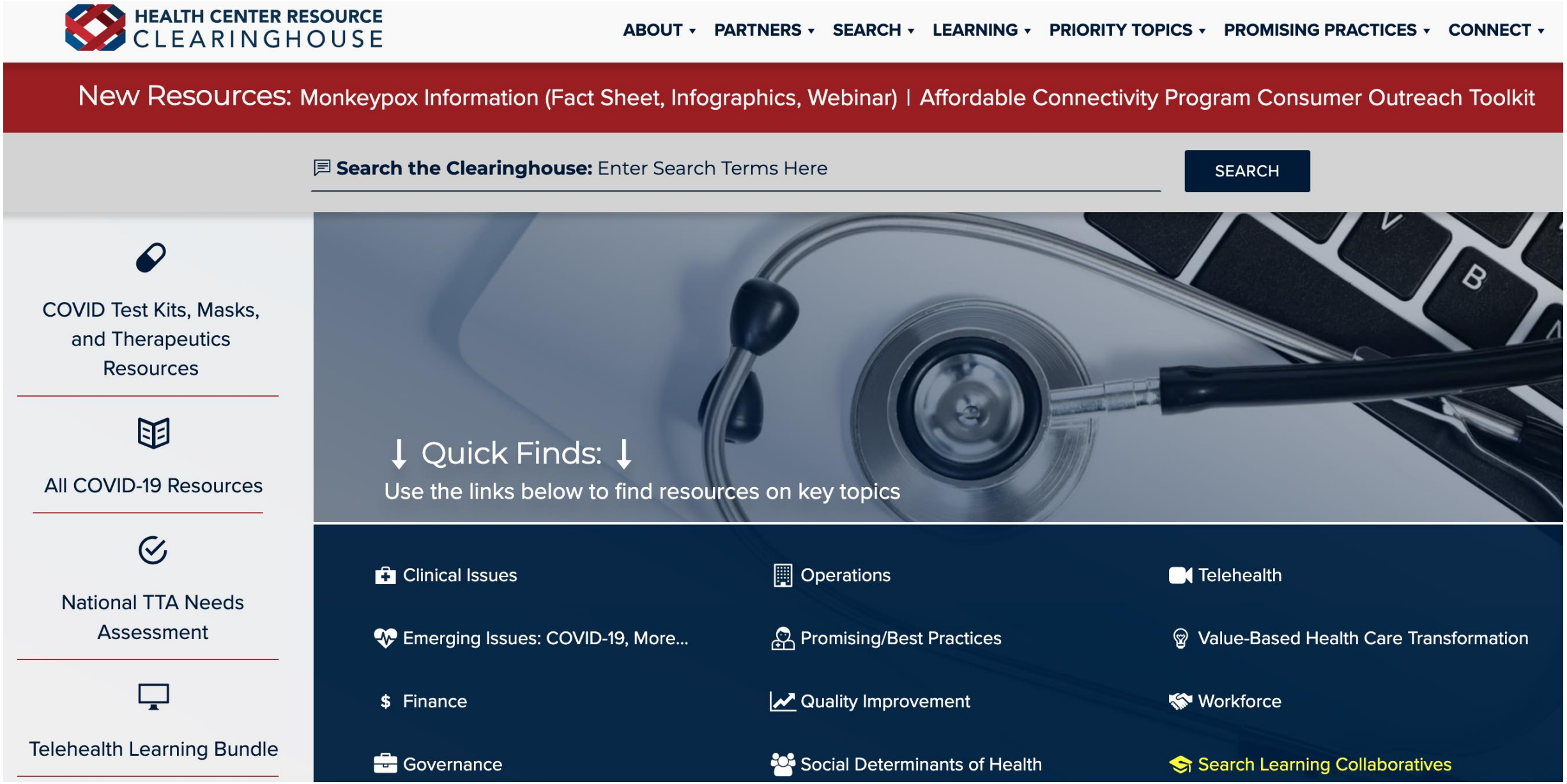


[Health Center Resource Clearinghouse]

# Reminders

- Please stay muted to prevent echo and background noise
- Use the Q&A or chat box to ask a question during the session
- This webinar is being recorded and materials will soon be emailed to participants
- We would love to hear your feedback – please fill out our brief evaluation at the end of the session!

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# Learning Objectives

- Understand disparities in social and mental health concerns experienced by older public housing residents
- Identify best practices for screening and documenting risk factors related to social isolation and loneliness
- Implement strategies to increase social connectedness for older public housing residents

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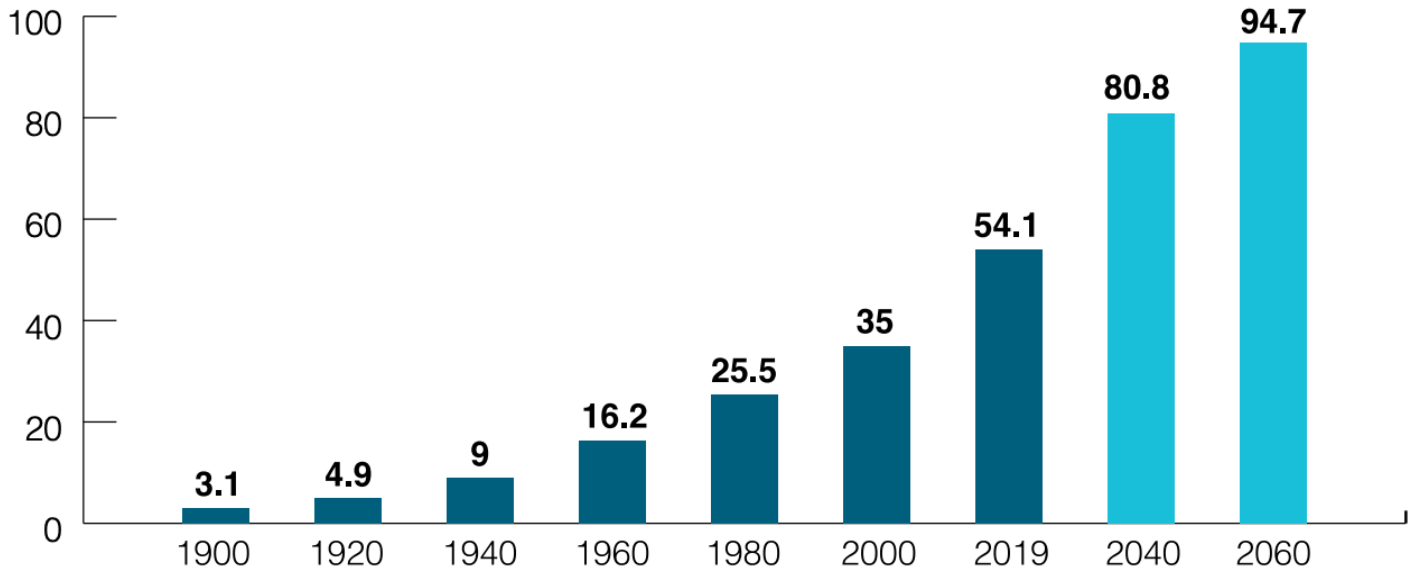
# Growth of Older Adult Population

**Number of Persons Age 65 and Older, 1900 - 2060**
**(numbers in millions)**




*Note: Increments in years are uneven. Lighter bars (2040 and 2060) indicate projections.*

*Source: U.S. Census Bureau, Population Estimates and Projections*

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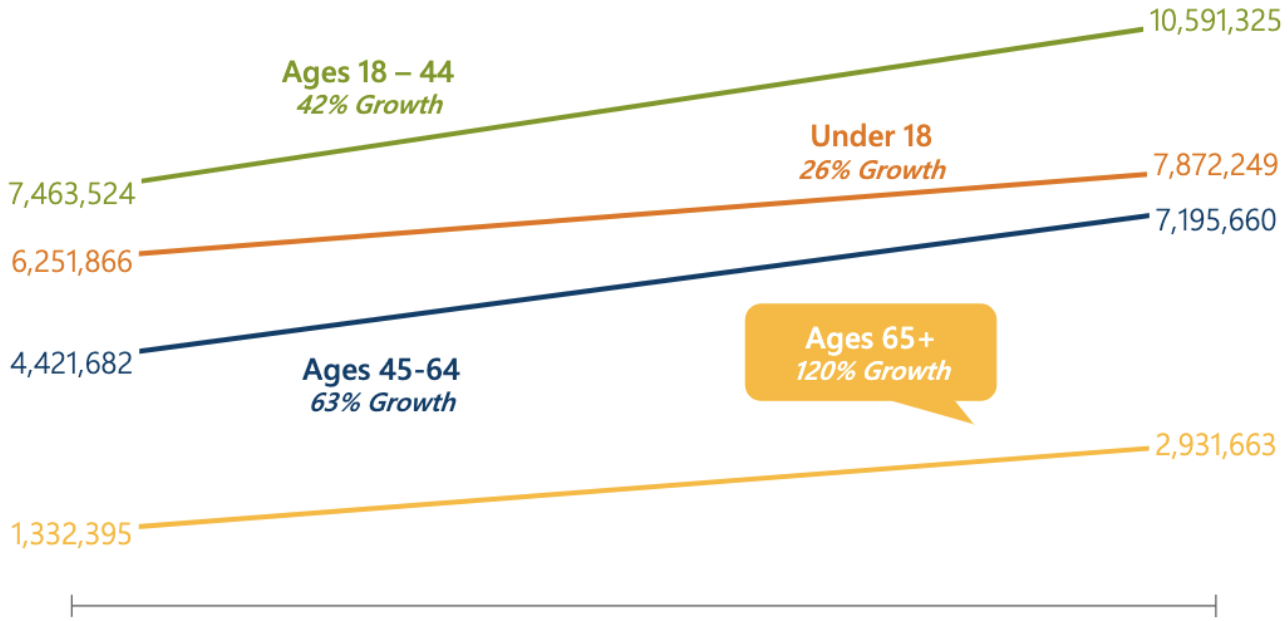
ACL: 2020 Profile of Older Americans

Source: 2020 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

**Figure 1-12**

# Health Center Patients Ages 65 and Older are the Fastest Growing Age Group Over the Past Decade

## Number of Health Center Patients by Age Group, 2010 – 2020

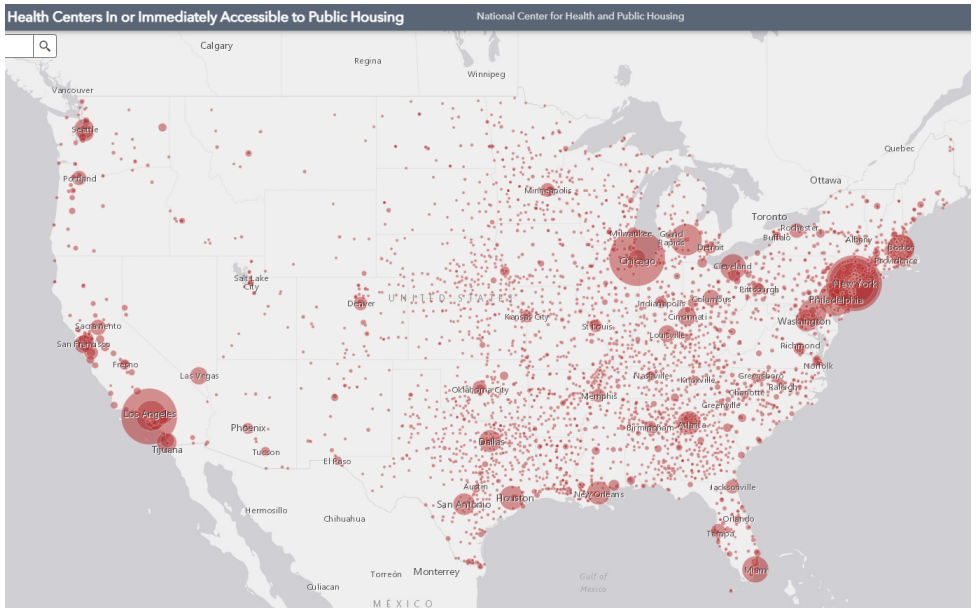



Community Health Center Chartbook

# Health Centers Close to Public Housing

- 1,373 Federally Qualified Health Centers (FQHC) = **30 million patients**
- 458 FQHCs In or Immediately Accessible to Public Housing = **5.7 million patients**
- 108 Public Housing Primary Care (PHPC) = **911,683 patients**

Source: 2021 Health Center Data




Source: Health Centers in or Immediately Accessible to Public Housing Map

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# Public Housing Demographics

1.5 Million Residents

2 Persons Per Household

38% Disabled

52% White

91% Low Income

43% African-American

26% Latinx

19% Elderly

36% Children

32% Female Headed Households with Children

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# Terms & Definitions

- Social Isolation: an ***objective*** lack of social relationships, limited contact with others
- Loneliness: a ***subjective*** feeling of insufficient social connection

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**Read More: Social Isolation and Loneliness in Older Adults**
Opportunities for the Health Care System

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# Even before COVID-19: Loneliness Epidemic

"I started to recognize that many of the stories that I was hearing from people in small towns and big cities all across America were stories about addiction, about violence, about depression and anxiety. But behind them were threads of loneliness...

And when I delved into the data, I saw that researchers who had been studying loneliness and using rigorous scales to assess the degree of loneliness that people were facing had found, in fact, that large percentages of our population, more than 20%, in fact, of the adult population in America admits to struggling with loneliness. That's more people than have diabetes in our country. That's more adults that smoke in the United States. And so that's when it dawned on me that there is something much, much bigger happening here than I had previously thought." -**Former Surgeon General Vivek Murthy**

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# Bi-Directional Impact on Health & Well-Being

- Cardiovascular disease
- Hypertension
- Obesity
- Depression
- Substance use
- Suicidal ideation or suicide attempts
- Cognitive decline
- Progression of dementia
- Stroke
- Premature death

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# Special Considerations

- Chronic conditions
- Life transitions
- Mental health
- Housing
- Transportation
- Natural disasters/public health emergencies

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# Chronic Conditions & Older Adults

- Approximately 85% of older adults have at least one chronic health condition.
- 60% have at least two chronic conditions.
- Learning to manage a variety of treatments while maintaining quality of life can be challenging
- Medical therapy: Common medications prescribed to this demographic can exacerbate already complex social and living situations.

Reflection questions for the audience:

1. What are the most common chronic health conditions in older adults?
2. What are some social determinants or demographic factors other than age that impact social isolation?

# SDOH Evaluation Tools

PRAPARE
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

**PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences**
**Paper Version of PRAPARE® for Implementation as of September 2, 2016**

**Personal Characteristics**

1. Are you Hispanic or Latino?

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Yes | ☐ | No | ☐ | I choose not to answer this question |

2. Which race(s) are you? Check all that apply

| | | | |
|---|---|---|---|
| ☐ | Asian | ☐ | Native Hawaiian |
| ☐ | Pacific Islander | ☐ | Black/African American |
| ☐ | White | ☐ | American Indian/Alaskan Native |
| ☐ | Other (please write): | | |
| ☐ | I choose not to answer this question | | |

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Yes | ☐ | No | ☐ | I choose not to answer this |

8. Are you worried about losing your housing?

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Yes | ☐ | No | ☐ | I choose not to answer this question |

9. What address do you live at?
Street:_____
City, State, Zip code: _____

**Money & Resources**

10. What is the highest level of school that you have finished?

| | | | |
|---|---|---|---|
| ☐ | Less than high school degree | ☐ | High school diploma or GED |
| ☐ | More than high school | ☐ | I choose not to answer this question |

How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

https://prapare.org/the-prapare-screening-tool/

# Clinical Evaluation Tools

## Mini-Mental State Examination (MMSE)

Patient's Name: _____ Date: _____

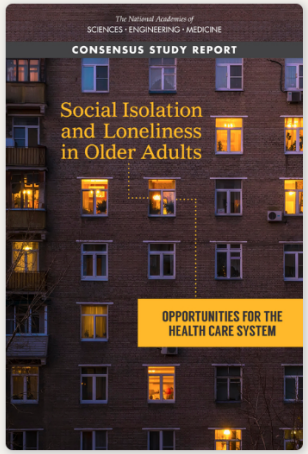
***Instructions:*** ***Ask the questions in the order listed. Score one point for each correct response within each question or activity.***

| Maximum Score | Patient's Score | Questions |
|---|---|---|
| 5 | | "What is the year? Season? Date? Day of the week? Month?" |
| 5 | | "Where are we now: State? County? Town/city? Hospital? Floor?" |
| 3 | | The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials: _____ |
| 5 | | "I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, …) Stop after five answers.<br>Alternative: "Spell WORLD backwards." (D-L-R-O-W) |
| 3 | | "Earlier I told you the names of three things. Can you tell me what those were?" |
| 2 | | Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them. |

The MMSE is an important asset in examining neurocognitive decline, which is linked to depression and isolation in older adults.

In clinical interactions, a MMSE should be performed on older adults who are either experiencing or are at risk of social isolation.

# Selecting a Screening Tool




VIEW LARGER COVER

**Social Isolation and Loneliness in Older Adults**

Opportunities for the Health Care System

(2020)

Download Free PDF | Read Free Online | Buy Paperback:$75.00 | Buy Ebook:$59.99

Epub, Kindle, MobiPocket
What is an Ebook?

Social isolation and loneliness are serious yet underappreciated public health risks that affect a significant portion of the older adult population. Approximately one-quarter of community-dwelling Americans aged 65 and older are considered to be socially isolated, and a significant proportion of adults in the United States report feeling lonely. People who are 50 years of age

[Chapter 6: Assessment of Social Isolation and Loneliness in Research] (available for free download)

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# Selecting a Screening Tool

Consider these questions to gauge what approach might be most appropriate and effective for your care setting:

1. How comfortable are you directly asking patients about loneliness?

2. How much time does your team have to ask patients about their experiences of social isolation or loneliness?

3. Which team members will be using this screening tool, and how will the data be documented?

4. Who will be connecting socially isolated patients with available community resources?

Adapted from The Campaign to End Loneliness

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# Resources to Stay Connected

- Home and community-based supports: Social service agencies, local nonprofits, faith-based organizations and Area Agencies on Aging
- Role of technology: Computers, tablets, smartphones, assistive devices
- Volunteer opportunities: Senior Corps, local nonprofits, virtual methods

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# Toolkits & Guides

- Understanding Loneliness and Social Isolation: How to Stay Connected (National Institute on Aging)
- Social Isolation and Loneliness Toolkit (National Institute on Aging)
- Feeling Good & Staying Connected Activity Guide (California Department of Aging)
- engAGED Community Awareness Toolkit (The National Resource Center for Engaging Older Adults)
- Strengthening Social Connection in Older Adults (NCECE)

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# Today's Panelists

**Christine Pajarillo, LICSW**

Vice President of Programs and Social Services, Whittier Street Health Center

(Boston, MA)

**Diana Aguiar-Briceno**

Housing Partnerships Manager, San Diego PACE/San Ysidro Health

(San Diego, CA)

WHITTIER STREET HEALTH CENTER

Comprehensive. Compassionate. Community.

# Addressing Social Isolation and Loneliness in Older Adults

*An Overview of Club 1290*

*The mission of **Whittier Street Health Center** is to serve as a center of excellence that provides high quality, and accessible health care and social services that achieve health equity, social justice, and the economic well-being of our diverse patient populations.*

# Club 1290 @ Whittier Street Health Center

Whittier Street Health Center (Whittier) is a Joint Commission-accredited urban community health center in Boston providing primary and specialty health care, oral health, mental health and substance abuse counseling services, and social and outreach services to individuals from culturally and circumstantially diverse communities.

Whittier is designated as a 330 (i) PHPC and a 330(e) health center by HRSA. Whittier is recognized as a Patient Centered Medical Home by the National Committee for Quality Assurance (NCQA), with a Distinction in Behavioral Health Integration by the NCQA.

# Club 1290 @ Whittier Street Health Center

- Whittier serves several neighborhoods in Boston's urban area, notably Roxbury, Dorchester, Mattapan and South End.
- Located in a predominately low-income community of color, those who reside in Whittier's service area struggle with poverty, racial injustice, a history of neglect and feelings of community abandonment.

- The health center is located in the densest area of public housing homes in the city, with 17 housing developments within one mile.
- Whittier's patient population is 43% Latino, 42% Black/ African American- and low income -- 92% live below 200% of the poverty level and **82% live in public housing**. **More than 20% of our patients are aged 65 and older.**

# Club 1290 @ Whittier Street Health Center

Club 1290 (named after Whittier's physical address: 1290 Tremont Street), is a peer-led older adult group conducted on-site at the health center, with members ranging in age from 60 to 97.

Club 1290's mission statement is: "*We are Senior Adults who have come together to intermingle after the hiatus caused by COVID-19. Our purposes are directed at improving our overall health, having fun, fellowship, pursuing happiness and enjoyment. We share a mutual belief in social justice. We will actively and mindfully pursue happiness for ourselves and our members. We will help one another to shake off the depression brought on by the pandemic and start living life renewed*".

# Club 1290 @ Whittier Street Health Center

- The group launched in June 2021 and quickly grew from 4 participants to the current enrollment of 19.
- During December through March, meetings are held in-person once a month; from April through November, meetings occur twice monthly.
- The group aims to minimize the reported loneliness, depression, boredom and isolation experienced by seniors caused by the pandemic, while also promoting self-care and providing some participants their needed free time from caregiving.
- According to the seniors, Club 1290 gives them a reason to get out of the house and interact with people who have shared interests, concerns and sometimes, even shared infirmities.

# Club 1290 @ Whittier Street Health Center

Club 1290 activities are designed to alleviate the social isolation experienced by members forced into seclusion by the pandemic. The group promotes a sense of belonging and community.

Prior to receiving grant support, Club 1290 was primarily sustained by member contributions, donations and in-kind support from the health center. Workshops, presenters and group activities are coordinated considering member ***needs, abilities and preferences.***

Club 1290 is peer-led and operated, with support from Whittier's VP of Programs and Social Services.

San Diego PACE

Program of All-Inclusive Care for the Elderly

SAN YSIDRO HEALTH

# SAN DIEGO PACE

*PROGRAM OF ALL INCLUSIVE CARE FOR ELDERLY*

Diana Aguiar Briceno | *Housing Partnerships Manager*

# Who Can Join PACE?

In order to qualify for PACE, tenants must be:

- ✓ *55 years of age or older*
- ✓ *Certified by the State of California as needing a higher level of care*
- ✓ *Able to live safely and independently in the community with the help of PACE services*
- ✓ *Living in a PACE-covered zip code*

# Housing Partnerships and San Diego PACE

*How collaboration brings quality care to your residents*

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# PACE Housing Staff

- Two Departments
  - Marketing & Enrollment
    - Service Coordinator
  - Clinical
    - Housing Navigators
    - MSW

# Substructure Support

The more participants at a Housing Site has, the more San Diego PACE can provide

- PACE Service Coordinator
- On site activities
- On site LVN/RN/CNA
- Meals

# Food Distributions


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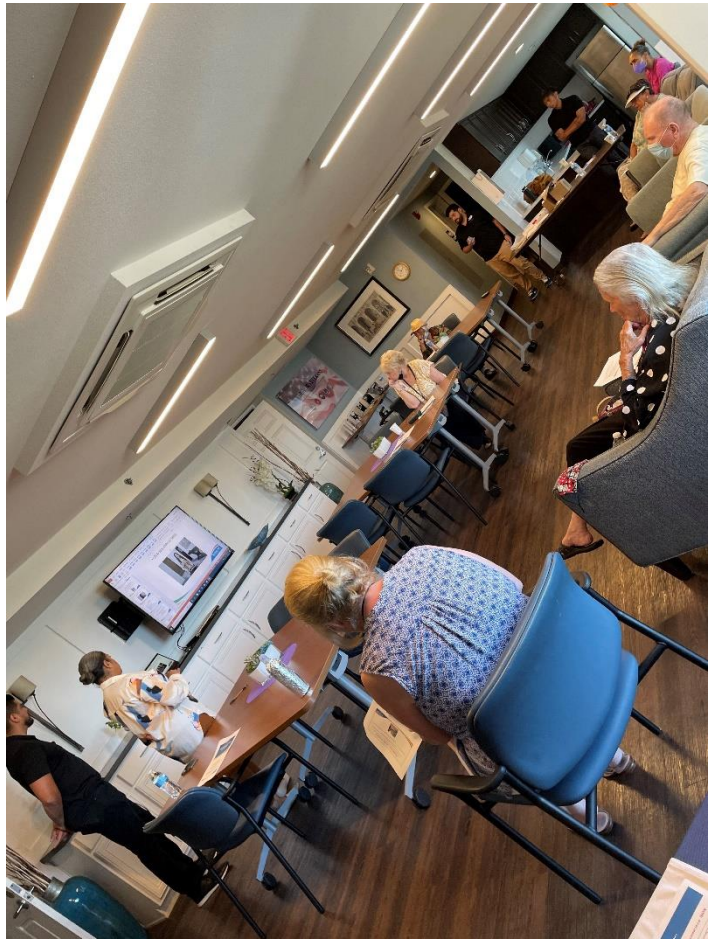
# Services Coordinated Directly to You!



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# Mobile Clinic at Housing Sites

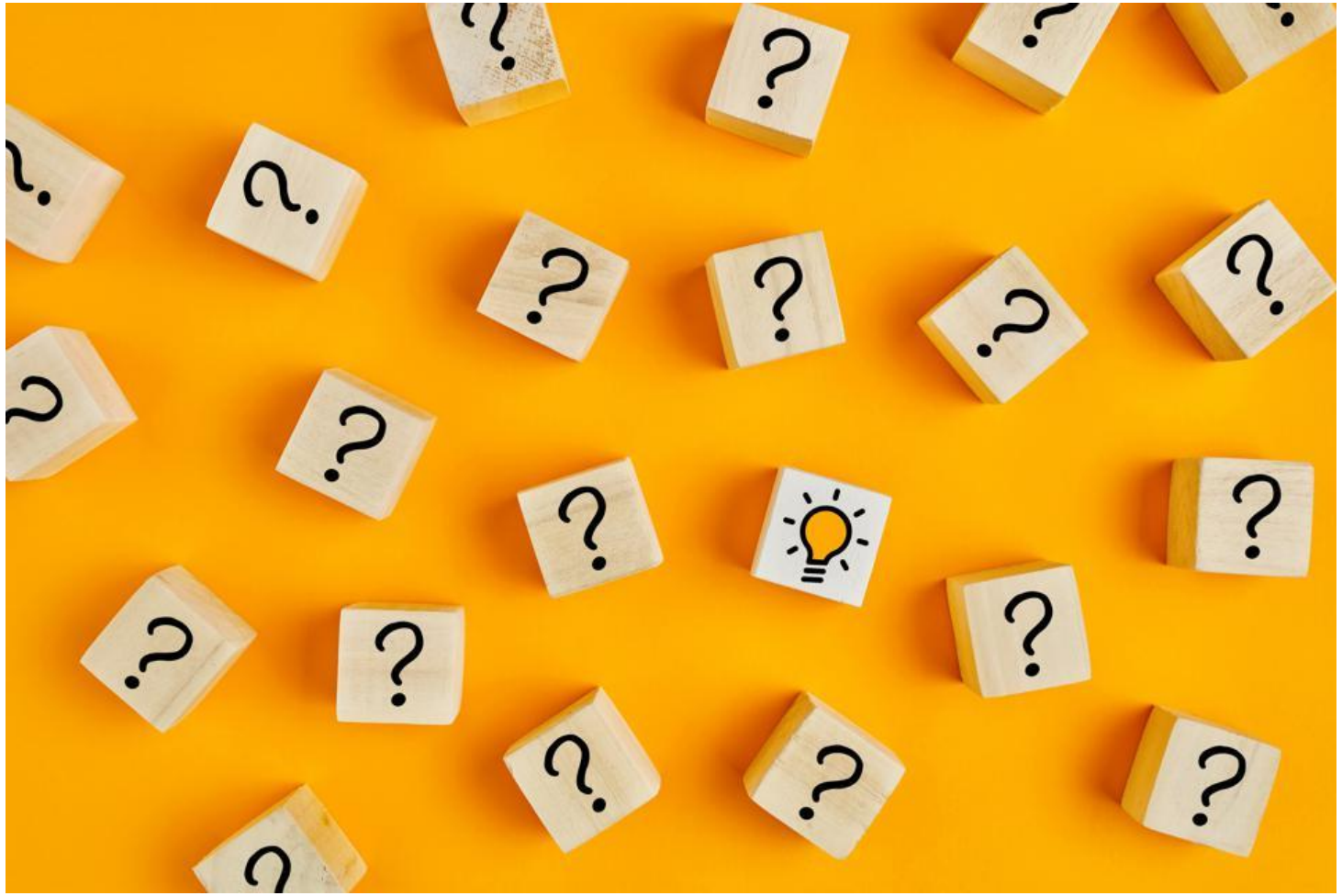



*Last mobile clinic at PATH San Diego took place on March 29, 2022!*

# Contact Information

Diana Aguiar Briceno | *Housing Partnerships Manager*

Diana.AguiarBriceno@SYHC.ORG and 619.253.4280



# Questions?

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# Thank You!

We appreciate your participation in this webinar. **Please take a moment to provide your feedback by taking a brief survey!** The link will be in the chat box and will also open in a separate window when you exit this session.

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