

Restoring Connections for Older Adults: Leveraging Community Services to Combat Social Isolation



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The Lamy Center is dedicated to improving drug therapy for aging adults through innovative research, education, and clinical initiatives.

Meet our Team



Peter Lamy Center
on Drug Therapy
and Aging



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Program Faculty*

Moderator:

- **Linda Stewart, MPA**, Caregiver Program Manager at Johns Hopkins Bayview Medical Center.

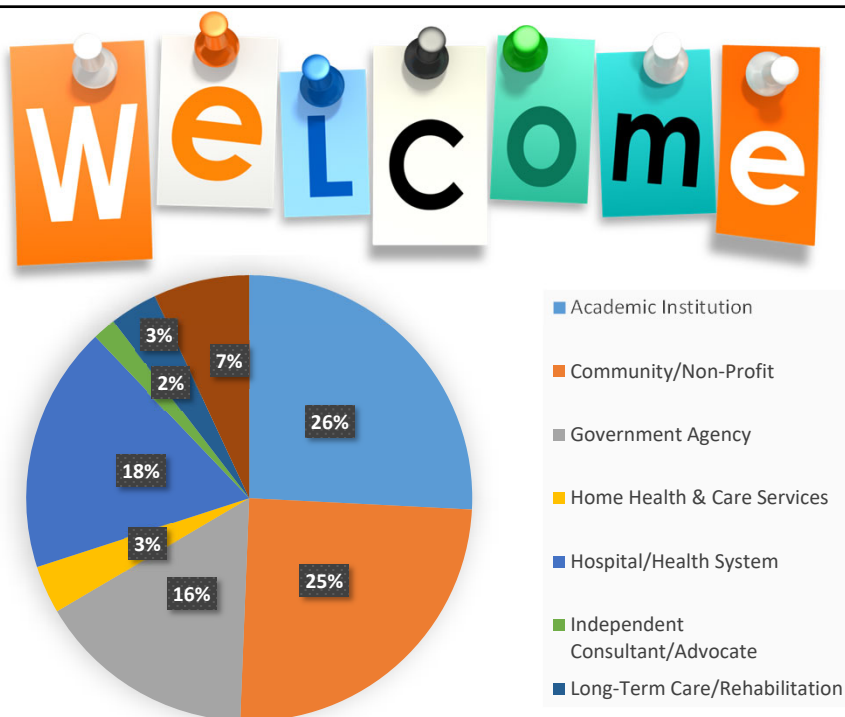
Panelists:

- **Kim Burton, BA**, Patient Advocate and Educator, Mental Health Association of Maryland
- **Tricia Cash, PharmD, BCGP, CCP, CDCES**, Frederick Health Network Clinical Pharmacist
- **Kim McCormick, RN, CCP**, Frederick Health Network Care Coordinator, Frederick Health
- **Marina Nellius, LCSW-C**, Community Social Worker, MedStar House Call Program

No conflict of interest disclosures

*Bios and contact information at the end of the presentation

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At the end
of this
session,
participants
should be
able to:



1. Identify red flags for social isolation and how to incorporate strategies to improve mental and health wellness into an interprofessional care plan.



2. Describe models of care that partner older adults with health care systems and services.



3. Recommend age-friendly resources to help support older adults and their caregivers in the community.

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Social Isolation: Risks & Recommendations for the Patient Care Team

Marina Nellius, LCSW-C
MedStar House Call Program

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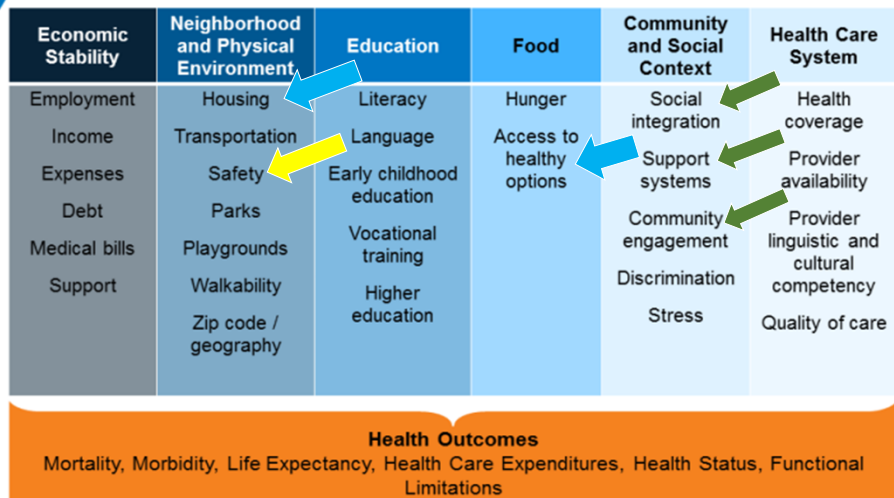
Baltimore: A Tale of Two Cities



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Figure 1
Social Determinants of Health



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Social Isolation vs. Loneliness



Quantifiable



Subjective

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JAMA Internal Medicine

July 23, 2012

Loneliness in Older Persons: A Predictor of Functional Decline and Death

Carla Perissinotto, MD, MHS, Irena Cenzer, MA, Kenneth Covinsky, MD, MPH

National survey of 1604 adults aged >60 followed for 6 years

Asked if they were lonely - UCLA Loneliness Scale

- Classified as lonely if responded "some of the time or often to any of the 3 questions"

Outcomes:

- Death
- Decline in Function
 - Activities of Daily Living (ADLs)
 - Other mobility tasks



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Other Variables Examined

Characteristic		Lonely (N = 693)	Not Lonely (N= 911)	P-value*
Demographics	Age (mean, SD)	71.3 ± 7.9	70.5 ± 7.2	0.041
	Age Category, %			
	60-65	29.0	30.5	0.062
	65-75	42.0	45.7	
	>75	29.0	23.8	
	Female, %	67.1	53.5	<0.001
	Ethnicity, %			
	White	76.2	85.8	<0.001
	Black	14.7	8.6	
	Hispanic	7.8	4.8	
SES Measures	Other	1.3	0.8	
	Married or Partnered	62.5	83.9	<0.001
	<HS education, %	26.8	19.0	<0.001
	Income, median (IQR)	28K (16K – 46K)	39K (24K – 65K)	<0.001**
	Net worth, median (IQR)	147K (46K – 375K)	245K (88K – 554K)	<0.001**
Living Arrangements	Working for pay, %	19.1	28.4	<0.001
	Living in Urban Area, %	66.6	70.9	0.065
	Living Alone, %	26.7	10.5	<0.001

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PNAS

April 9, 2013

Social isolation, loneliness, and all-cause mortality in older men and women

Andrew Steptoe, Aparna Shankar, Panayotes Demakakos, and Jane Wardle

- 6500 men and women over 7 years
- Mortality higher in socially isolated AND lonely
- Loneliness NOT independent of demographic factors

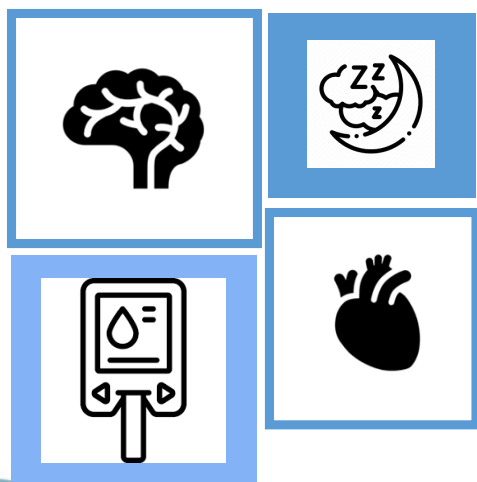
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Role of the Patient Care Team

- Identify those at risk of social isolation or loneliness
 - Lubben Social Isolation Scale or Berkman-Syme Social Network Index
 - UCLA Loneliness Scale
- Refer as needed to mental health specialist or other community supports

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Health Effects



May be harmful at any age, and likely worse for older adults.

Social isolation and loneliness are associated with:

- **HIGHER** health care costs
- Increased mortality

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Social Isolation References/Resources

- ❑ Algren, M., Ekholm, O., Nielson, L., Ersboll, A., Bak, C. & Anderson, P. (2020). Social isolation, loneliness, socioeconomic status and health-risk behavior in deprived neighborhoods in Denmark: A cross-sectional study. *Social Science and Medicine Population Health*. Retrieved from <https://reader.elsevier.com/reader/sd/pii/S2352827318302180?token=7C1B8DA05DF72EB62C0ED12832F55FBF8FB0C0218E75DB6B7AEA4B88180E174C5E1E57D881402B28DFAF65F74DBBCB12&originRegion=us-east-1&originCreation=20210608185018>
- ❑ Centers for Disease Control and Prevention. Loneliness and Social Isolation Linked to Serious Health Conditions. (2021). Retrieved from <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>
- ❑ Lubben Social Isolation Scale, https://www.brandeis.edu/roybal/docs/LSNS_website_PDF.pdf
- ❑ National Academies of Sciences, Engineering, and Medicine. (2020). *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663external icon>.
- ❑ Perissinotto, C. M., Cenzer, I. S., & Covinsky, K. E. (2012). Loneliness in older persons: a predictor of functional decline and death. *Archives of Internal Medicine*, 172(14), 1078-1084.
- ❑ Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences*, 110(15), 5797-5801.
- ❑ UCLA Loneliness Scale, https://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Loneliness_and_Interpersonal_Problems_UCLA_LONELINESS.pdf

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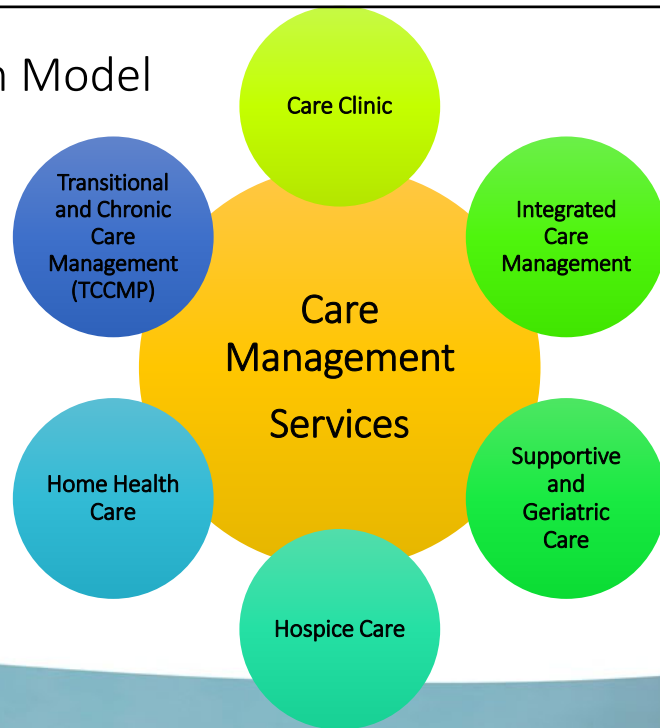
Making Connections: Frederick Health

Kim McCormick, RN, CCP

Tricia Cash, Pharm. D., BCGP, CCP, CDCES

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Frederick Health System Model



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Interprofessional Team

Disciplines helping identify those with social isolation

- Social workers
- Behavioral health specialists
- Community health workers

Access point to other services

- Living Well Series– 6 week programs
- FH Resources
- Community Resources

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Transitional and Chronic Care Management (TCCMP)

Tele-monitoring services

- Monitor blood pressure, pulse, weight, pulse ox and virtually with weekly phone call checks

Medication management services

- Weekly pill fills for improvement in adherence and provide weekly visits

Companionship Program

- 30 minute visit weekly to identified seniors
- CNA/Med Assistant
- Senior specific activity

- Total Participants: 385
- Medication management: 105
- Companionship: 6

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Senior Service Grant

CHW, RN and Coordinator

Current enrollment: 46 seniors (Goal: 100)

Referral from housing authority

Identifies need to other organizations and those who benefit from weekly visits

Loneliness scale used

Work with HHC to identify safety needs

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Integrated Referral Form			Frederick Health	
Patient Information				
LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	
DAYTIME PHONE #		ALTERNATE PHONE #		PREFERRED LANGUAGE
CONTACT PERSON NAME		PHONE #		RELATIONSHIP
INSURANCE				
Diagnosis: _____				
Referral to Frederick Health Medical Group Supportive & Geriatric Care: Fax to 240-566-7400 <input type="checkbox"/> Provider <input type="checkbox"/> SW or ACP			Referral to Transitional and Chronic Care Management (TCCMP) or Care Clinic (CC): If patient has PCP AND/OR Insurance, fax to TCCMP at 240-566-7866 If patient does NOT have PCP AND does NOT have insurance, fax to CC at 240-566-7865	
Referral to Frederick Health Home Care: Fax to 240-566-4907 <input type="checkbox"/> SN: _____ <input type="checkbox"/> PT: _____ <input type="checkbox"/> OT: _____ <input type="checkbox"/> ST: _____ <input type="checkbox"/> MSW: _____ <input type="checkbox"/> HHA: _____			<input type="checkbox"/> Medical Management/Education: Diabetes/HIV/COPD/Sepsis/Other <input type="checkbox"/> Support Groups <input type="checkbox"/> Tele monitoring <input type="checkbox"/> Counseling Resources <input type="checkbox"/> Link to Mental Health or Addiction Services <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Assist with completing forms <input type="checkbox"/> Medication Management <input type="checkbox"/> Resource Referral & Advocacy: Transportation/Food/Meds on Wheels/ Prescription Assistance/Dental/Health Insurance/Other <input type="checkbox"/> Other: _____	
Referral to Frederick Health Hospice: Fax to 240-566-3040 <input type="checkbox"/> Evaluate and accept as appropriate				
Brief Explanation of Concern: _____				

REFERRAL MADE BY		DEPARTMENT		PHONE #
PROVIDER NAME		PROVIDER SIGNATURE		DATE
Please include patient's current medication list and any recent office notes with referral if possible.				
FrederickHealth.org				

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Age-Friendly Community Resources

Kim Burton, BA, Patient Advocate and Educator, Mental Health Association of Maryland

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Would you admit loneliness? If so to who?



- Please type your answer in the chat box.

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Would you admit to loneliness to...

- To your doctor at a routine visit?
- To an older family member?
- To a younger family member?
- At a gathering among friends?
- To your closest friend?
- To a spiritual leader (Rabbi, Pastor, Imam)?
- To a person who has just admitted their loneliness to you



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COVID 19 Response to Socially Isolated Older Adults



**Baltimore
Neighbors
Network**

❖ Baltimore City, March 2020 - May 2021

❖ 750 volunteers

❖ 11,000 connections

❖ 1,200 resource referrals

❖ 66% of neighbors requested ongoing phone calls for support and community connection

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- **Connections Project** (Baltimore County), Mental Health Association of Maryland
<https://www.mhamd.org/what-we-do/outreach-and-education/peers/connections-project/> Contact: Casey Saylor 443-901-1550 x 213
- **Telephone Reassurance Program** (Frederick County), Mental Health Association of Frederick - <https://fcmha.org/how-we-help/reassurance>
Contact: Latisha Carr 301-663-0011x 120
- **Pro Bono Counseling Project** <https://probonocounseling.org/>
WARM line 410-598-0234
- **Maryland Access Point** 844-627-5465 <https://aging.maryland.gov/Pages/maryland-access-point.aspx> (soon to partner with 211 Maryland)
- **Keswick's Wise and Well Center for Healthy Living**
<https://choosekeswick.org/www-resource-center/>
- **BDS Healthy Aging Networks** Wednesdays, 12:30 to 3:30 pm
Contact Betsy Simon: bdsimon2020@gmail.com or 410-375-7504

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<https://aarpcommunityconnections.org/friendly-voices/>

AARP Community Connections

Get Help Request a call



AARP FRIENDLY VOICE

Connecting People to People

We may be isolated, but we don't have to be alone. Sometimes, just hearing a friendly voice on the other end of the line can help in challenging times. Trained AARP Friendly Voice volunteers will provide a call to say hello. **Request a call:**

- Call us directly at 1-888-281-0145 and leave us your information and we will call you back
- Llámamos directamente al 1-888-497-4108

This service is currently available only for callers from the US

If you are in crisis, please see our [Helpline page](#) for resources.

➤ Mental Health America: Getting and Staying Connected

<https://mhanational.org/stay-connected>

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National Programs

"The risk of social isolation is even greater for LGBT elders. LGBT older people are twice as likely to be single and live alone, and four times less likely to have children. These statistics are what drive the mission of SAGE USA so that these elders have a community to lean on for friendship, support, and basic livelihood."

- **Friendship Line** – a 24/7 call program of the Institute on Aging. Serves as nationally accredited crisis / suicide prevention line for older adults. Also a source for grief services. 800-971-0016 <https://www.ioaging.org/services/all-inclusive-health-care/friendship-line>

- **SAGE Connect** supports older adults in the LGBTQ community <https://www.sageusa.org/sageconnect/>

- **Call Hub**, a program of the Motion Picture & Television Fund, developed training, tools, resources, and infrastructure to facilitate volunteer-based supportive call programs. <https://mptf.com/call-hub/>

- **Mon Ami** – source of resources and guidance to build telephone support programs <https://www.monami.io/>

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Are there age-friendly resources from your organization that can be shared?



- Please type your answer in the chat box.
- These resources have not been reviewed. Please use your professional judgement.

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Panel Discussion, Q&A Facilitator

Linda Stewart, MPA, Caregiver Program Manager at Johns Hopkins Bayview Medical Center

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What new connections can you make?



It takes team



Screening, touch points,
access to resources



Consider patient identity
and preferences

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Session Survey



FOLLOWING THIS WEBINAR, A LINK TO THE
EVALUATION WILL BE EMAILED TO YOU.

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Kim Burton, BA

Contact: kscburton@gmail.com

- **Kim Burton** is the former Director of Older Adult programs for the Mental Health Association of Maryland where she led advocacy and educational programs regarding late life mental health for more than 20 years. Kim remains active in Maryland aging and behavioral health networks and continues to provide public and professional education and training.

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Tricia Cash, Pharm. D, BCGP, CCP, CDCES

Contact: PCash@Frederick.Health

- **Tricia Cash** is a Doctor of Pharmacy and Clinical Pharmacist for Frederick Health in Frederick Maryland where she practices in several interprofessional primary care clinics providing services to Medicare recipients. She serves on the boards of both SOAR (Serving Older Adults through Resources) and the Maryland Board of Examiners of Nursing Home Administrators. Dr. Cash is a board certified geriatric pharmacotherapy specialist and as a diabetes educator. Her areas of interest include de-prescribing and integrated care.

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Kim McCormick, RN, CCP

Contact: KMccormick@Frederick.health

- **Kim McCormick**, is a registered nurse with over 35 years of experience practicing in hospital systems in Pennsylvania, New York and Maryland. She has practiced in several counties in Maryland including Carroll, Montgomery and Frederick Counties. During her 21 years with Frederick Health she has focused on inpatient oncology, cardiac care and the latter years with home health. Most recently, she has been part of the inaugural team during the rollout of Frederick Health's Chronic Care Management Program.

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Marina Nellius, LCSW-C

Contact: Marina.P.Nellius@medstar.net

- Marina Nellius is a community social worker with MedStar House Call Program. In this role, Ms. Nellius engages her program development and strategic planning skillsets with her geri-neuro psychiatry experience. She assists home-limited patients with navigating the medical, mental health and social systems to address their holistic health needs. Due to her deep understanding of elder community health needs, she is considered a valued advocate and is a member of several community-based coalitions, advisory boards and non-profit boards. She is also a director-at-large for the American Academy of Home Care Medicine. Ms. Nellius attended Pennsylvania State University and graduated with a Master's in Social Work from University at Buffalo

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Linda Stewart, MPA

Contact: lstewa27@jhmi.edu

- **Linda Stewart** is the caregiver program manager at Johns Hopkins Bayview Medical Center where she leads the *Called to Care* program. Recognizing the vital role family caregivers play in taking care of loved ones, and the physical and emotional stresses that often accompany this role, *Called to Care* provides relevant health information, training, care partner groups and linkages to a broad network of supportive resources. Linda joined the Hopkins Bayview staff in 2013 and brings diverse professional experience rooted in non-profit management, education, and leadership of mission-driven teams to enhance the lives of youth and older adults in our community and nationally.

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Restoring Connections for Older Adults: Leveraging Community Services to Combat Social Isolation



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