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

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

Meet our Team
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*
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.

Social Isolation: Risks & Recommendations for the Patient Care Team

Marina Nellius, LCSW-C
MedStar House Call Program
Baltimore: A Tale of Two Cities

Social Determinants of Health

- Economic Stability
  - Employment
  - Income
  - Expenses
  - Debt
  - Medical bills
  - Support
- Neighborhood and Physical Environment
  - Housing
  - Transportation
  - Safety
  - Parks
  - Playgrounds
  - Walkability
  - Zip code / geography
- Education
  - Literacy
  - Language
  - Early childhood education
  - Vocational training
  - Higher education
- Food
  - Hunger
  - Access to healthy options
- Community and Social Context
  - Social integration
  - Support systems
  - Community engagement
  - Discrimination
  - Stress
- Health Care System
  - Health coverage
  - Provider availability
  - Provider linguistic and cultural competency
  - Quality of care

Health Outcomes
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Social Isolation vs. Loneliness

Quantifiable

Subjective

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
Other Variables Examined

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Lonely (N = 693)</th>
<th>Not Lonely (N= 911)</th>
<th>P-value *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
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<tr>
<td>Age (mean, SD)</td>
<td>71.3 ± 7.9</td>
<td>70.5 ± 7.2</td>
<td>0.041</td>
</tr>
<tr>
<td>Age Category, %</td>
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<tr>
<td>60-65</td>
<td>29.0</td>
<td>30.5</td>
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<td>65-75</td>
<td>42.0</td>
<td>45.7</td>
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<td>&gt;75</td>
<td>20.0</td>
<td>23.8</td>
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<tr>
<td>Female, %</td>
<td>67.1</td>
<td>53.5</td>
<td>&lt;0.001</td>
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<tr>
<td>Ethnicity, %</td>
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<tr>
<td>White</td>
<td>76.2</td>
<td>85.8</td>
<td>&lt;0.001</td>
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<tr>
<td>Black</td>
<td>14.7</td>
<td>8.6</td>
<td></td>
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<tr>
<td>Hispanic</td>
<td>7.8</td>
<td>4.8</td>
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<tr>
<td>Other</td>
<td>1.3</td>
<td>0.8</td>
<td></td>
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<tr>
<td>Married or Partnered</td>
<td>62.5</td>
<td>83.9</td>
<td>&lt;0.001</td>
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<td>SES Measures</td>
<td></td>
<td></td>
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<tr>
<td>&lt;HS education, %</td>
<td>26.8</td>
<td>19.0</td>
<td>&lt;0.001</td>
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<tr>
<td>Income, median (IQR)</td>
<td>28K (16K – 46K)</td>
<td>39K (24K – 65K)</td>
<td>&lt;0.001 **</td>
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<tr>
<td>Net worth, median (IQR)</td>
<td>147K (46K – 375K)</td>
<td>245K (88K – 554K)</td>
<td>&lt;0.001 **</td>
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<td>Working for pay, %</td>
<td>19.1</td>
<td>28.4</td>
<td>&lt;0.001</td>
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<td>Living Arrangements</td>
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<td>Living in Urban Area,%</td>
<td>66.6</td>
<td>70.9</td>
<td>0.065</td>
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<tr>
<td>Living Alone, %</td>
<td>26.7</td>
<td>10.5</td>
<td>&lt;0.001</td>
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</tbody>
</table>

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
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

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
Social Isolation References/Resources


- Lubben Social Isolation Scale, https://www.brandeis.edu/roybal/docs/LSNS_website_PDF.pdf


Making Connections: Frederick Health

Kim McCormick, RN, CCP
Tricia Cash, Pharm. D., BCGP, CCP, CDCES
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
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

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
Age-Friendly Community Resources

Kim Burton, BA, Patient Advocate and Educator, Mental Health Association of Maryland
Would you admit loneliness? If so to who?

• Please type your answer in the chat box.

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
COVID 19 Response to Socially Isolated Older Adults

- 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

- **Connections Project** (Baltimore County), Mental Health Association of Maryland
  [https://www.mhamd.org/what-we-do/outreach-and-education/peers/connections-project/](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](https://fcmha.org/how-we-help/reassurance)
  Contact: Latisha Carr 301-663-0011x 120

- **Pro Bono Counseling Project** [https://probonocounseling.org/](https://probonocounseling.org/)
  WARM line 410-598-0234

- **Maryland Access Point** 844-627-5465 [https://aging.maryland.gov/Pages/maryland-access-point.aspx](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/ww-resource-center/](https://choosekeswick.org/ww-resource-center/)

- **BDS Healthy Aging Networks** Wednesdays, 12:30 to 3:30 pm
  Contact Betsy Simon: bdsimon2020@gmail.com or 410-375-7504
AARP https://aarpcommunityconnections.org/friendly-voices/

Mental Health America: Getting and Staying Connected https://mhanational.org/stay-connected

National Programs

• 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.aoa.gov/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/

“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.”
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.

Panel Discussion, Q&A Facilitator

Linda Stewart, MPA, Caregiver Program Manager at Johns Hopkins Bayview Medical Center
What new connections can you make?

- It takes team
- Screening, touch points, access to resources
- Consider patient identity and preferences

Session Survey

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

Speaker Bios

Contact US
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.

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.
Kim McCormick, RN, CCP

Contact: KMcCormick@Frederick.health

• **Kim McCormick**, 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.

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.
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.