



The Ideal Social Intervention for Community Dwelling Elderly

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Capstone Outline

- Introducing the Problem
- Background
- Purpose of Capstone
- Methods
- Results
- Future Recommendations
- Competencies Developed
- Conclusions



The Problem:

Social isolation and loneliness as a major risk factor for poor health among the growing aging population

- The elderly are the fastest growing demographic to date and in the next 30 years will reach 1.6 Billion globally (*An Aging World: 2015. United States Census Bureau*)
- A new point of interest is ensuring a **quality life** rather than purely longevity
- Public health can intervene in order to promote **successful and healthy aging**
- Interventions targeting social isolation and loneliness are associated with health benefits that improve quality of life
- Community based programs are a critical place to intervene



Background





Background on the Topic

- **Social isolation:** an objective observation of one's social network, where it is deficient in social contact
- **Loneliness:** subjective perception of one's connectedness to others in quality and quantity
- It is estimated that 50 to 60% of community dwelling older adults live in a state of social isolation and/or loneliness
- **Risk Factor:** 23% of the elderly in Israel ages 65-74 live alone and the rate increases with age and among women
- Formal and informal social participation may combat such feelings



↑ **Social Participation** = ↓ **Isolation and Loneliness**

- Life events such as retirement, death and illness within network, health status and SES may impede social participation
- However! Social interaction is critical for healthy aging!
 - Benefits Include: improvements in mobility, cognition and self-rated health
- Direct findings from the literature
 - James et al (2011) presented a decline of 43% in risk of ADL deficiencies among those who participated in social activities over a 12 year span
 - A secondary study conducted by James et al (2011) discovered a 70% decrease in cognitive decline among older adults socially active for 5 years, where those not social had no such benefits

Poor Health ↔ Social Isolation

Implications for Interventions?



Method of Intervention: The Senior Day Centre

- Intervention where the social community is a focal point
- Ideal space for health promotion interventions of the elderly
 - Falls prevention, influenza vaccines, diabetes management, cognitive therapies
- Novek et al (2013) presented that 90% of participants of a senior centre in Manitoba confirmed the activities improved their emotional wellbeing and 85% reported reductions in stress
- These centres promote activities that strengthen dignity and independence
- Diverse programs tackle health on cognitive levels (creative or problem solving programs), physical (adapted exercises) and creative (arts and crafts)

Purpose of Policy Analysis:

“To investigate the effectiveness of the social programming at a senior centre in downtown Haifa, to implement and analyze a novel intervention, and determine the ideal intervention for community dwelling population”



Methods of Investigation





Process of Research

- Investigated programs for elderly in Haifa Area
- Elderly+Centre+Haifa, Day-centre+Seniors+Haifa were terms used to search in the area postings through Google
- Contact was made with *Shilo*, “an association for developing services for the elderly”
- **Services included:** transportation to and from facility, meals, cognitive therapies, health lectures, social activities in Hebrew and Russian
- **Diverse professional team:** Occupational Therapist (main contact), Nurse, social service workers, arts specialist, physiotherapist, Program director
- I was accepted as a practicum student for 2 months; meetings were held to determine the role



Process of Design

Needs Assessment: Various Levels

- **Social** → Social issues, demographics, neighbourhood characteristics
- **Epidemiological** → Priority health issues; statistics
- **Behavioural/Environmental** → Factors influencing health and behaviour
- **Administrative/Policy** → Policy/legislative factors influencing behaviour

Main Finding: Diabetes management and prevention is a critical opportunity for intervention

→ Needs assessment of population in Haifa using literature and statistics to later be combined with data collected through qualitative research methods of observation



Process of Observation/Survey

Two methods of data collection:

- Direct Observation
 - Observations of two programs were recorded over 4 weeks
 - Health Topic lectures by a Nurse biweekly
 - Small group social programs (cognitive games, open discussions)
 - Retention, attention of programs and attendance, and quality of facility were noted
- Unstructured Interviewing
 - Conducted in simple Hebrew
 - Guiding questions and free flowing conversation

Participant Interviews

Q1: Why do you attend the centre?

Majority of the participants mentioned they attended the centre to be social; to talk to friends, to have company and to not feel lonely. Many participants liked the activities offered, where one woman stated: "I wouldn't leave the house or move all day if I didn't come here". Another mentioned, "I get information from the nurse about my health and the programs keep me young". Further one mentioned, "My daughter doesn't speak to me anymore, my husband passed and you all are my family"

Q2: How often to attend the program?

Responses included: "as much as I can", "almost everyday if I feel okay to come", "every day", "not as much as I would like".

Q3: What type of programs would you like more of?

A lot of the participants asked for lectures on how to stay healthy, what vitamins to take and which not to take. Many participants asked for question and answer sessions

where they can ask about why their ankles are swollen or what exercises to do at home. One woman asked just for something fun, where she can talk and learn.

Q4: What do you think about the exercise and cognitive programs?

One woman regarded the exercise classes as the only way she will move daily. Another regarded it as being told to move like a baby and it was not her favorite. Another participant loved the environment and moving with friends. "The computer programs make my brain feel healthy, I remember more", and "I like the puzzles".

Q5: What would you be doing if you didn't come to the centre?

"I would be alone at home", "I would be watching tv", "if the bus didn't pick me up I wouldn't be able to leave my house"

Staff Interviews

Q1: Where do you see a need for a public health student at Shilo?

The staff agreed that the participants would benefit from another health professional to speak about important health topics, besides the nurse who comes every two weeks. The staff mentioned frequently that the centre is already short staffed and volunteers are scarce, therefore a student would greatly assist with the programming.

What are the main health risks of participants at Shilo?

The most concerning was diabetes, cognitive decline, and mobility issues.

When is the best time to run an additional program?

Before or after the social programs, for less than 20 minutes would be ideal for this elderly population

What is the best method to structure a social or educational program for this group?

The staff agreed that doing a short intervention would be the best for this group. Many participants lose interest quickly or are fatigued during programming. As well, the group was relatively loud and distractible therefore group sessions with less than 10 participants would be best (especially for a moderate level of Hebrew). In terms of the content, the staff emphasized that simple language and content should be included, at a slow pace that is understandable to the "third age" or the elderly.



Process of Evaluation

Based on Qualitative Methods:

- The effectiveness of the Shilo programs were evaluated
 - Criteria: Relevant, maintains social network, aligns with literature
- The effectiveness of novel, educational intervention would be evaluated
 - Criteria: Information retained, relevant, enjoyable, social benefits

→ Pre intervention Interviews and Post-intervention interviews



Results and Insight





The Novel Intervention

- Data combined from Needs Assessment, Interviews & Observations
- Brief Educational Intervention selected for novel intervention
 - Adapted from substance abuse education to fit elderly needs
- 3 part lectures series related to Diabetes Management and Prevention
 - Lifestyle topics include: **Foot Health, Diabetes and Nutrition, Exercise**
 - 10 minute long lecture/week prior to 1 hour social programming
- Language, pace, length of lecture, and style were tailored to this population based on participants and staff observations/interviews

08.10.2017



זריקת רגלן בוטוליום משפרת תופעת רעד בחולי פרקינסון
 Mayo Clin Proc

תואר מקרה: שיתוק קיבה (גסטרופרזיס) עקב טיפול קרינה באישה עם סרטן שד ברוחתי
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תאמרים נוספים

עושות שינוי באום אל-פאחם

טרי, בריא וגם חינוני: תכירו את גינות המאכל בני הילדים

פילוט: חלוקת פירות וירקות טריים לתלמידים

רוצים שהילדים יאכלו בריא יותר? כדאי להימנע מאמירות "שיוקיות"

איך מתמידים בחיים פעילים? הקשר שבין תנועה והגאיה



Results:

Shilo programming created an environment that mitigates the effects of social isolation and improves overall well being

Successes

- Interact with others of similar background, age and interest
- Staff foster a space to speak openly and freely
- Promotes autonomy and open discussion with peers
- Cognitive stimulation
- Engagement in relevant programming (Health Related and lifestyle related)
- Emotional and Instrumental Support

Setbacks

Quality of Facility

- Space
 - Crowded hallways
 - Limited seating in small program rooms
- Air Ventilation
 - Lack of air conditioning in summer months affected attendance and attention



Results: Novel Intervention

Successes

- Lectures and subject matter determined to be
 - Relevant
 - Interesting
 - Enjoyable
 - Well attended
- Topics were easily understood
- Stimulated questions
- Small group intimate discussions
- Sparked curiosity for lifestyle change

Limitations

- Language Barrier
- Intervention Design and Cognition
- Difficult to guarantee/determine retention of lecture material
 - Was information actually transferred to lifestyle?
- Attendees Varied
- Sampling Error
 - Small selected sample was not randomized, externally valid and therefore biased



Future Recommendations: The Ideal Intervention





1) Improve Quality of Facility

Pros

- Funds allocated to improving air quality and comfort
- Improve space for participants
- Guarantee facility does not limit attendance
- Added program rooms to provide more of a variety

Cons

- Requires increase in funds
- Does not guarantee improvements in health and social programming
- May take away funds from staff or actual program resources



2) Extend Shilo Services to the home (if need be)

Pros

- Volunteers available to run programs in members homes
- Provide social network, even if away from centre
- Bring theoretical conversations into practical lifestyle
 - Physical activity in neighbourhood
 - Nutritional Shopping/Cooking

Cons

- May encourage participants to stay home
 - Losing health and social rewards
- Already existing shortage of staff and volunteers
- Extra training necessary



3) Improve coordination and collaboration between services

Pros

- Segmented organizations working together to provide the same service
- Ministry services housed within day centres (vice versa)
- “One stop shop” for elderly
- Awareness of eligible services
 - Nursing Law (1988)
- Less overlap and waste of resources

Cons

- Political conflicts between government ministries, nonprofits and private enterprises with similar goals
 - Butting heads
- More of legislative and political approach rather than tackling programming



4) Provide resources to merge education and socialization at Shilo

Pros

- Capacity building
- Long term sustainability of programs
- Ideal Intervention opportunity:
 - Curriculum that combines health related lectures and social programming that emphasizes discussions
 - Focussing on cognitive and physical stimulation. Self worth, and relevant health topics

Cons

- How to ensure this is being carried out without imposing regulations
- Fine line between assisting and intruding

I-MPH Competencies

Integrated into Field Research

- ★ **Design a population-based intervention**
- ★ **Conduct a Needs Assessment**
- ★ **Utilize different Communication Strategies**
- ★ **Stronger Partnerships and Coalitions**
- ★ **Advocacy**

All of these competencies demonstrate the theoretical knowledge from the IMPH program that was successfully applied and integrated into a practical work setting in health promotion.



Conclusions

- Shilo creates a space for older adults to feel
 - Safe
 - Supported - emotionally and instrumentally
 - Cognitively stimulated
 - Free and trusting to speak their mind
 - Exercise their autonomy
- Policy Analysis highlighted the gaps that exist in community intervention
 - Awareness and eligibility of services
 - Utilizing the homogeneity of group members in experience and interests
 - Merging health content and discussions within a social atmosphere