Risk factors for reduced social engagement in older people

Dr Sally Keeling

National Science Challenge

Ageing Well

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UNIVERSITY of OTAGO
SAPERE AUDE
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Health Sciences

Assessing the needs of older people

- **Key messages** (since 2003, NZGG report)

- Comprehensive – covering multiple domains
- In context – home based, involving family and carer(s)
- Standardised, valid and reliable, and available to support integrated services, and change over time.

Evidence base – risks of reduced social engagement

- Can be both cause and effect, of poorer health outcomes
- Interplay with mood, mobility, everyday functions, physical activity
- interRAI - HC assesses three separate pathways to “risk”
- 3 pathways to improve outcomes, or to recommend cost-effective interventions.

BEST PRACTICE
EVIDENCE-BASED
GUIDELINE
SUMMARY

ASSESSMENT PROCESSES FOR OLDER PEOPLE

...nal Guidelines Group has developed a best practice, evidence-based guideline ...mmendations for appropriate and effective processes for assessment of personal, ...al and clinical needs in older people. This general summary provides an ... recommendations.

AGES

...on of assessment processes for older people across New Zealand is essential.

...f older people should be comprehensive and multidimensional.

...the asymptomatic general population aged 75 years and over has been shown ...roduce the greatest improvement in health and well-being.

...essment, the assessor should work with the older person to develop a treatment/ ...plan.

...d supporting carers' needs result in improved outcomes for both the carer and the ..., including reduction in abuse of older people.

..., Pacific people and some people with known disabilities have a lower life ...an the general population and should be eligible for screening and assessment at ...

...ust be followed by timely and effective interventions and regular follow-up.

...d assessment tool and standard methods of collecting, reporting and comparing ...e used.

...ening and assessment should be complementary parts of an integrated system.

... assessors must receive specialist training, be part of a multidisciplinary team, and ...awareness of older peoples' issues.

...lder Māori should be fluent in te reo Māori me ona tikanga where the older person ...whānau prefers its use, and should be known and respected in their community.

...lder Pacific people should be from the same ethnic background and speak the ...ge as the person being assessed wherever possible.

...rocesses For Older People Guideline and summaries have been endorsed by:

Complete endorsement list available in full guideline.

DOMAINS OF ASSESSMENT

Areas of need of most importance to older people

- personal care
- social participation
- control over daily life
- food
- safety

Domains and dimensions

These are areas in which impairment can be detected at an early stage.

Physical health and functioning

key dimensions: chronic illness, continence, nutrition, gait, mobility, cardiac conditions, gastrointestinal conditions, pulmonary conditions, cerebrovascular conditions, co-morbidities, ADLs and IADLs (including self-care and domestic abilities), iatrogenic disease (specifically due to polypharmacy), sexual functioning, speech and language impairment, dental/oral health, vision and hearing

Mental health and functioning

key dimensions: anxiety, depression, other mental illness, cognitive functioning, dementia, substance abuse, iatrogenic disease due to polypharmacy, emotional well-being

Social functioning

key dimensions: financial status and management, housing, family/whānau support/contact, social networks, social activities and support

Presence and roles of carers, especially informal carers

Risk factors

- aged 75 years or older
- socially isolated and/or living alone
- divorced/separated, never married, single or widowed
- recently bereaved
- has no children
- has poor or limited economic resources
- recently discharged from hospital
- presenting at an emergency department
- recent change in health status with an impact on capacity for independent living
- has multiple disorders or illness
- cognitively impaired
- depressed
- poor self-perceived health
- high or low body mass index
- at the lower extreme of functional impairment
- low physical activity
- taking 3 or more prescription/non-prescription medications
- impairment in sight or hearing
- carer showing signs of stress/change of carer
- carer requests an assessment for the older person

Also consider:

- alcohol, tobacco and/or substance use
- abuse of the person by another

An electronic copy of the full guideline is available for download from www.nzgg.org.nz, or a printed copy is available from info@nzgg.org.nz, phone 64-4-471 4180 or Box 10-663, Wellington, New Zealand.

Social functioning within domains of assessment

- Housing, and living situation (alone, with others)
- Family/whanau support/ contact
- Social networks,
- Social activities and support
- Financial status and management
- Presence and roles of carers, esp. informal

Conducting an assessment conversation at home

interRAI

inter = international, RAI = resident assessment instrument

A shift

- To a standardised and reliable assessment system
- To decision support for assessors and care managers
- To electronic form of communication
- To minimise omissions
- To provide a platform assessment → support services or further investigation
- To 'at point of care' data collection system

Appropriate software enables the data interfaces from one version to another, and data to be aggregated

How to measure and assess social engagement

Section F – Social Functioning

Involvement

Change in social activities (as compared to 90 days ago).

Isolation – a) length of time alone during day b) says or indicates that s/he feels lonely yes/ no.

Section G. Informal Support Services

Name 2 Key informal helpers – Primary and 2ndary Lives with client yes/ no

Relat to client - Spouse, 2, other relative, 3. Friend/neighbour.

Areas of help: advice/ emotional support - IADL ADL

If needed, willingness to increase help

Check - a) Caregiver unable to continue in caring activities -.e.g decline in health.

b) primary caregiver is not satisfied with support received from family and friends

c) Primary CG expresses feelings of distress, anger or depression.

Extent of informal help: Hrs of care, rounded: In last 7 days, IADL and ADL received over last 7 days

Ways reduced social engagement is assessed in interRAI

1. Through measures of social isolation, loneliness and depression, recently reduced social activity, and 'time spent home alone' is also included.

2. Presence or absence of family carer and whether they are co-resident or not.

3. Availability of social support - from family or others in neighborhood or community.

Research Team

- Dr Hamish Jamieson, UOC & CDHB
- Prof Philip Schluter, & Prof Simon Kingham, Univ of Canterbury
- Dr Nigel Millar, CDHB
- Prof Martin Connelly, Dr. Michal Boyd, & Prof Merryn Gott, Univ of Auckland
- Dr Cameron Lacey, UOC & Te Atiawa
- **International:** A/Prof Ruth Hubbard & Prof Len Gray, Univ of Queensland, Prof John Hirdes, Univ Waterloo, Canada, Prof Vince Mor, Brown Univ, USA.

Impacts

- National information on social engagement by ethnicity, gender, age and region; association with significant clinical factors.
- To assist with targeting service planning
- Building NZ's own evidence base within interRAI methodology
- Improving individual care planning and integrating health and social services