

Elder Orphans: What Can Be Done to Assist this Growing Population?

Sue Myllykangas, PhD, CTRS
Professor: Recreation & Gerontology
Northwest Missouri State University

Learning Objectives:

- Upon completion of session participants will be able to:
 - Participants will identify at least three needs of elder orphans and interventions that could meet those needs.
 - Participants will identify at least one partnership in the community that could work with their agency to address the identified needs of elder orphans.
 - Participants will generate a list of at least 10 interventions to meet the holistic needs of elder orphans.

Reflection & Discussion

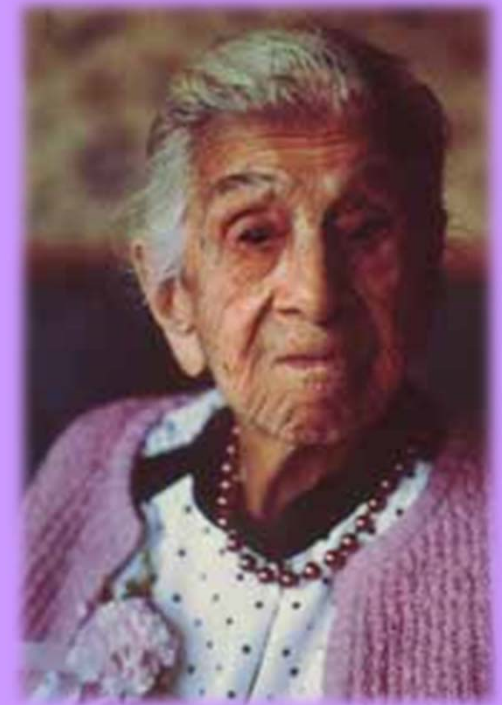
Who Cares for You Now?

- ❖ How do you currently stay healthy every day?
- ❖ What kinds of activities do you do for leisure? Who do you do it with?
How much money does it take to do these things?
- ❖ Who helps you stay motivated to meet health & wellness goals?
- ❖ Who can you call if you need a loan or want to talk?
- ❖ Who do you trust or rely on to give you a hug or touch you each day?
- ❖ Who would take care of you for an extended time following surgery?
- ❖ Who do you write down as emergency contacts on forms?
- ❖ Imagine you have no one to assist you in doing these things.

Definition & Terminology

“Aged, community dwelling individuals who are socially and/or physically isolated, without an available known family member or designated surrogate or caregiver.” Carney, 2016

- Elder Orphans
- Solo Agers
- Unbefriended
- Vulnerable Elderly
- Patients Without Surrogates
- Geographically Isolated Seniors



Carney, M.T., Fujiwara, J., Emmert, B. E., Liberman, T. A., and Paris, B. (2016). Elder Orphans Hiding in Plain Sight: A Growing Vulnerable Population. *Current Gerontology and Geriatrics Research*, volume 2016, p. 1-11.

Statistics



States with most Elder Orphans (2017)

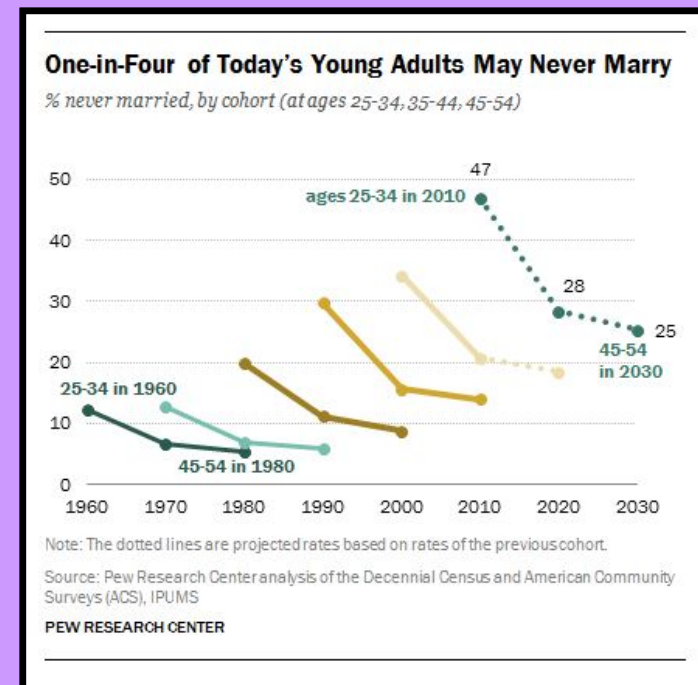
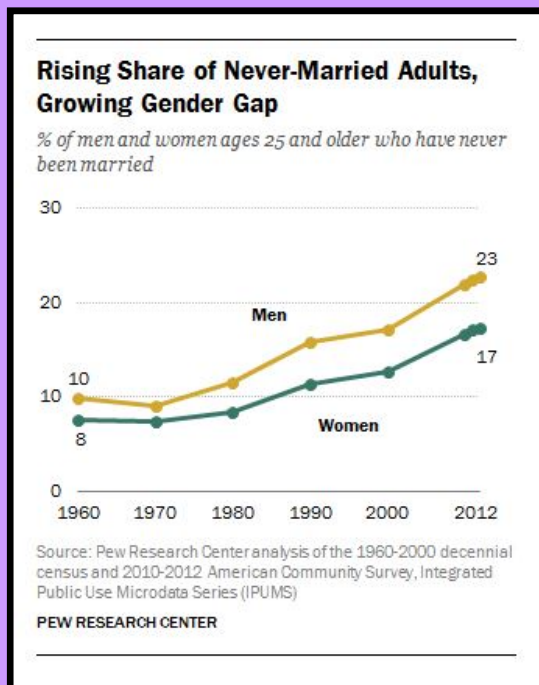
- North Dakota
- Rhode Island
- Nebraska
- South Dakota
- Massachusetts

- 1/3 of Americans age 45-63 are single
 - 50% increase from 1980
- Nearly 19% of women age 40-44 have no children
 - 10% in 1980
 - US Census 2012
- 22% of people aged 65 or older currently are or are at risk to become elder orphans (2015, Univ. Michigan's Health & Retirement Study)
- 15 million “solo agers” in US (2018)
- 2014 JAMA study – surrogates involved for nearly half of hospitalized older adults

Elder Orphans A Continuing Issue



<http://www.pewsocialtrends.org/2014/09/24/record-share-of-americans-have-never-married/>



Topics of Interest to “Elder Orphans”

- Getting around without having to drive
- Finding an affordable place to live
- Making medical arrangements
- Having someone look after us when care needs come up
- Locating and appointing a trustworthy health care proxy
- Relieving financial worries
- Staying physically active and mentally capable
- Maintaining hobbies
- Learning new skills
- Getting a job



Women struggle more financially to meet aging needs



- On average women pay 13% more for similar items than men do
- Women make .82 cents for every \$1 a man makes (2021 Payscale)
- Women's labor force participation is at a 33% low as more women step out of work to take on caregiver roles.
- Single people have only 1 income to cover all expenses and usually have less saved up for later years.
- Housing expenses in later life
 - 55+ Retirement Communities
 - May be able to purchase house
 - Monthly homeowner fees \$300-\$1300

Fears About Aging Alone

Carol Marak, Elder Orphans Facebook Group Facilitator, May 2018



- Fear of Isolation
- High-Cost of Housing
- Growing Healthcare Expenses
- Rising Cost of Living
- Inability to Care for Self
 - Guardianship or conservatorship
 - *De-person*
- Poor Self-Image
 - Lack of Purpose, Self-Esteem
- Lack of Community Support & Services

Social Support

- Low social support linked to
 - Poor physical & psychological health
 - Increased risk of mortality
- Decreased social interaction
 - Low affect & arousal – Depression
 - Increased risk of MI and stroke
 - Poor cognitive & social skills
 - Altered neurophysiological functioning

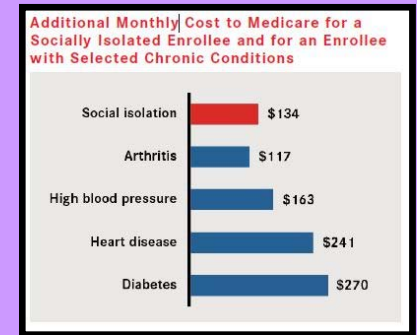


Isolation & Loneliness

- **Social Isolation** – limited contact with others
- Risk factors for:
 - Medical complications
 - 29% increase in risk of Mortality
 - Poor Psychological Health
 - Functional Decline
 - Cardiovascular Death
- **Loneliness** – subjective feeling of being socially alone & isolated
- Risk factors for:
 - Functional decline (mobility, climbing, upper extremity tasks, and ADLs)
 - Increased inflammation & decreased sleep
 - 26% increase in risk of Mortality
 - Coronary Disease
- 32% increase in risk of Mortality from just LIVING ALONE!

Costs of Loneliness & Isolation

- Univ. of Michigan – Health Retirement Study (2012) – 5,300 people 65+
- 14% found to be isolated with little social support
 - More likely to be male, white, urban and poor
 - Suffered more from depression, trouble with ADLs, likely to have 5+ chronic illnesses
- Medicare spent an average of \$134 extra a month on them (\$1,608 per year)
- Across all older Americans = **\$6.7 BILLION dollars each year**
- Isolation costs more per year than arthritis & just a bit less than high blood pressure
- Not admitted to hospital more than others – but when they do, they stay longer & have more expensive tests.
- Sooner admittance into and longer stays in acute care rehabilitation & skilled care facilities
- Does isolation speed up decline or does worsening health make it harder to stay connected?
 - **BOTH** can be true at the same time!
 - Economic interest in addressing isolation and loneliness



Cost of Care

Genworth Financial, April 2015

- Nursing home bills rose nearly 4% a year
- One year in a nursing home costs nearly as much as three years of tuition at a private college.
 - \$87,600 was the median cost PER YEAR in 2015
 - One year in an assisted-living facility runs \$43,200.
 - A year of visits from an agency's home health aides runs \$45,760
- Medicaid pays for more than ½ of the country's nursing home bills!
 - This represents ¼ of all Medicaid spending in the country
- “If we can provide earlier social services and support, we may be able to lower high health care costs or prevent the unnecessary use of expensive health care” (Carney, 2016, Elder Orphans Hiding in Plain Sight)

Nearly a quarter of Americans may be at risk of becoming an elder orphan.
Here's how home care services help.



VISITINGANGELS.COM

As Boomers Age, an “Elder Orphan” Crisis Emerges

[Contact Us](#)

Suggested Solutions

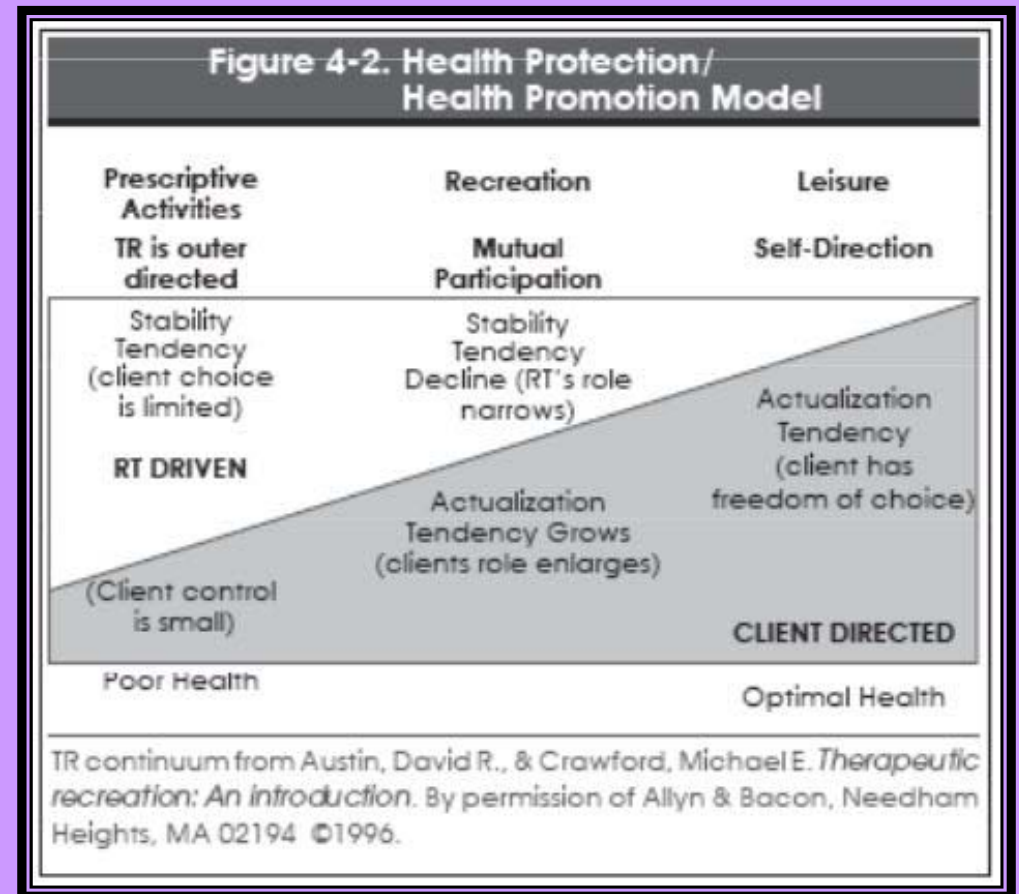
Carney, 2016, p. 10

1. **Community** based aging resource centers & adult day care centers
 - Community access to social services and senior organizations with a goal of preventing avoidable hospital admissions
 - Senior Centers – Activity Theory = Recreation!
2. **Community** multidisciplinary teams to care for patients with medical, functional, social, & safety needs.
3. Public-private partnerships to help vulnerable populations, linking health-care teams with **community** and governmental agencies
 - Social services, adult protective services, and senior agencies

ProActive VS ReActive

RT/TR “uses activity, recreation, and leisure to help people to deal with problems that serve as barriers to health and to assist them to grow toward their highest levels of health and wellness”

(Austin, 1997, p 144)



Cost of Social Isolation & Loneliness...Solutions Proposed - APIE

- Fund development of a screening tool for social isolation – **ASSESSMENT**
- “Fund public–private partnerships to identify and test interventions—including **health prevention and promotion activities**—for social isolation that are culturally competent and that consider differences in socioeconomic status, marital status, mental and functional health status, and chronic illness status. Interventions should explore the desirability and feasibility of using technology to reduce isolation among older adults.” **PLANNING & INTERVENTIONS** (p. 8)
 - 2018 study - Interventions relying on technology are better than none at all BUT in person interventions show the largest health benefits.
- Use screening tool & interventions – have providers use tool in Welcome to Medicare documents & during annual wellness visits - **DOCUMENTATION**
- Elevate the discussion of social isolation in the public health community. – **ADVOCACY**
- Take steps to ensure that social isolation becomes a part of the lexicon of social determinants of health

Community & Healthcare Partnership?

Patient experience as a priority and not just a portal

Healthcare providers have succeeded in making administrative tasks easier and more convenient for patients. Patients can pay bills online, and they get appointment reminders by email or text. But 2018 will be about redesigning patient experience so it changes behavior and improves outcomes—a critical goal as the industry turns toward paying more for value, not volume. Some healthcare organizations also will begin to use patient experience to differentiate markets.

Redesigning care around the patient could lead to improved **engagement, outcomes, patient satisfaction, and ultimately economic benefits** for healthcare businesses.



Source: Centers for Disease Control and Prevention (CDC), September 2017
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Social Support Improves Aging



5 Ways Social Support Improves Aging

1. Committing to Friendship

- Commitment to role of friend is significant in predicting life satisfaction

2. Social Supports Help Decrease Stress

- Reduces damage on emotional disorder by increasing self-esteem

3. Give in Order to Get: Support Those Closest to You

- Mortality significantly reduced when provide instrumental support to others
- Helping other releases serotonin – reduces stress

4. Laughter is the Best Medicine

- Respiratory exchange processes enhanced, BP reduced, & endorphins released (mood and pain reduction)

5. A Social Support System Can Help a Person Retain Purpose

- Viktor Frankl – Logos Therapy – endure pain & discomfort if have strong sense of purpose

Reflection

Think about these things....



- What Needs Can You Identify for Elder Orphans?
 - Use the Holistic Wellness Domains for reference (Physical, Social, etc)
- What are Available Community Services to meet Elder Orphans needs?
- Can you Identify Any Gaps in Services in Your Home Area?
- What are at least 10 interventions you or your agency can do to assist in meeting the needs of Elder Orphans?
- Are there any Partnerships in your Home Area that you can make to address the needs of Elder Orphans?
- Questions or Comments?

Thank You



Sue Myllykangas, PhD, CTRS
Northwest Missouri State University
susanm@nwmissouri.edu