Changes in Senior Living to Benefit Their Health

Jeffrey Lueders   Psychology and Sociology Major   Grand Valley State University

Introduction

There are a number of negative effects that have been associated with aging such as increased loneliness (Cornwell & Waite, 2009; Perissinotto et al., 2012; Steptoe et al., 2013), increased depression (Cornwell & Waite, 2009; Robison et al., 2009; Schwarzbach et al., 2013), lack of social support (Mancini & Blieszner, 1989; Silverstein & Angelelli,1998), and decreased social interaction (Webster et al., 2014;). Finding ways to decrease these or creating an age-friendly environment would be a way to optimize the aging experience

In the effort of making Grand Rapids an age-friendly community, we propose implementing changes in housing arrangements based on reviewed research studies on factors that affect older adults' well being. The goal in adjusting the housing arrangements of older adults is to minimize the factors of social isolation, loneliness, and depression while effectively increasing elements of social support. As seen in the reviewed research, these steps should help garner a positive influence on older adults' well being.

Effects of Social Isolation and Loneliness

Negative Impacts of Social Isolation

Social isolation and loneliness in elderly adults have been associated with increases in adverse health conditions, functional decline, and increased risk of mortality/death (Perissinotto, Cenzer and Covinsky, 2012; Steptoe et al., 2013).

- Adverse Health Conditions
  - Increased odds of…
    - Coronary Heart Disease (CHD)
    - Stroke
    - Clinical Depression
    - Diabetes
    - Cancer
- Functional Decline in Older Adults
  - Decrease in Activities of Daily Living (eg. bathing, dressing, transferring, toileting, and eating).
  - Difficulty in upper extremity tasks
  - Decline in walking
  - Difficulty in stair usage
- Increased Risk of Mortality/Death
  - Significant even after adjusting for demographics and health indicators.

Linear Model of predicting Mortality/Death based on Isolation
(Steptoe et al., 2013)

Model	Accounted Variables	Social Isolation	
		95% Confidence Interval	P-value
1	Isolation + Age + Sex	1.50 (1.30-1.73)	<0.001
2	Isolation + Age + Sex + Demographic Factors*	1.32 (1.12-1.54)	<0.001
3	Isolation + Age + Sex+ Demographic Factors* + Health Indicators**	1.26 (1.07-1.48)	0.005

*Includes wealth, education, marital status, and ethnicity.
**Includes long-standing illness, mobility impairment, cancer diabetes, CHD, chronic lung disease, arthritis, stroke, and diagnosed depression.

Effects of Social Integration on Depression

Research suggests that the lack of social integration in older adults is highly correlated to depression. (Cornwell & Waite, 2009; Ribison et al., 2009; Schwarzbach et al., 2013).
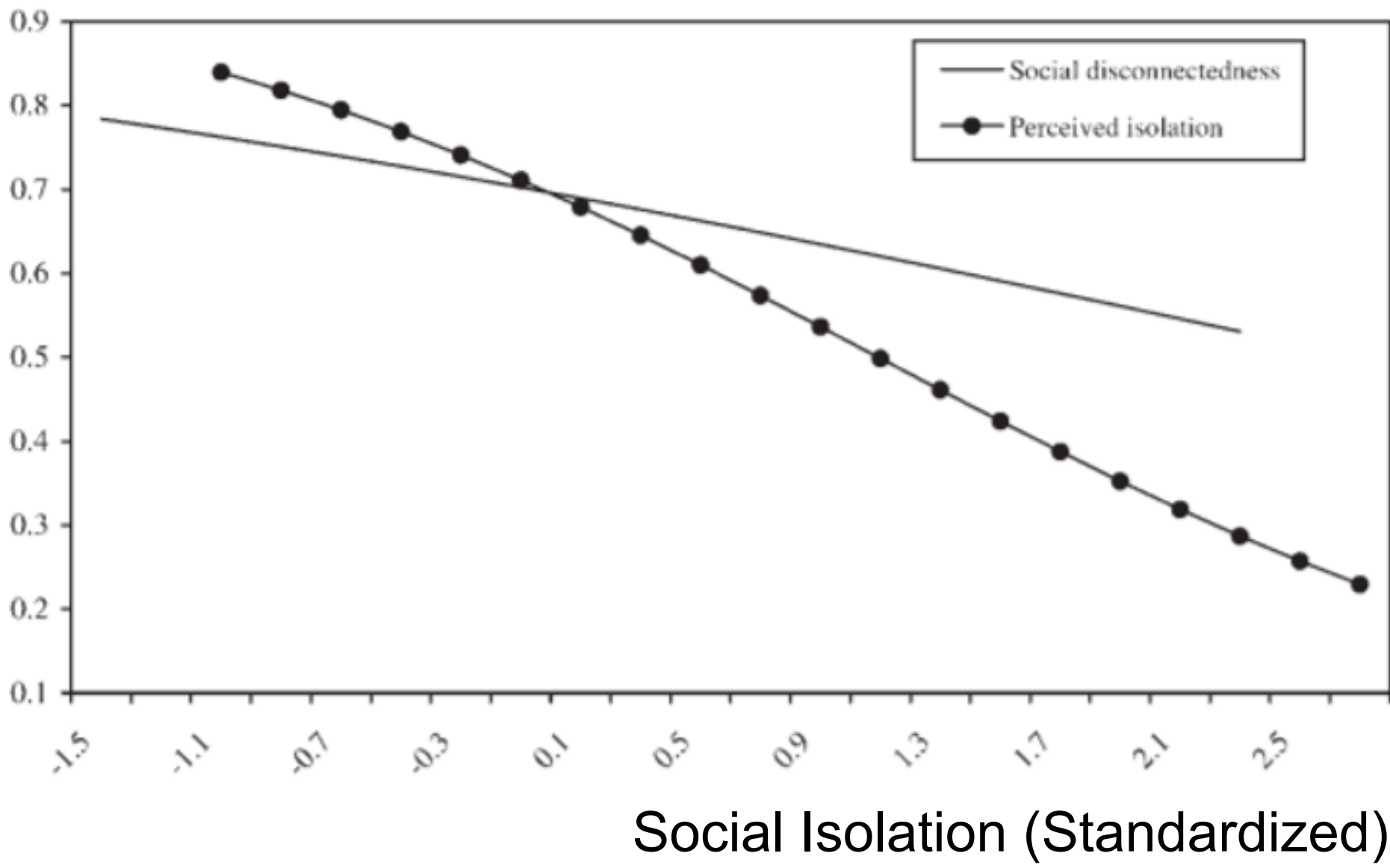
Greater risk of depression in…
- Lower socioeconomic groups
- Members of minority ethnic and racial backgrounds

Social Isolation (Standardized)

Social Support in Elderly Populations

Social support can come in various forms and often the roles of parents and children become reversed as both age significantly, and children become care takers of their parents (Mancini & Blieszner, 1989; Silverstein & Angelelli,1998).

- Forms of social support
  - Spouses
  - Parents
  - Children
  - Friends
- Characteristics of Preferred Child Caregiver
  - Daughter
  - Owns home
  - Lives within 10 miles of parent
  - Friends
  - Not a stepchild

Parents' Expectation of Child to Move Closer
(Mancini & Blieszner, 1989)

Increased expectation if Child…
- Lives alone
- Has higher education than parent

Decreased expectation if Child…
- Owns a home
- Has lived in home for more than 10 years
- Has another sibling within 10 miles of parent
- Has poor health

Positives and Negatives of Adult Child Caregiver
(Manicini & Blieszner, 1989; Silverstein & Angelelli, 1998; Webster et al., 2014)

Positive Associations (for parent)
- Improved cognitive function
- Improved social function
- More positive behaviors
- Lower risk of dementia

Negative Associations (for adult child)
- Changing jobs
- Moving family
- New responsibilities of caregiving

Other considerations:
- Quality vs. quantity of contact between parent and child
- Quality can be influenced by previous tensions between the parent and child (childhood experiences, support upon moving out, parent-child or child-parent abuse, etc.)

Proposed Program

An Overview of the Program:
This research-based program would situate college aged or generally younger populations with living arrangements that exist in close proximity to older adults included, but not limited to, those in assisted living.

Program Implementation:
1. Determine cost of housing for potential college aged students.
2. Create available spaces for non-elderly residences.
3. Create an introductory/screening process for those who would fit well into this living situation (the relationship should be symbiotic).
4. Explain roles and expectations of daily/weekly interactions with both populations.

PRACTICAL CONSIDERATIONS
- The cost of housing for the college aged students should be significantly less than other methods of living (ie. less than cost of an apartment or on-campus housing).
- Students should be expected to interact with the older adults, but not be given tasks as care takers.
- Older adults who are most open to this method should be introduced to the students first.

Program Benefits

Benefits of Older Adults
- Increased social interaction
- Increased social support
- Decreased aspects of loneliness and isolation

Additional Expected Health Benefits (Based on Above Criteria)
- Lower odds of heart disease, stroke, diabetes, and cancer
- Lower amounts of depression
- Increased physical functionality
- Decreased risk of death/mortality
- Improved cognitive and social functions
- Lower risk of dementia and dementia related diseases (e.g. Alzheimer's)

Benefits of Students
- Reduced housing costs
- Increased understanding of older populations

Potential Problems in Implementing Program

Issues With Tenants
- Incompatibility with patients
- Life style is not appropriate for healthy living environment for older adults
- Unable to afford housing (if housing is not made free)

Issues With Patients
- Incompatible or unwilling to live with younger tenants
- Expect healthcare instead of sociability from younger tenants
- Biased or stereotyped remarks/ opinions

While there are clear issues that may arise when trying to implement this proposed program, many of these should be avoidable if clear expectations are given to *both* potential tenants and the older adults. Additional problems could be alleviated through an interview/screening processes for potential tenants, thus one could easily measure their true fit in these living conditions.

For further information, contact Jeffrey Lueders at luedersj@mail.gvsu.edu