“Families aren’t able to see their loved ones on a daily basis”

Social Networks and Relationships of Older Residents in Ottumwa, IA

Ellen Schafer
Julia Friberg
Audrey Schroer
Erin Robinson
Lauren Slagel
Sato Ashida
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“Familial and Community-Based Social Networks of Older Adults in Rural Iowa”

University of Iowa Prevention Research Center for Rural Health

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Investigators

Sato Ashida, PhD, University of Iowa College of Public Health, Department of Community & Behavioral Health

Barbara Baquero, MPH, PhD, University of Iowa College of Public Health, Department of Community & Behavioral Health

Anthony Paik, PhD, University of Massachusetts, Amherst, Department of Sociology
Aim

To enhance our understanding of social contexts of older adults living in the Ottumwa, IA community.

➔ Understand older adults’ perceptions about available resources

➔ Identify resources that can be enhanced or relationships that can be activated through interventions

Today we are reporting on what learned about the social environment of older adults in Ottumwa, IA
Objectives

(1) Identify factors related to social isolation of older adults living in rural Iowa

(2) Discuss community needs assessment strategies among older adults and service providers

(3) Discuss the needs of older adults living independently in Ottumwa, IA
Focus on Older Adults

• Older adults are vulnerable to social isolation, especially those in rural areas [Baernholdt et al (2012)]

• Independent living among older adults is increasing [Fischer & Hout (2006)]

• In 2008, 1/3 of those 65+ years old were living alone in Iowa [Older Iowans (2010)]

Need to understand the social environment and relationships surrounding older adults in rural Iowa → develop interventions, support independent living
Social Relationships

Evidence shows...

• Relationships influence perceptions and behavior which can impact mental and physical wellbeing [Berkman & Glass (2000)]

  ➢ Family and close friends: especially important [Antonucci & Wong (2010)]

• Maintaining positive relationships reduces all-cause mortality and increases mental/physical health [Berkman & Syme (1979); Kawachi et al (1996); Blazer (1982); Dalgard & Lund (1998); House et al (1982); Kawachi & Berkman (2001); Thoits (1995); Wang et al (2002)]

Thus, we need to assess close network systems and social support systems available in the community
Social Network
Community Environment

• Important to fostering relationships and to the health and wellbeing of older adults
  • Availability of services (meal delivery, housekeeping)
  • Access to shopping/care
  • Safe physical environment
  • Community space
  • Religious organizations
  • Medical providers/pharmacy

Role of individuals from these services and social groups as part of older adults’ personal networks.

→ Potential point for intervention on social enhancement?
Recruitment

- Initial participant recruitment (Index) – collaborated with local community organizations
- Flyers distributed through various locations within the community
Interviews

• Interviews with Initial participants and network members
• One-on-one interviews
• In person
  • Participant homes
  • Community Spaces
• Phone
Demographics (N=133)

Index and network members over 60 in Ottumwa

• Average age 74 (range: 60-91 years)
• White 86%
• Female 67%
• Living alone 49%
• Completed any education beyond high school 65%
  • High school diploma or GED 28%
  • Less than High school education 7%
Who are Network Members?

• A total of 1,112 network members identified by 133 interviews
  ➢ Average number of network members: 13.1 (range: 3-32)

• Majority (65%) also lived in Ottumwa or nearby area
  ➢ Median of 8 network members living in Ottumwa

• Over half of the participants (57%) have two or fewer family members living in Ottumwa (Median of 2).

  23 participants (17%) reported having no family members living in Ottumwa
Who are Network Members?

Network Members

- Friends: 47%
- Children: 26%
- Siblings: 9%
- Extended Family: 16%
- Other: 2%
Involvement in social groups

*Many people participate in low frequency*

- Social/religious groups: 46% attend once or twice a year or less
- Religious service: 35% once or twice or year a less
- Any group meetings: 23% attend once or twice a year or less
  - Social Club through OHA
  - AARP
  - Recreational clubs (i.e. fitness, dance, bowling, etc.)

Participants are visiting family and friends more frequently than they are participating in bigger social groups.
How often do they interact with others?

*Majority of participants are socializing frequently with family, friends, and neighbors*

However, some have minimum contact

- 6% reported having social contact with family or friends less frequently than once a month
- 22% visited with neighbors less than once a month
- 11% visited with relative to socialize less than once a month
Number of Family and Friends

- NWM IN OTTUMWA (MEDIAN):
  - Lonely (N=8): “usually” or “all the time”
  - General Sample

- FAMILY IN OTTUMWA (MEDIAN):

  - Lonely: 12
  - General Sample: 8
  - Lonely: 6
  - General Sample: 2

- 63% socialized with friends and family once a week or more
  - Lower than the general sample (80%)
Living Alone

• About half (49%) \((N=65)\) of participants live alone

Mental Wellbeing: Living Alone vs. Living with a Spouse or Partner

- More living alone reported feeling socially isolated (21.5%) compared to living with a spouse or partner (7.5%).
- Fewer living alone reported feeling lonely (16.1%) compared to living with a spouse or partner (10.7%).

Those living alone: more reported feeling socially isolated, but fewer reported feeling lonely.
Social Involvement: Living Alone vs. Living with a Spouse or Partner

- **% Volunteer**: Living Alone (75.4%) > Living w/ Spouse or Partner (82.1%)
- **% Attend Religious Services > 1 per month**: Living Alone (52.3%) > Living w/ Spouse or Partner (62.8%)
- **% Visit Family "Several times a week"**: Living Alone (50.8%) > Living w/ Spouse or Partner (29.9%)
- **% Socialize "Several times a week"**: Living Alone (64.6%) > Living w/ Spouse or Partner (32.8%)

More contacts with family and socialize more.
“Families aren’t able to see their loved ones on a daily basis”

**Older adults with limited family contacts: 19% of participants see family less than once a week**

- Fewer attend religious services than those who see family more frequently (44% vs. 56%)
- Higher percentage visit neighbors on a weekly basis (80% vs. 68%)
- Similar proportions feel lonely and isolated compared to those who see family frequently

Seniors who have little in-person contact with family members are preserving their social engagement through frequent contact with friends and neighbors
Ability to See Family on a Daily Basis

- Those who see family less frequently have fewer median network members (10 vs. 13)
- Also fewer median network members living in Ottumwa (7 vs. 9)

In Ottumwa, 80% of family visits are within the city, while 20% are outside. Outside Ottumwa, 20% of family visits are made, with 29% of family visits being made outside Ottumwa.

Networks are smaller, but a higher percentage in close geographic proximity.
Community-Based Services

Many older adults get support from people within their social networks, but what about community-based services?

• Majority not using any supportive services
  • (i.e. transportation, meal delivery, case management, heating assistance, medical needs, etc.)

• 47% indicated that they could use more tangible support or supportive services.

Almost half of the study population could benefit from some community-based resources
Phase 3: Organization Interviews

Design

Phase 1

- Index participants consent & interview

- Network members and community groups identified during interview
  → permission to contact

Phase 2: Contact & interview identified network
members

Phase 3: Contact & interview community group
representatives

Figure 1: Recruitment Procedures
Phase 3 Methods

• 26 organizations were identified by asking phase 1 and 2 participants which programs or groups they participated in

• 10 organizations selected for interviews: identified by multiple participants

• Organizations were contacted by phone and interviewed over telephone or in person
Phase 3 Methods, continued

Interview questions included:

- Organization’s role in supporting older adults in the community
- Why older adults visited the organization
- Top general concerns for older adults in Ottumwa
- Top health concerns for older adults in Ottumwa
- Top community benefits and concerns in general
- Ideas for solutions to these issues
- Gaps that remain in the community

• Responses were double coded in “Nvivo”
Concerns for Older Adults

• Notable concerns for older adults identified by org leaders:
  • Organizations sometimes facilitated social interaction and outside contact
  • High turnover of medical staff, healthcare quality, expense and overall accessibility of health resources

“I think a lot of times too, that they’ve just accepted that’s the way it’s going to be because they’re getting older”
(Representative of Organization #7)
Concerns for older adults, cont.

- Lack of available housing and shelters
- Social isolation and mental health
- Chronic conditions

“I would like to see more housing for the elderly, we have very little of that, and the ones we do have available are full and the ones that are for the higher income level.”
(Representative of Organization #5)
Perceived Community Strengths

• Strong sense of community, support and family
• Good parks and recreation system
• Opportunities for education for older adults
• Access to health resources
• Convenient travel times and access to larger stores usually found in more urban areas

Representatives were well aware of issues of social isolation among older adults in this community

→ but identified resources available in the community to help increase social connections and engagement
Organizations in the Community

Top reasons older adults visit the participating organizations:

- Seeking information and education
- Obtaining personal wellness services
- Sense of community

Resources for social engagement and support are available in this community especially for those who may not have family readily available

⇒ However, older adults participated in our study showed most people are not using these services
Organizations in the Community

• All of organizations would be willing to participate in a community coalition to address these issues:
• Some had concerns about time and resources needed
• Concerns about fit with organizational mission

“It would be an opportunity to help the seniors”
(Representative from Organization #1)

Public health efforts can help facilitate this process
Interconnections between Organizations

- Most organizations were clustered in dense networks of interaction
- Others had minimal contact with other groups

Potential for improvement in increasing interactions among key organizations in the community
Summary: organizational interviews

Concerns

• Limited social interaction among older adults
• Quality and access to health care in the area
• Availability and quality of food
• Affordability and quality of housing

Community strengths

• Organizations in the community provide opportunities for social interactions and support
• Organizations are willing to participate in coalitions: first step in an intervention to improve social context

Support from public health practitioners critical
Addressing the needs of older adults in Ottumwa

1) Concern about isolation among older adults
   - Strong support systems exist in the community

2) Public health practitioners can connect people to the available resources
   - Identify those in need → Needs assessment strategies
   - Identify community resources and strengths

3) Per the organization leaders: focus can be on...
   - Quality of care, access to food, access to housing

May not have family members nearby or visiting often, but are nonetheless engaged and interacting → Understand and enhance existing networks (friend & neighbor support)
References


