Creating a Collective Approach to Address an Aging NH

NH Alliance for Healthy Aging

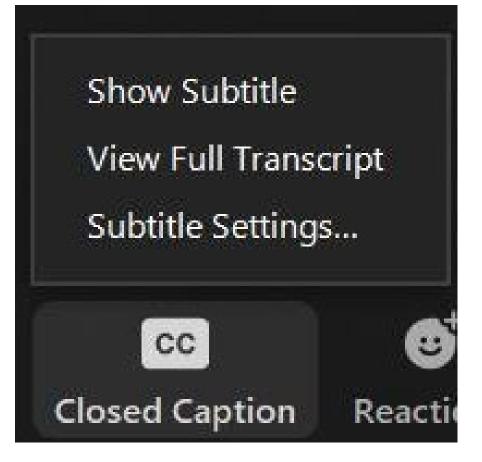
Quarterly Meeting

December 9, 2021



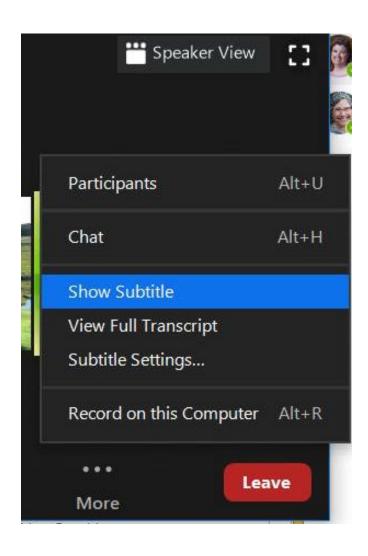
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Enabling Closed Captioning

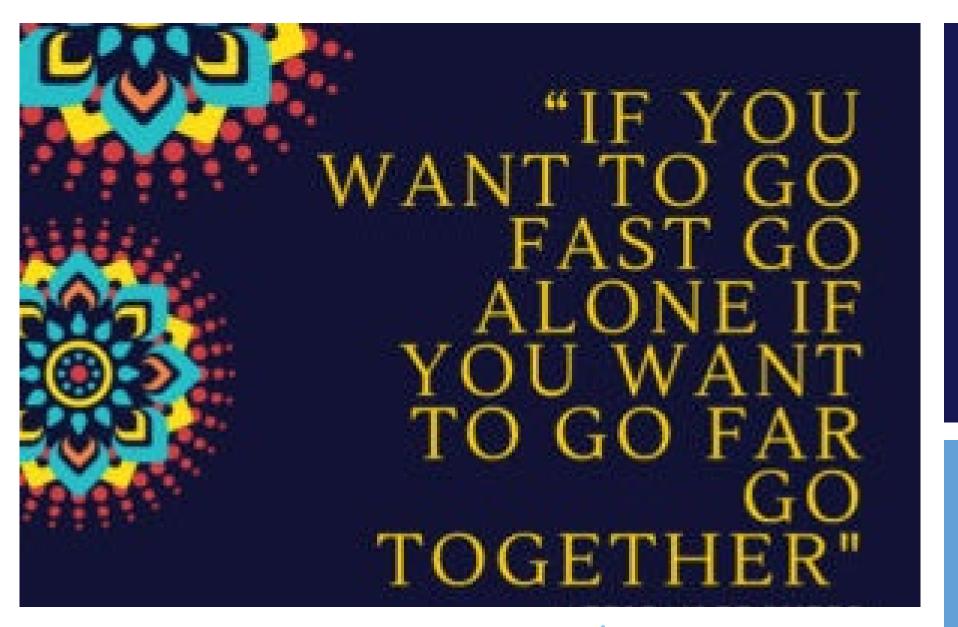


- After selecting Closed Caption, pick Show Subtitle and the captions will appear on the bottom.
- If you pick View Full
 Transcript, a running transcript of the captions will appear on the side.
- You can adjust the caption size by selecting Subtitle Settings.



Elevates issues of aging Commitment to cause Sharing of ideas and practices Safe space Cross sector Gives voice to the people Unites whole state Language of hope Blows up silos







Agenda

- Welcome and Housekeeping
- Discussion: Supporting Mental Health and Wellbeing in Older Adults
- Networking in breakout rooms
- NHAHA Transportation Workgroup Update
- NHAHA Advocacy Update
- General NHAHA Updates and Wrap up





Experiences of community-based organizations' response to social isolation & older adults

NAMI New Hampshire

Dartmouth-Hitchcock Aging Resource Center

Bernie Seifert, LICSW

bseifert@naminh.org

Super-charged Environmental Factors

- Anxiety and depression
- COVID-19
- Concern over natural events (hurricanes, floods, fires)
- People driven "Which side are you on??" (protests, elections, holiday celebrations, financial)





Did you see or hear any of these?

COVID is a disease old, frail people get; other than nursing home workers, no one needs to take it that seriously.

Does it really matter that much if old people die? They are nearly there anyway.

Old people can just be isolated indefinitely so the rest of us can go about our business as usual.

ICU beds should be used for those who have a chance of surviving and benefitting society.

Why should the young have to bear a burden of protecting the old?





NAMI NH Programs

Education:

- NAMI Basics
- Family-to-Family
- Connect Suicide Prevention
- Peer-to-Peer
- Side by Side
- Crisis Intervention Team Program

Support Groups:

- Families of Adults
- Parents of Children
- Survivors of Suicide Loss
- Individuals with Mental Illness
- First Episode Psychosis/ Early
 Serious Mental Illness



NAMI NH Programs

Advocacy:

- It's Your Move
- In Our Own Voice
- Life Interrupted
- SurvivorVoices
- NAMIWalks NH



Additional Supports:

- FB support groups
 - Families of adults, children, FEP,
 Military
- 1:1 Support
 - Families/individuals, military/veterans, parents
- Info & Resource Line



NAMI NH Side by Side Program

6 Modules – May be offered virtually as well as in person

Either as a series, or as independent sessions

- 1. Meeting Caregiver Needs: Supports for the Support Person
- 2. Understanding Anxiety in Older Adults
- 3. Understanding Depression in Older Adults
- 4. Understanding Dementia
- 5. Coping with Changing and Challenging Behaviors
- 6. Medical Care: Who makes the decisions and when?





To connect with resources & support in the Granite State, contact:

NAMI NH's Info &

Resource Line

1-800-242-6264 (press 4) or info@NAMINH.org

COVID Response at the Dartmouth Centers for Health and Aging

The Aging Resource Center at the Dartmouth Centers for Health & Aging provides a broad range of programs to any older adult:

- Classes & workshops
- 1:1 Consultations (General and Dementia-specific)
- Support Groups
- Advance Care Planning Facilitation
- Chaplaincy Services
- Exercise Programs

Prior to COVID-19, most programs were offered live and in-person, from our Center and in partnership with community-based partners.

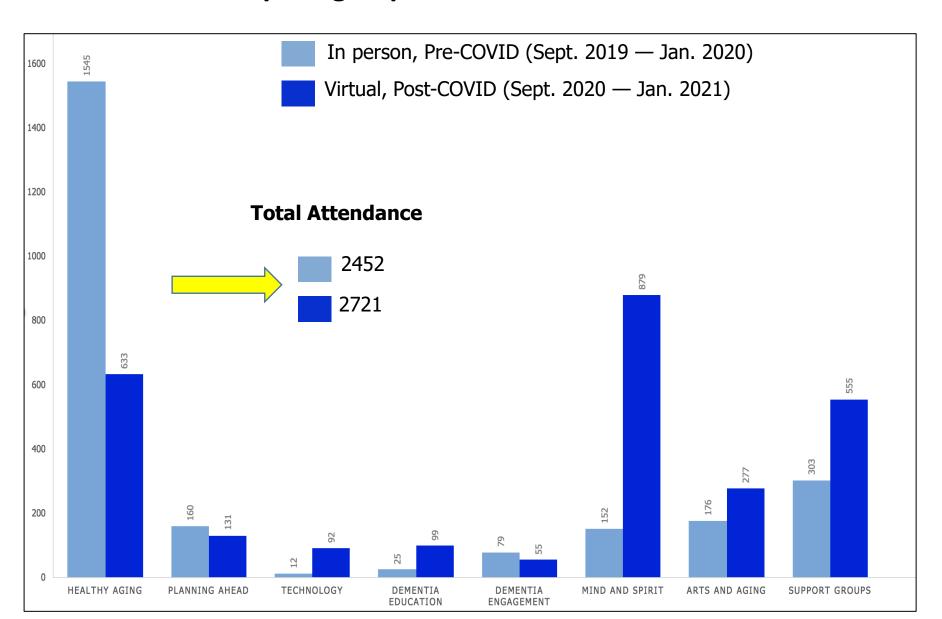
We shut our doors March 13, 2020 and all staff began to work remotely.



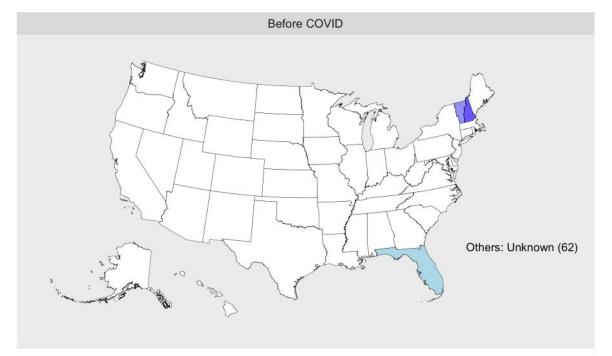
- Immediately convened an interprofessional team from across the Centers to identify highest needs and approaches to meet those needs.
- Prioritized programs focusing on reducing social isolation, and steadily increased offerings over time.
- Developed a strategic approach to get older adult participants oriented to tech platforms for connection before participating in online groups.
- All platforms > Zoom
 Group classes > small group classes > 1:1 tech coaching
- Staff tech support assigned to all classes
 Safety protocols, waiver, and pre-screening for online exercise programs

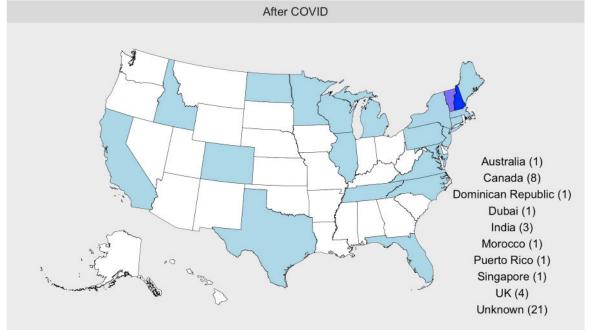


Aging Resource Center Programming Comparing In-person to Virtual Shift



Impact on Geographic Reach







400

300

200

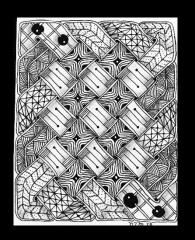
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What the future holds

- Virtual is here to stay!
- Hybrid classes with in-person and virtual participants together is challenging
- Plan to develop a tool to review and rank each program to identify the best way to provide the class — virtual, in-person, or both
- Identify populations/needs that are not being served and move to re-establish those programs as soon as possible
 - Some older adults cannot or will not connect online
 - Dementia engagement
 - Exercise programs
 - Intergenerational programs



Case Studies: Mindful Drawing, Caregiver Support







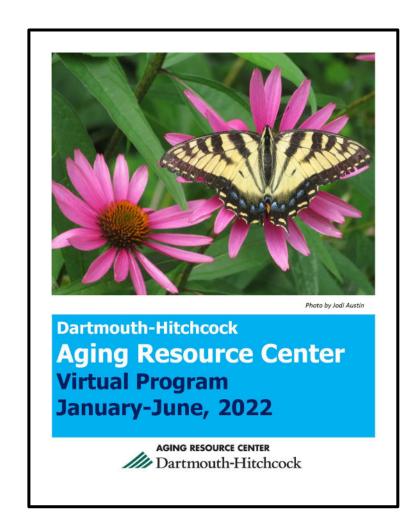








Dartmouth-Hitchcock Aging Resource Center – Virtual Program



Jan to June 2022 virtual program booklet is coming out mid-December. To receive an electronic copy as well as weekly Enewsletter with schedule of classes, send email to ARC at:

agingcenter@hitchcock.org





AHA



Pre Covid....

2,000,000....older adults had not had a conversation with friends or family for a month.

3.9 million.... Older people agreed the TV was their main form of company





Assessment

- Looks different from stereotypes
- Stigma and shame
- Don't typically identify as lonely





Health Effects -Loneliness

PHYSICAL:

- 29% increased risk Coronary heart disease
- o 32% increased risk stroke
- High blood pressure
- less restorative sleep–diminished immunity
- More impulsive behavior and impaired judgement
- o reduced anti-inflammatory activity
- abnormal circulating white blood cells (WBCs)

"Loneliness has surprisingly broad and profound health effects" (Cacioppo, J.)





Health Effects -Loneliness

MENTAL:

- Increased risk of cognitive decline and progression of AD.
- Decreased executive functioning in "future alone" group.
- Impaired executive functioning secondary to hypervigilance for social threats.
- Increased depression, suicidal ideation and behavior
 - ¾ of adults who report fair to poor mental health report feeling isolated compared to 55% of those reporting better mental health

Extended loneliness chips away self esteem. People start to believe they are not likeable, not loveable and start a downward spiral.





Biology of Loneliness

- Increased attention to "negative social cues" (increased alert for social threats)
- Increased activation of the amygdala (fear circuit)
- Reduced prefrontal cortex activity (executive control/restraint)



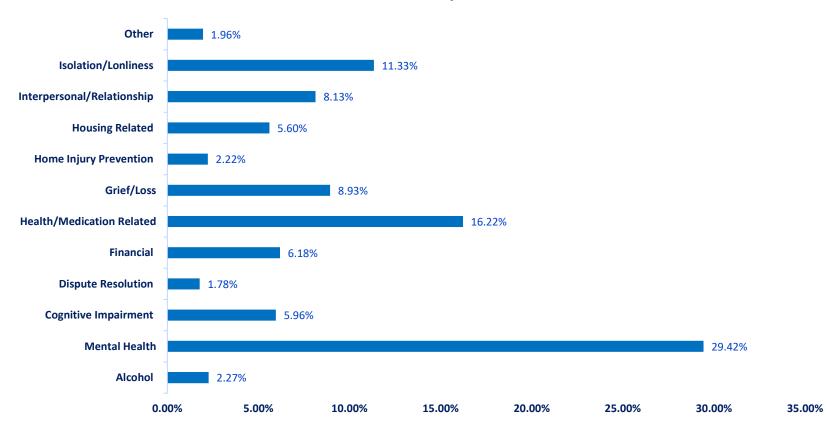
Impact of biology on the Polarized Political Climate

- Negative social vs non social images
 - Lonelier brain-> focused in on the negative social image
 - Focused less on the Pariatal Junction (Empathy)
- Nonconscious
- Motive Attribution Asymmetry (cognitive bias)





FY'21 Issues Addressed by REAP Counselors





Impact

- Increase in isolation
- Decline in Cognitive function
- Increase acuity of mental health issues
- Decreased access to community resources/disconnection from referral sources
- Increase in emergency situations due to untreated health, mental health, cognitive issues
- Increase burden on formal and informal care providers
- Increase in interpersonal issues within housing sites
- Increased wait times for mental health support/ shift to less in person support



Needs





Current Work

- Phone based sessions when needed
- Zoom, face time or other video platforms
- Change to 5 min MOCA
- Drop in Housing TA Sessions
- Monthly Housing Manager TA calls
- Advocating within agency
- Increasing Counselor Support and education
 - Supervision/consultation
 - New counselors
- Assessing counselor access to resources and program structure





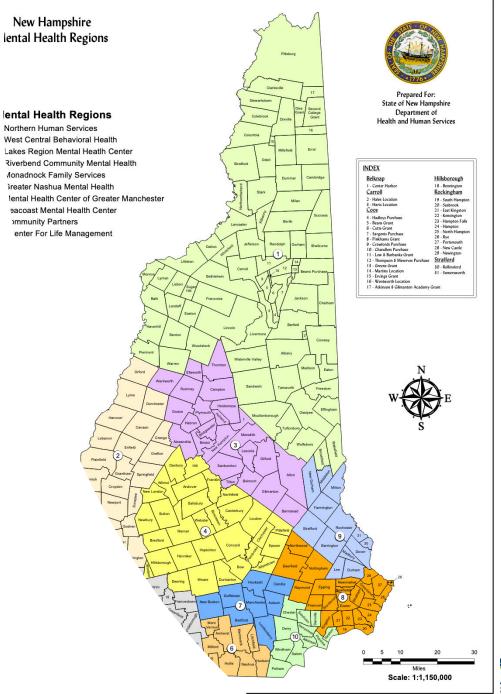
REAP

- NH residents 60 years or older,
- Residents of a NH Senior Housing site, or
- Care partners/family members of an older adults living in NH

Short term counseling and connection to area resources Community Education Sessions Technical Assistance

Resident can not be part of the community mental health system.

Referral Line: 603-957-5913









Networking and Discussion in Breakout Rooms



AHA Transportation Workgroup: Strategic Aims

Strategy 1: Identify and understand transportation needs **AHA Strategic Priority Area:** Strategy 2: Expand outreach and awareness of Increase transportation programs transportation options **Strategy 3**: Create connections and promote cooperative

delivery systems





NHAHA Quarterly Meeting Advocacy Update



Upcoming NHAHA Quarterly Meeting Dates

Wednesday, March 9th, 2022

Thursday, June 9th, 2022

Wednesday, September 14th, 2022

Thursday, December 8th, 2022



Thank you for participating!

For questions or additional information, contact:

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