LTCCC Social Engagement Working Group

Wednesday, December 11th
Minutes

Attendees: Chip Supanich, Cindy Kauffman, Valerie Coleman, Ramona Davies, Sadie Harmon, Anne Quaintance, Catherine Collen, David Knego, Jacy Cohen

Current Project/Mission: *Identify and advocate for social engagement opportunities for those who are socially isolated due to long-term care needs and/or placement.*

Agenda

Introductions.

Review October meeting: discussed past conversation and what the group identified as next steps, including:

Strengths:
- Range of community based resources and efforts
- Funding

Gaps:
- Person centered approach to connect to resources
- How to identify and reach isolated people
- Actual measurement tools including risk assessments

Areas for improvement:
- Destigmatizing social isolation/loneliness
- Person centered approach
- Evaluation of effectiveness and connectivity

Environmental Scan: Included a discussion as to how to frame and where to focus efforts, including:

- What are the social isolation numbers in San Francisco (or Bay Area) if available?
    - Recognition that we need to step back and assess the system. Assess how people in the community are or are not socially connected
- Considering a two prong approach in attempting to identify the number of socially isolated people, which may include:
    - Consumer focused approaches:
        i. Hospital discharges

        ii. IHSS – mapping people connected/interviews
        iii. CBOs – strategies used
            1. What have you done?
            2. What about clients who no longer come?
            3. Who else do we talk to? Geriatricians
    - Organizations/Professionals focused approaches:
        i. APS – focus groups
        ii. Intake
        iii. Physicians
        iv. Research best practices regarding social engagement

We wanted to test the methodology of what we were thinking so reached out to two research focused geriatricians that have experience in this area to get their feedback, which included:

1. Conversation A Notes:
    a. Folks often need to get their functional needs met;
    b. People often have difficulty with follow-through;
    c. Any/all approaches need to be person centered;
    d. Such as engaging a personal navigator;
    e. Social and safety connections are needed; and
    f. Ensure that an evaluation component is included – how do we know we have made a difference?
2. Conversation B Notes:
    a. Timing is good, regarding looking at social engagement, mentioned a National shift.
    b. Keep an eye on the National Academy of Sciences – compiling data and making recommendations on this topic, hopefully will come out in spring;
    c. Best practices - L.A. County has a program that may be interesting;
    d. Lots of research on the risks associated with social isolation but very little on actual interventions. Not enough data to prescribe specific services/programs;
    e. Adamant about assessing for both social isolation and loneliness, not to separate them;
    f. Currently doing a study with Curry and Covia on the impact of their programs:
        i. Lots of great programs
        ii. Familiar with services available in SF but how do I know which one is effective for a particular client (person centered)
    g. Needs a warm hand-off (ie person centered approach)
        i. Social isolation primary with functional needs as secondary
    h. Love the idea of a prescription to social navigator
        i. Potential pilot for social navigator
        ii. NIHS RFP in Jan/Feb – could compare various interventions
        iii. Interest in public-private partnership
    i. Most effective scales
        i. UCLA Loneliness

ii. Duke isolation score (AARP also looking at)
iii. Berkman/Stein (potential integration into health)
iv. AARP is looking at a combined scale

Discussion.

Next Meeting: Wed, January 15th