

December 10, 2020

# Caregivers are Us and We Are STRESSED



  
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**“CAREGIVERS ARE US, 1 OUT EVERY 5 AMERICAN  
ADULTS PROVIDE CARE IN A GIVEN YEAR FROM  
ALL WALKS OF LIFE AND BACKGROUNDS”**

**NAC AND AARP REPORT “CAREGIVING IN THE US – 2020”**



# **OBJECTIVES**

- **IDENTIFY CAREGIVER ISSUES**
- **DESCRIBE STRATEGIES FOR CAREGIVING DURING DIFFICULT TIMES**

# **BACKGROUND**

- **PREVALENCE OF CAREGIVING**

- **ESTIMATED 53 MILLION CAREGIVERS IN US (21.3 %)**
- **INCREASED FROM 18.2% IN 2015**

- **REASONS FOR INCREASE**

- **INCREASED NUMBER OF BABY BOOMERS REQUIRING CARE**
- **WORKFORCE SHORTAGES IN HEALTHCARE**
- **INCREASED EFFORTS TO HAVE OLDER ADULTS AGE IN PLACE**
- **MORE INDIVIDUALS SELF-IDENTIFYING AS CAREGIVERS**



# CAREGIVER STATISTICS

- **24% ARE CARING FOR 2 OR MORE RECIPIENTS (NOT CHILDREN)**
- **PROVIDE CARE AN AVERAGE 24 HOURS/WEEK**
- **61% ARE EMPLOYED FULLTIME, 10% QUIT OR RETIRED EARLY**
- **89% ARE RELATIVES, 61% ARE WOMEN**
- **1 IN 5 CAREGIVERS REPORT HIGH FINANCIAL STRAIN**
- **21% REPORT OWN HEALTH FAIR TO POOR**

# CAREGIVING CHALLENGES

- **OLDER ADULTS ARE AT INCREASED RISK OF SEVERE ILLNESS OR DEATH**
- **UNDERLYING MEDICAL CONDITIONS PUT OLDER ADULTS AT INCREASED RISK**
- **CLOSURE OF ADULT DAY CENTERS OR LIMITED CAPACITY**
- **REDUCED AVAILABILITY OF RESPITE**
- **SOCIAL ISOLATION**
- **INABILITY TO PHYSICALLY INTERACT**

# **RISK FACTORS FOR CAREGIVER STRESS**

- **BEING FEMALE**
- **HAVING FEWER YEARS OF FORMAL EDUCATION**
- **LIVING WITH PERSON YOU ARE CARING FOR**
- **HAVING DEPRESSION**
- **SOCIAL ISOLATION**
- **FINANCIAL DIFFICULTIES**
- **HIGHER NUMBER OF HOURS SPENT CAREGIVING**
- **LACK OF COPING SKILLS**
- **LACK OF CHOICE IN BEING A CAREGIVER**

# **SIGNS OF CAREGIVER STRESS**

- **FEELING OVERWHELMED OR CONSTANTLY WORRIED**
- **CONSTANTLY TIRED**
- **GETTING TOO MUCH SLEEP OR NOT ENOUGH**
- **GAINING OR LOSING WEIGHT**
- **FEELING EASILY IRRITATED OR ANGRY**
- **LOSING INTEREST IN ACTIVITIES YOU USED TO ENJOY**
- **FEELING SAD**
- **HAVING FREQUENT HEADACHES, BODY PAIN OR OTHER PROBLEMS**
- **ABUSING ALCOHOL OR DRUGS, INCLUDING PRESCRIPTION DRUGS**



# CAREGIVING STRATEGIES

- **KEEP YOURSELF WELL AS YOU CARE FOR OTHERS**
  - **EMOTIONAL HEALTH**
  - **PHYSICAL HEALTH**
  - **RELAX AND UNWIND**
  - **CONNECT WITH OTHERS**
  - **CONNECT WITH COMMUNITY**
  - **CONNECT WITH FAITH-BASED ORGANIZATIONS**
- **RECOGNIZE THAT EVERYONE HAS GOOD AND BAD DAYS**
- **KEEP A WRITTEN LOG PINPOINTING TRIGGERS**
- **EDUCATE YOURSELF, LEARN EVERYTHING YOU CAN ABOUT LOVED ONE'S ILLNESS**

# RESOURCES

- **FAMILY CAREGIVER ALLIANCE NATIONAL CENTER ON CAREGIVING AT: [HTTPS://WWW.CAREGIVER.ORG/CORONAVIRUS-COVID-19-RESOURCES-AND-ARTICLES-FAMILY-CAREGIVERS](https://www.caregiver.org/coronavirus-covid-19-resources-and-articles-family-caregivers)**
- **NATIONAL INSTITUTE ON AGING AT [HTTPS://WWW.NIA.NIH.GOV/](https://www.nia.nih.gov/)**
- **ACL ADMINISTRATION FOR COMMUNITY LIVING AT [HTTPS://ACL.GOV/](https://acl.gov/)**
- **CENTERS FOR DISEASE CONTROL AT [HTTPS://WWW.CDC.GOV/](https://www.cdc.gov/)**
- **MAYO CLINIC AT [HTTPS://WWW.MAYOCLINIC.ORG/HEALTHY-LIFESTYLE/STRESS-MANAGEMENT/IN-DEPTH/CAREGIVER-STRESS/ART-20044784](https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/caregiver-stress/art-20044784)**

# Questions



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# Function, Falls and Pain

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# Poor Function Predicts:

In 2012, 33% of community-dwelling older adults had difficulty with at least one ADL.

Premorbid functional status at the time of an illness is an indicator of the potential of the older adult to recover from illness.



# What is a Functional Assessment?

## Activities of Daily Living (ADLs)

- Dressing
- Bathing
- Eating
- Toileting
- Transferring

## Instrumental ADLs (IADLS)

- Driving
- Meal Preparation
- Medication management
- Shopping
- Finance management
- Using the Telephone

## Mobility

- Walking room to room in home.
- Climbing a flight of steps
- Walking/traveling outside one's home

- A primary goal of caring for older adults is to maintain, optimize or return to functional independence.

In 2012, 33% of community-dwelling older adults had difficulty with at least one ADL.

# Physiologic Changes in Aging

## Muscles

- Decrease muscle mass
- Muscle fibers are smaller and fewer
- Decreased water makes tissues less flexible

## Nervous system

- Number of nerves decrease
- Nerve speed decreased
- Slower reflexes

## Bones

- Mineral content (calcium, phosphorus) decrease
- Repairing bone damage slows
- Demineralization can lead to osteoporosis

**FALLS ARE NOT NORMAL**

**BUT**

**NORMAL AGING CHANGES  
INCREASE RISK IN  
OLDER ADULTS**





- One out of five falls cause serious injury such as broken bones or head injury
- Even without an injury older adults can become afraid of falling. This fear can reduce their activity resulting in weakness and increased risks for falls

# \$ Falls are costly \$

- 2.5 million older people are treated in emergency departments for fall injuries annually
- Over 700,000 patients a year are hospitalized because of a fall injury
- Each year at least 300,000 older people are hospitalized for hip fractures
  - 95% of hip fractures are caused by falling, usually by falling sideways
- Total medical costs for falls in 2015 was \$50 billion
  - Hospital costs account for two-thirds of the total



Every  
**20 minutes**

an older adult dies from  
a fall in the United States.  
Many more are injured.

Take a stand to prevent falls

# Falls Risk Factors

- History of falls
- Lower body weakness
- Difficulties with walking and balance
- Foot pain or poor footwear
- Vitamin D deficiency
- Use of medicines, such as tranquilizers, sedatives, or antidepressants.
  - Even some over-the-counter medicines can affect balance
- Vision problems
- Depression, mental impairment
- Incontinence
- Heart and other health conditions



# Pain in the Older Adults

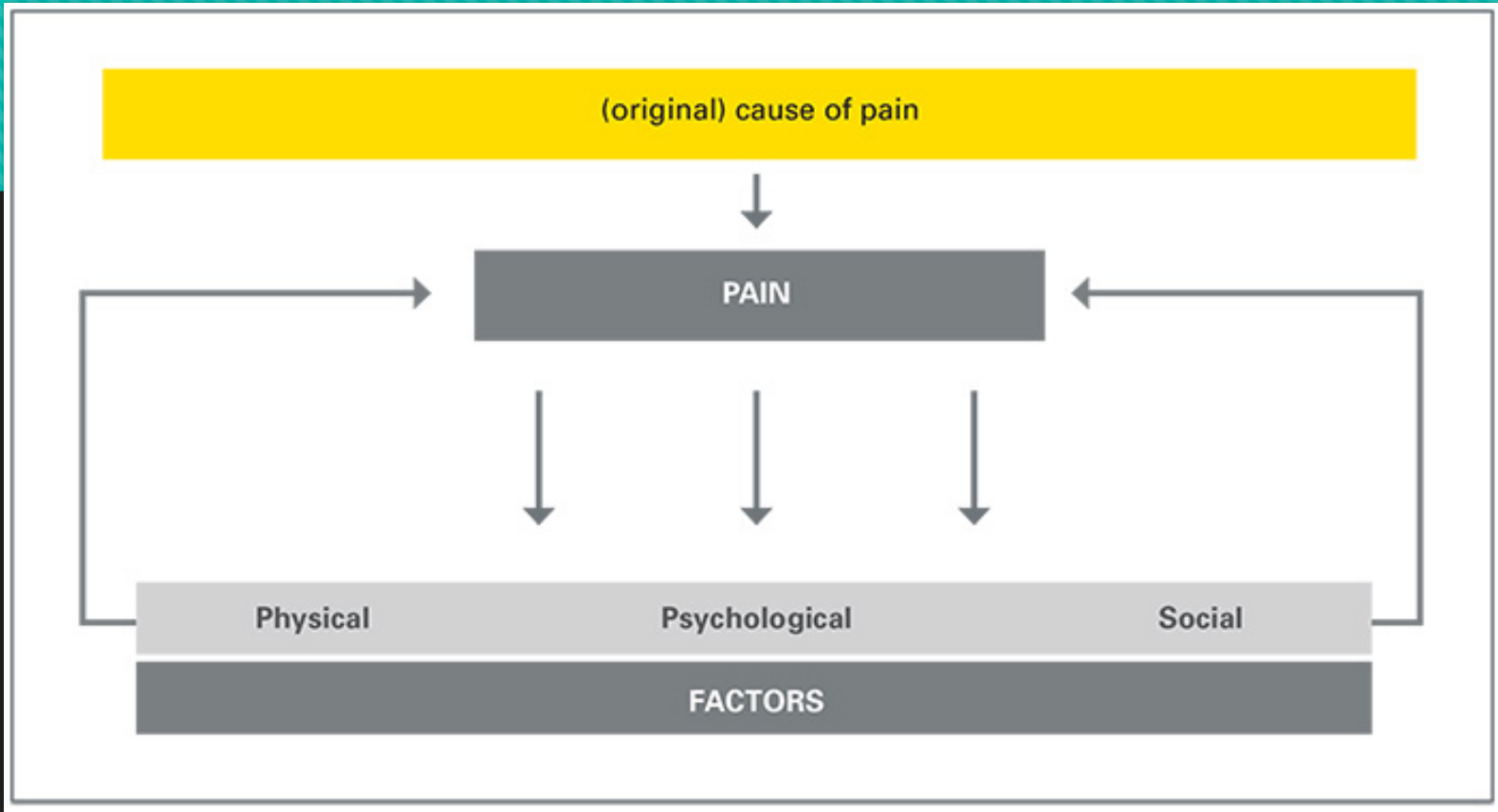


World Health  
Organization



‘An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.’

*International Association for the Study of Pain  
World Health Organization*



# Aging and Pain

Changes in the nervous system alter perception of pain

- Decrease density of unmyelinated fibers and decreased integrity
- Brain changes including decreased volume of prefrontal cortex and hippocampus

Changes in pain threshold and perception

- Older adults are **NOT** less sensitive to pain

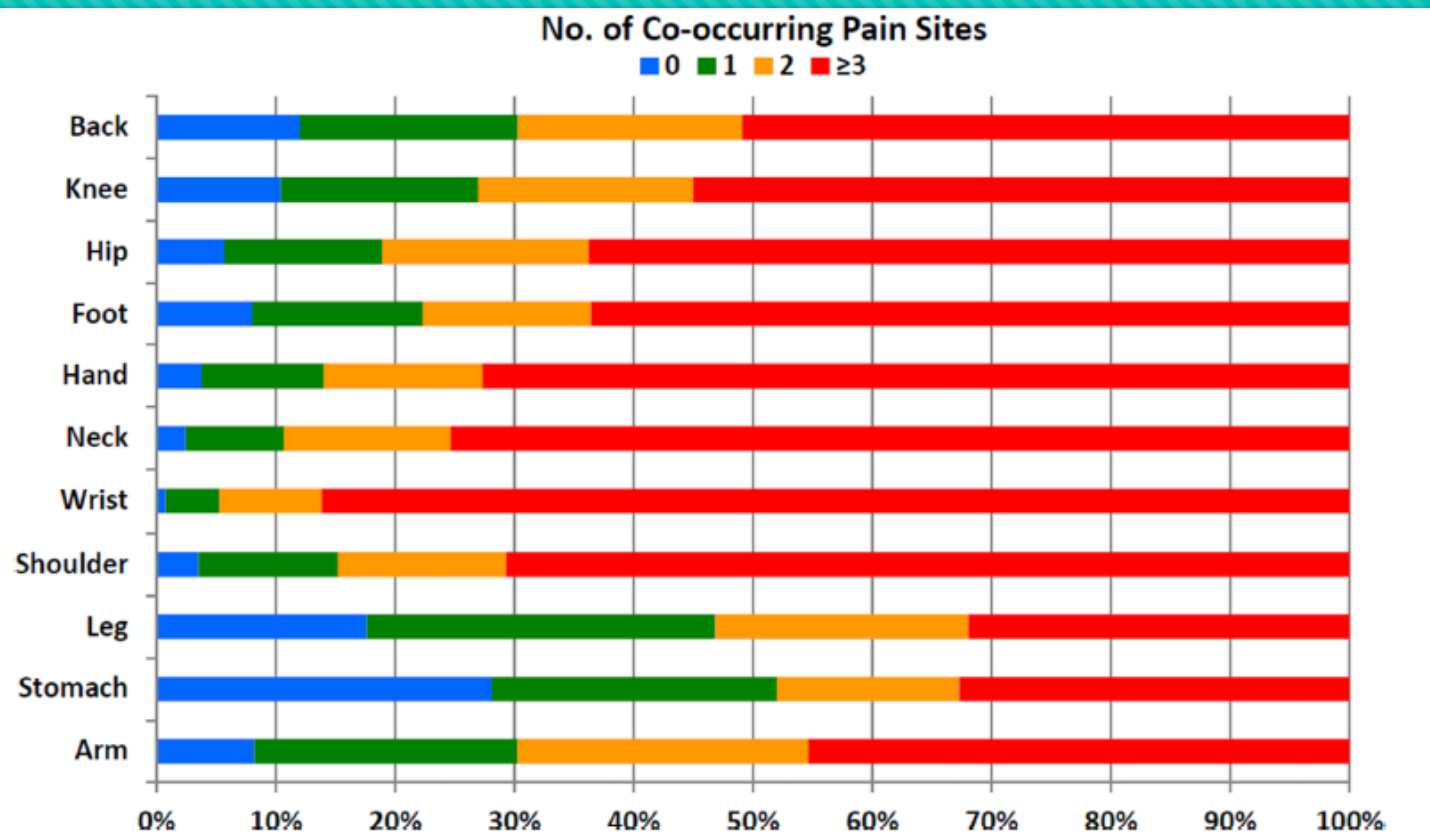
Older adults interpret pain in context of over all health and life stage

- May downplay specific symptoms in context of medical illness
- Perception that pain is “normal” or “expected”
- May be less tolerant of pain
- Differences in coping strategies

# Pain in Older Adults

- Prevalence of any pain in up to 72% of older adults
- Community dwelling
  - 25-50% have persistent pain
  - Up to 80% have pain-producing condition
- Nursing home
  - 50-85% have persistent pain
  - Pain is often untreated or under-treated
  - Pain is common with chronic illness

(van Blijswijk et al., 2015; Won et al., 2004; Tracy & Morrison, 2013; O'Donnell MJ, 2012; Davison SN, 2007)



**Figure 1.**  
 Percentage of co-occurring pain sites among those with the index pain site



B.

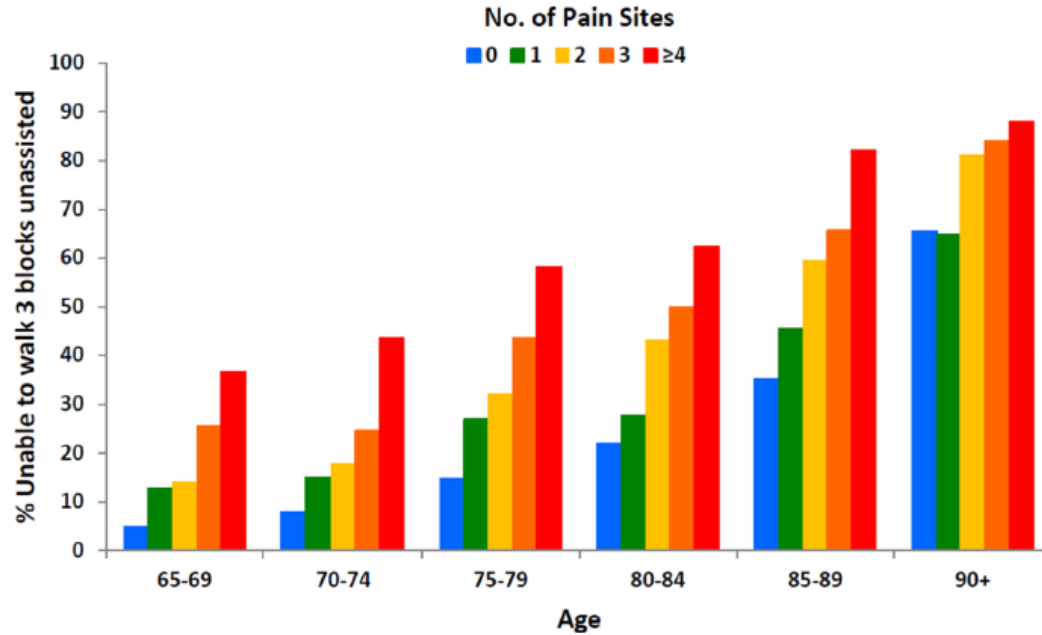


Figure 2.

Parts A–B. Percentage of older adults unable to independently walk 3 blocks according to pain status (A) and number of pain sites (B), by age group

# Adverse Effects of Pain



## Untreated Pain

Sleep disturbance

Decline in Social & Recreational Activities

Functional decline, deconditioning, falls

Depression, anxiety, cognitive decline

Malnutrition

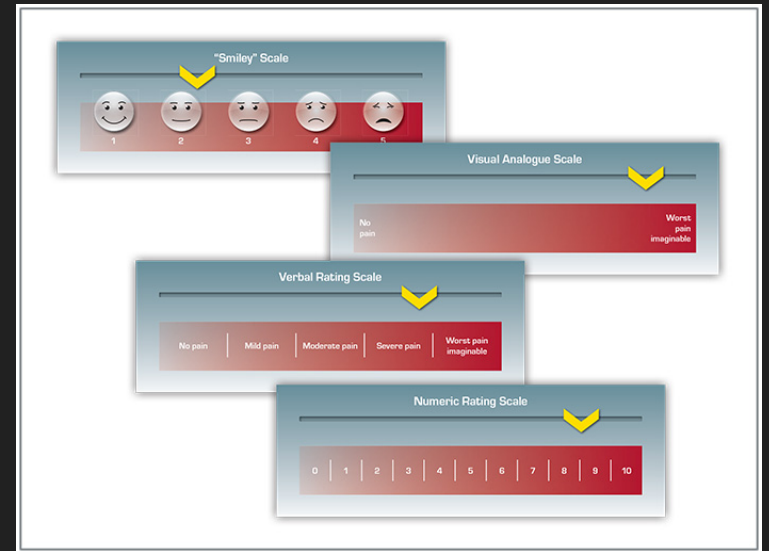
# Pain Management as a team sport

- Nurses
- Pharmacists
- Physical/Occupational therapists
- Social Workers
- Cognitive/Behavioral therapists & Counselors
- Chaplains
- Patient/Family



# History of Pain

- Document patient's self report
- Location
- Quality and severity (Wong-Baker, Visual Analogue)
  - Duration, pain now, worst and best in day/week
  - Nociceptive, somatic, or neuropathic pain
- Identify relieving and exacerbating factors
- Assess impact on mood and function
- Determine patient's goals and preferences for pain relief



# Chronic Pain in Chronic Illness

- Patient's self report provides more reliable assessment of pain
  - Even patients with advanced dementia can report pain
  - Focus on function
- Assess and optimize treatment for underlying diseases
  - Cardiac Disease/Heart failure
  - Diabetes
- Assess for effects/side effects of treatments
  - ESRD
  - Cancer

Sleep disturbance

Decline in Social & Recreational Activities

Functional decline, deconditioning, falls

Depression, anxiety, cognitive decline

Malnutrition

Effects of Caregiving

Untreated Pain

Sleep disturbance

Decline in Social & Recreational Activities

Functional decline, deconditioning, falls

Depression, anxiety, cognitive decline

Malnutrition



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# Opioids and Older Patients

By Sue Fosnight RPh, BCGP, BCPS  
I have no conflicts of interest to disclose



# Objectives

**By the end of this presentation the listener should be able to do the following in relation to older adults :**

- Describe the difference between misuse, abuse, dependence and addiction
- Identify the types of opioid misuse most often seen in older adults
- Discuss hazards of opioid withdrawal in older adults
- Identify alternatives to opioids to treat pain in older adults

# Review of Definitions

- **Misuse:** Prescribed opioid used in a way that was not prescribed
- **Abuse:** “Intentional, nontherapeutic use of a drug or substance for the purpose of achieving a desirable psychological or physiological effect”
- **Dependence:** Abstinence syndrome that occurs when opioid is discontinued
- **Addiction :** “Behavioral, cognitive, and physiological experiences that develops typically after **repeated exposure** to a substance that results in **craving, persistent drug use despite negative consequences, and focusing on drug use over other activities and obligations**”
- **Hyperalgesia:** Increased sensitivity to pain that can occur with high dose or rapidly escalated doses

# Misuse and Abuse of Opioids

- Common causes of misuse/ abuse in older adults
  - Inadequate pain control
  - Depression
  - Anxiety
  - Addiction
  - Diversion

# Older Adults and Opioids: Prevalence of Use and Misuse

Approximately 50% of patients 65 years or older report persistent pain

Those with mental health disorders are more than twice as likely to take opioids

Those with mood disorders are twice as likely to use opioids

3 to 4% of all adults are prescribed long term opioids

# Select Pertinent Laws Rules, and Warnings Pertaining to Opioids in Ohio\*

- **Acute Pain**

- Initially, no more than 7 days worth of medications for adults, 5 days for minors with parenteral or guardian consent without documentation of reason for supply limit
- Except as noted in rules as exceptions, the total morphine equivalent dose ( MED) cannot exceed an average of 30 Morphine Equivalent Dosing ( MED)

- **Chronic Pain**

- **Before prescribing:** H&P that includes evaluation of previous treatment, screen for substance misuse or substance abuse disorder, pertinent labs review, OARRS check, functional pain assessment, develop treatment plan, informed consent from patient and instructions of safe storage and disposal,etc.
- **If dose <50 MED:** monitor and document functional status, progress towards treatment plan, indicators of adverse effects, abuse, diversion, or addiction, etc.
- **If dose increases to >50 MED , but <80 MED:** Do all of above +written opioid consent + document consideration for consultation with specialist and medication review +consider offering a prescription for naloxone
- **If dose >80 MED:** All of above + required to offer a prescription for naloxone
- **If dose >120 MED:** Consult pain or hospice specialist

\* Consult rules and regulations for more specifics



# Select Pertinent Laws Rules, and Warnings Pertaining to Opioids in Ohio\*

- **All Outpatient Controlled Substance Scripts**
  - Must have ICD-10 code or CDT codes
- **Mandatory Checking of OAARS**
  - For pharmacists: new controlled substance , not ran within 12 months, prescriber is outside of geographic area, more than one prescriber (not partners), patient is exhibiting signs of abuse or diversion
  - For prescribers: See laws and regulations- very detailed
- **Benzodiazepines**
  - Black box warning: Avoid concurrent use of benzodiazepines and opioids
- **The Fine Print on Every Prescription**
  - “Federal law prohibits the transfer of this medication to any person other than the patient to whom it was prescribed.”
- **Many Insurance companies require prior authorization for using opioids**

\* Consult rules and regulations for more specifics

# Unintended Consequences : Hazards of Opioid Withdrawal in Older Patients

- Not well studied
- Increased risk of dehydration with withdrawal symptoms
- Increased risk of delirium with withdrawal symptoms



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# CDC: Indications for Tapering and Discontinuation of Opioids

- The patient has no sustained clinically meaningful improvement in pain and function.
- The patient is taking opioid dosages  $\geq 50$  Morphine mg equivalents (MME) /day without evidence of benefit.
- The patient is on concurrent benzodiazepines that cannot be tapered.
- The patient requests dosage reduction or discontinuation.
- The patient experiences overdose, other serious adverse events, and/or warning signs of such events.

# Deprescribing Opioids

- Limited well done studies- especially in older adults
- Most studies recommend to provide appropriate psychosocial support
- Some recommend to educate that increased function without increased pain has been documented
- Many methods , adjust based on patient response
  - Decrease dose by 5% to 20% every 4 weeks
  - Decrease dose by 10% every week to month
  - Medication Assisted Treatment: Methadone, Naltrexone, Buprenorphine
- Medications to help with withdrawal symptoms
  - Acetaminophen 1 gram q8hrs
  - Loperamide 2 mg q6hrs prn diarrhea
  - Promethazine 12.5 mg po q6hrs prn nausea- **caution with use in older patients- consider ondansetron as alternative if not contraindicated**

Lumish R,et.al. J Gerontol Nursing 2018; 44: 9-14

<https://www.fda.gov/Drugs/DrugSafety/SafeUseInitiative/default.htm>

<https://www.cdc.gov/drugoverdose/prescribing/clinical-tools.html>

# Alternatives to Opioids for Pain in Older Adults

- Non-pharmacological therapy
  - Counseling, Pastoral Care, Physical Therapy, Weight loss programs, Treat Depression and Anxiety
- Acetaminophen on a scheduled basis: 1 gram q8hrs
- Nonsteroidals
  - Diclofenac Gel
- Anticonvulsants\*
  - Gabapentin/ Pregabalin
    - May increase risk of opioid overdose
    - Study showing increase risk in those using >900 mg per day of gabapentin
- SNRIs : Duloxetine/ Venlafaxine\*
  - Treat pain, anxiety, and depression
- Lidocaine Patch/ lidocaine jelly\*
- Local Nerve blocks/ local steroid or other injections

\*Unapproved uses



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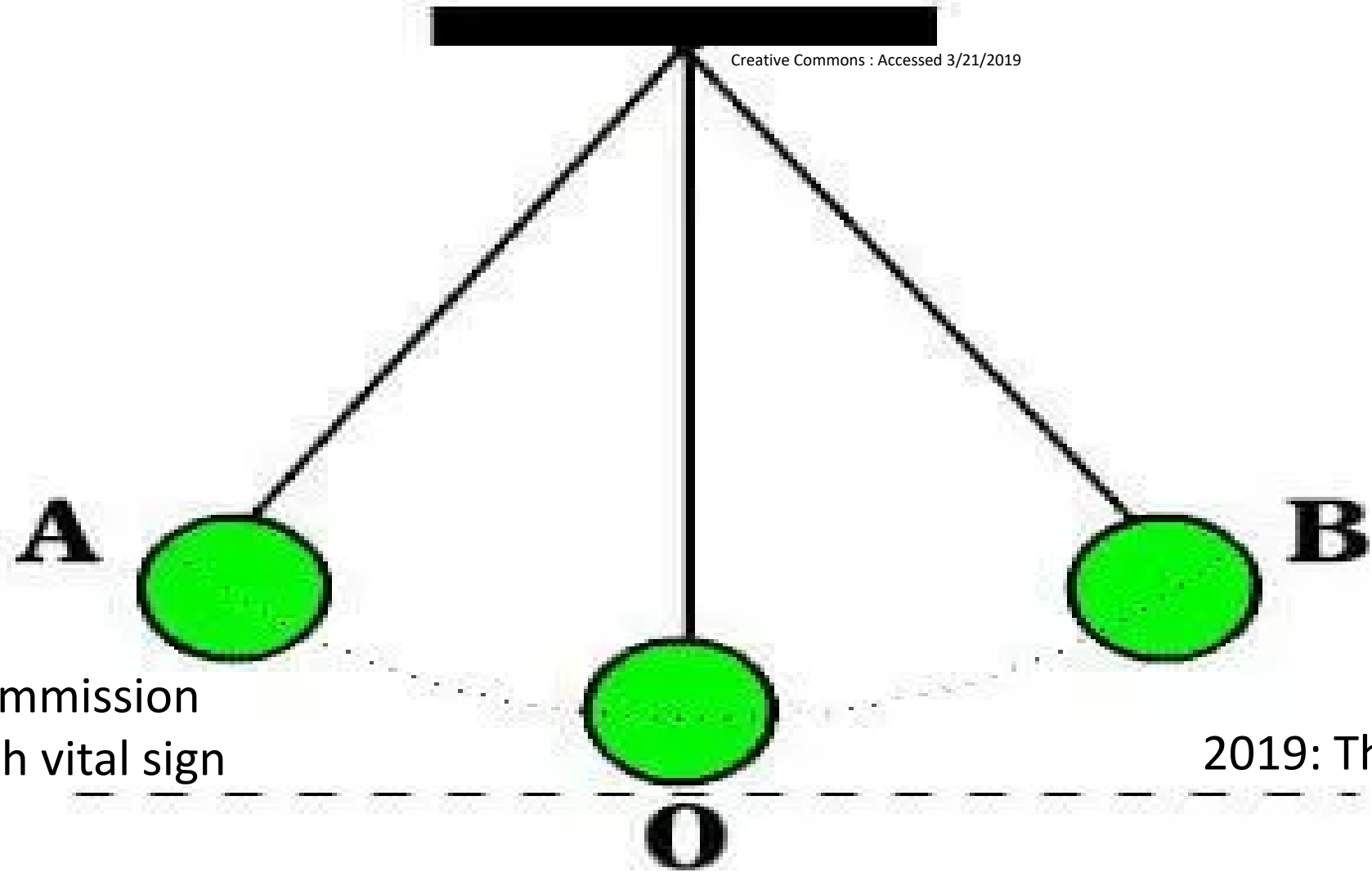
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Reid MC,et.al BMJ 2015: 350:h532 doi: 10.1136/bmj.h532

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2001: Joint Commission  
Pain as the fifth vital sign

2019: The Opioid Crisis

Opioids for those who need it with well  
designed monitoring methods

## Design

# Reducing Opioid Use for Chronic Pain in Older Adults

- Quality Improvement Project which designed a method to decrease opioid use in older adults on a psychiatry unit using LEAN methodology

## Methods

- Root cause analysis of overuse of opioids :Pain **symptoms** not adequately documented, risk of **dependent behavior** not consistently reviewed, **non-pharmacological interventions** not consistently offered, **alternative medication** not consistently considered
- Thorough **pain assessment** including PQRSTU , **Pain Algorithm** that incorporated **rehab-led exercise groups, weight loss encouragement, joint protection devices, counseling, patellar taping, pain management, sleep management and mindfulness sessions, warm and cold packs, no opioids for those on benzodiazepines, non-opioid medication treatments evaluated by collaboration with pharmacist**

## Results

- Significant decrease in new opioid use for osteoarthritis or chronic back pain ( $p < 0.01$ )
- Significant increase in non-opioid pharmacological medications ( $p < 0.01$ )





Source : Microsoft Clipart: Assessed 4-13-2013



# Depression & Anxiety in Older Adults

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December 11, 2020



01

Define depression and anxiety in older adults.

02

Review common screening tools health professionals can use.

03

Discuss mental health treatment options.

04

Describe special considerations in the age of COVID.

# PRESENTATION OUTLINE

# DEPRESSION AMONG OLDER ADULTS

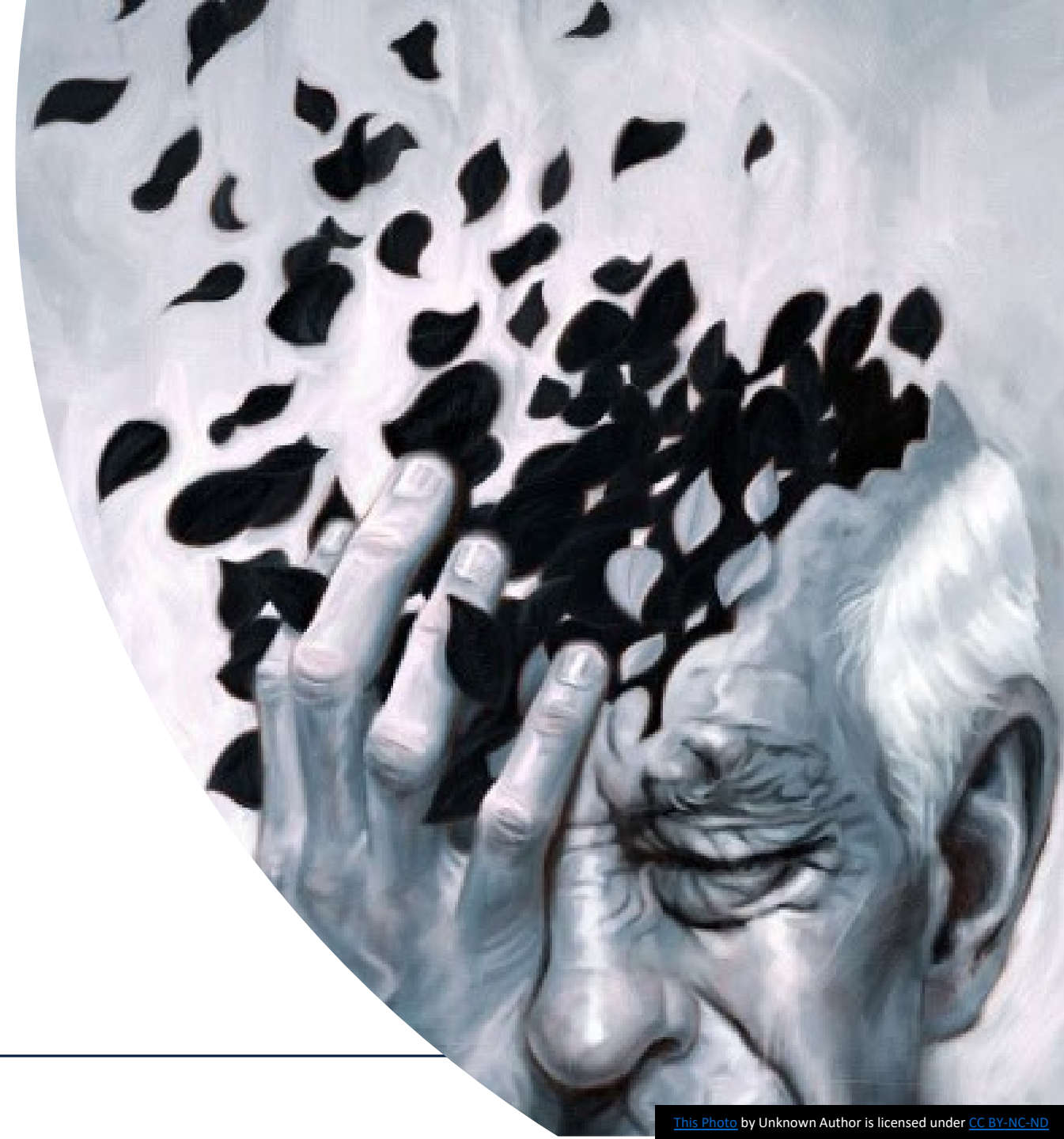
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## Prevalence of Depression among older adults:

- **General Population:**
  - 1-5%
- **Health-system involved:**
  - up to 13.5%

## Depression differs for older adults

- **Older adults are at increased risk.**
  - Due, in part, to increased prevalence of other chronic illnesses
- **Older adults are often misdiagnosed and undertreated.**
  - Healthcare providers perceptions
  - Older adult perceptions



# DEPRESSION AMONG OLDER ADULTS – IT IS NOT A NORMAL PART OF AGING

- Persistent sadness or anxious
- Loss of interest
- Hopelessness, pessimism
- Guilt, worthlessness, helplessness
- Decreased energy, fatigue
- Difficulty concentrating, remembering, making decisions
- Sleep disturbances
- Appetite or weight changes
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- **Physical symptoms:**
  - Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

# SCREENING FOR DEPRESSION

## Patient Health Questionnaire (PHQ 2/9)

- Screens for broad depressive symptoms
- 0 - 4: indicates may not need depression treatment
- 5+: positive screen
  - 5 – 9: mild – use clinical judgement
  - 10-14 Moderate – use clinical judgement
  - 15+: warrants treatment with antidepressant, psychotherapy and/or combination

Over the *last 2 weeks*, how often have you been bothered by any of the following problems:

	NOT at all	Several days	MORE than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3



# ANXIETY



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## Prevalence:

- Between 3%-14% meet criteria for a diagnosable anxiety disorder

## Types of anxiety disorders:

- specific phobias, generalized anxiety disorder, social anxiety disorder, panic disorder, OCD, PTSD



# ANXIETY - SYMPTOMS

Muscle tension,  
feeling weak and  
shaky

Poor sleep

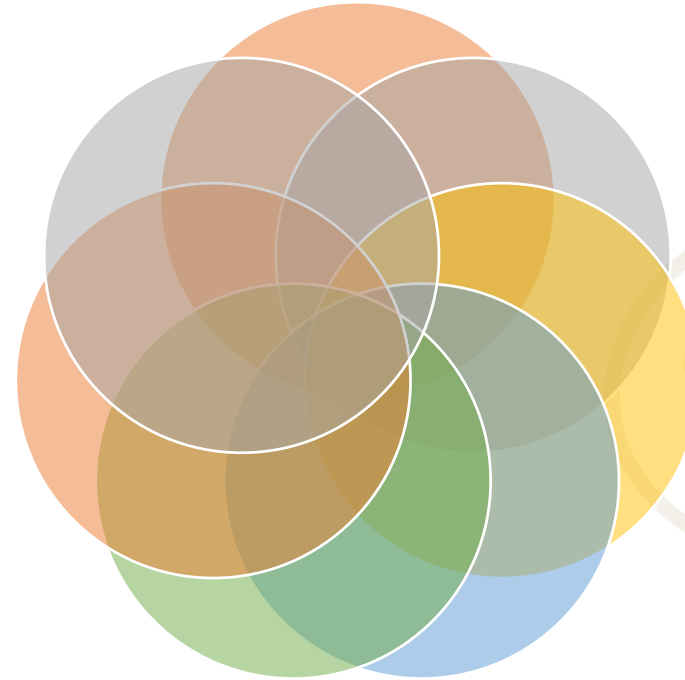
Racing heart, shallow  
breathing, trembling,  
nausea, sweating

Excessive worry or fear

Refusing to do  
routine activities or  
being overly  
preoccupied with  
routine

Avoiding social  
situations

Overly concerned  
about safety



# SCREENING FOR ANXIETY

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

## GAD-7 (General Anxiety Disorder-7)

- Use a threshold of 10 as the cut-off score.

# CONSIDERING CO-OCCURRING ISSUES

Co-occurring Disorders = presence of MH and SUD diagnoses

Older adults with dual diagnosis = “A hidden population”

Data on treatment are limited.

# CONSIDERING CO-OCCURRING ISSUES

The prevalence of older adults with comorbid substance abuse and mental disorders varies by population:

- 7% to 38% of those with psychiatric illness
- 21% to 66% of those with substance abuse have a co-occurring dx.

Depression and alcohol use are the most cited co-occurring disorders in older adults.

Prescription misuse exacerbated by depression, anxiety, pain, insomnia, etc.

Dual diagnosis in older adults is associated with:

- increased suicidality
- greater inpatient and outpatient service utilization
- Increased risk of relapse
- Poor treatment engagement
- Poor treatment outcomes

# MENTAL HEALTH TREATMENT OPTIONS

## Medications

- Collaborate with medical team

## Non-pharmacological treatments

- Cognitive Behavioral Therapy (talk therapy)
- Motivational Interviewing
- Relational Therapy (interpersonal therapy)
- Movement/Exercise
- Consider diet/nutrition
- Appropriate rest/sleep hygiene
- Mindfulness training
- Mastery exercises
- Connecting to spirituality
- Trauma-informed care approaches

# MENTAL HEALTH FOR OLDER ADULTS IN THE AGE OF COVID

Factors exacerbating mental health symptoms

- Disruptions to their daily routines
- Disruptions in access to care
- Difficulty in adapting to technologies like telemedicine
- Increased social isolation
- Financial challenges
- Illness
- Increased stress and ambiguity/uncertainty
- Increased losses



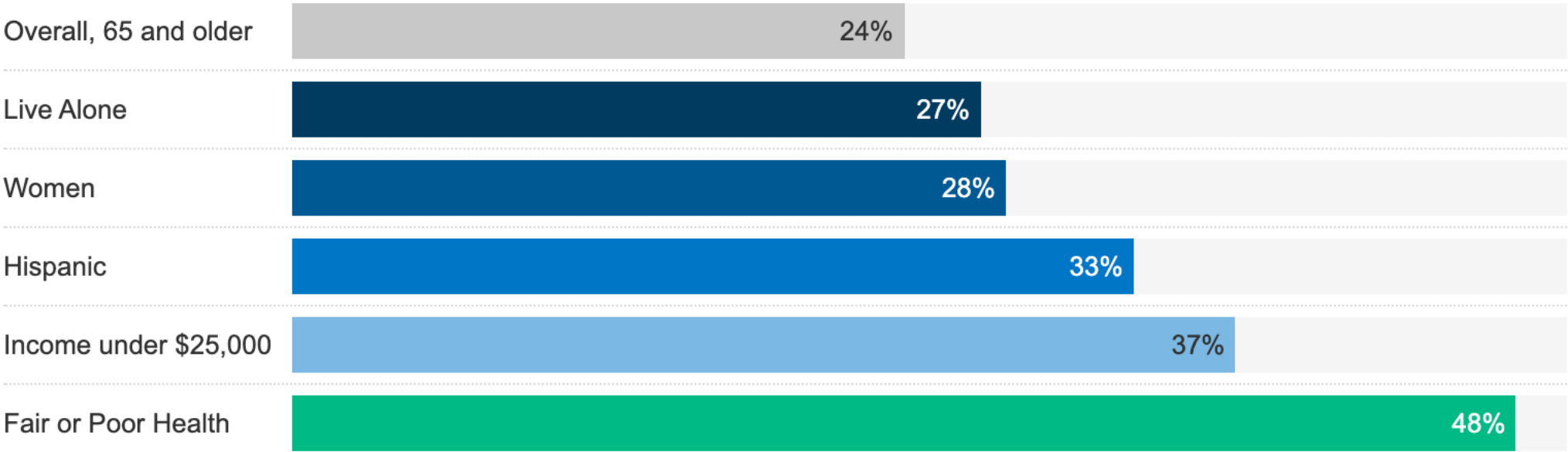
# DATA FROM JUNE 2020

- “Older adults as a group may be more resilient to the anxiety, depression, and stress-related mental health disorders characteristic of younger populations during the initial phase of the COVID-19 pandemic.” Data from June 2020
  - Caveat – community dwelling
- Within the older adult population –
  - “much more nuanced picture”
  - Need to consider the heterogeneity of the population



# DATA FROM AUGUST 2020

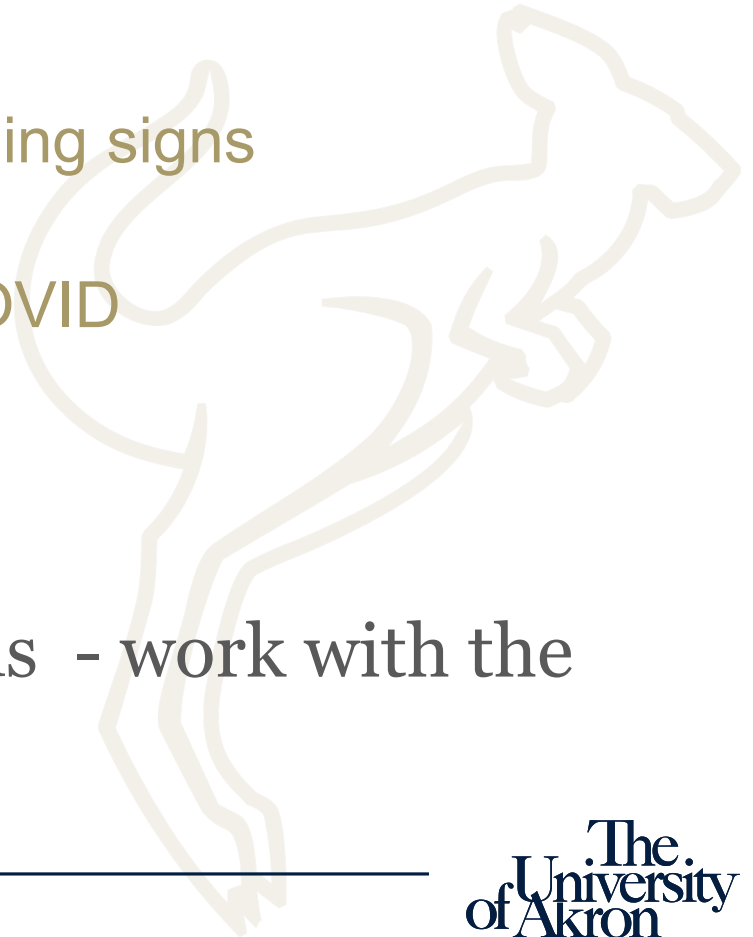
- 1 in 4 older adults 65 and older reported depression and/or anxiety, but differed in sub-populations
  - Compared to 1 in 10 in 2018





# MENTAL HEALTH TREATMENT CONSIDERATIONS IN THE AGE OF COVID

- Provide support
  - Often starts with PCD
  - Encourage reaching out for help if there are warning signs
  - Encourage routine as much as possible
  - Encourage activities that are allowable during COVID
  - Using technology
    - Phone, videoconference
  - Connecting with friends and family
- Attend to physical health, food and safety needs - work with the team!
- Involved the patient's "tribe"





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# Social Determinants of Health in Older Adults and Available Resources

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# What are Social Determinants of Health (SDOH)?

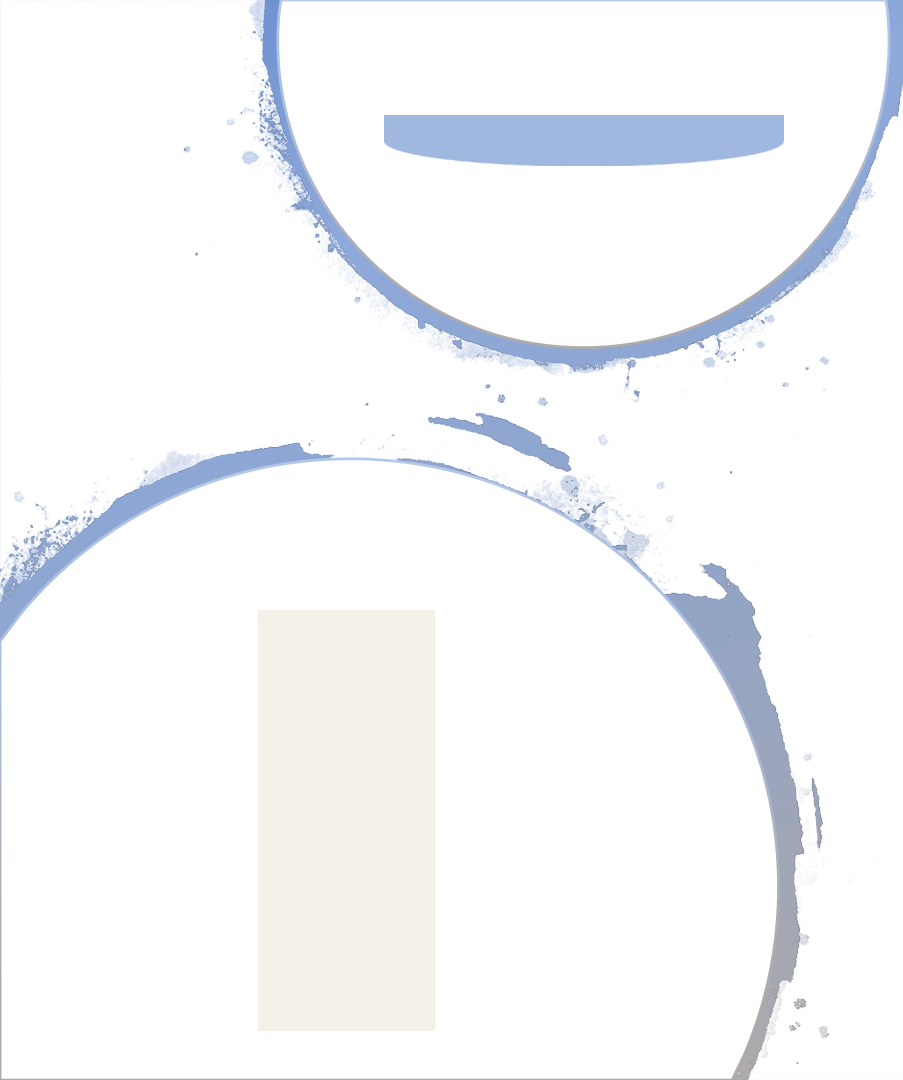
**According to the World Health Organization (WHO):**

**“Social Determinants of Health are the conditions in which people are born, grow, live, work, and age”.**

# Five Key areas of SDOH

*as determined by Healthy People 2020*





# Why are they important?

**10%**

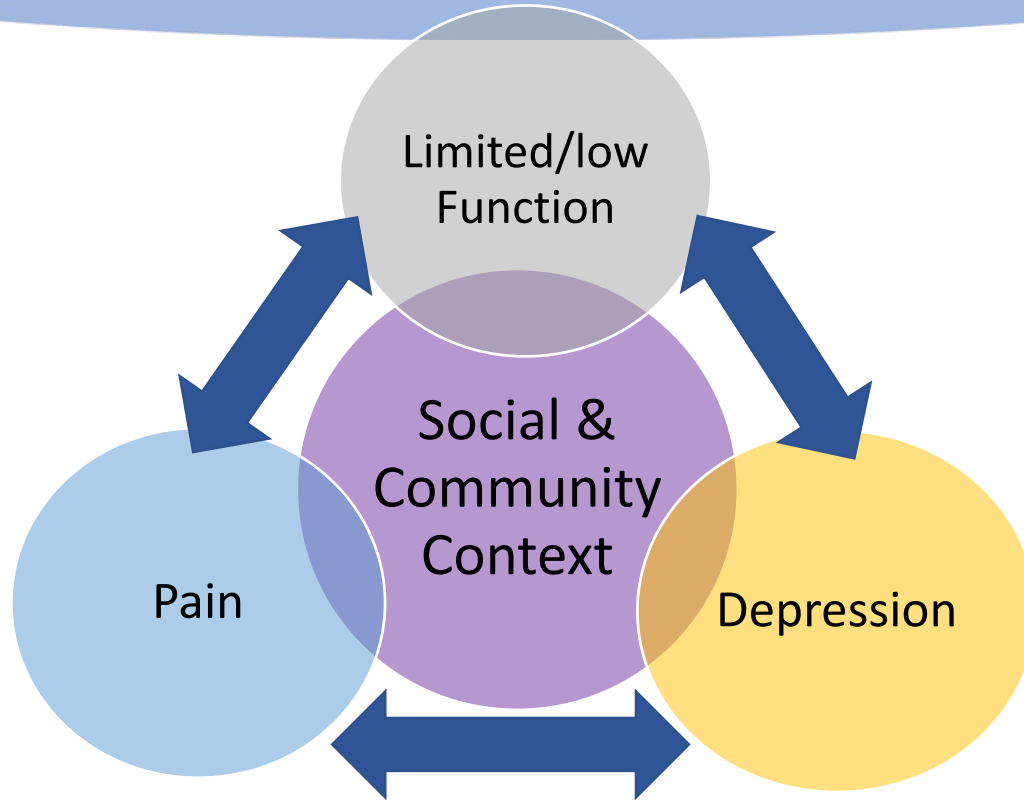
Of outcomes due to healthcare

**90%**

Of outcomes due to their environment

**Social Determinants of Health play a much higher role in patient outcomes**

SDOH → decreased quality of overall health



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# How do I know?

# Screening Tools



## PRAPARE

Protocol for Responding to and Assessing  
Patients' Assets, Risks, and Experiences

“...a national effort to help health centers and other providers collect and apply the data they need to better understand their patients’ social determinants of health, transform care to meet the needs of their patients, and ultimately improve health and reduce costs. PRAPARE is **both a standardized patient risk assessment tool as well as a process and collection of resources to identify and act on the social determinants of health.** The PRAPARE Implementation and Action Toolkit is designed to provide interested users with the resources, best practices, and lessons learned to guide implementation, data collection, and responses to social determinant needs.”

From <https://www.nachc.org/research-and-data/prapare/toolkit/>



# Screening Tools



## PRAPARE

Protocol for Responding to and Assessing  
Patients' Assets, Risks, and Experiences

### Core Measures:

- Race
- Ethnicity
- Migrant and/or Seasonal Farm Work
- Language
- Housing Status
- Housing Stability
- Address/Neighborhood
- Education
- Employment
- Insurance
- Income
- Material Security
- Transportation
- Social Integration & Support
- Stress

### Optional Measures:

- Incarceration History
- Refugee Status
- Safety
- Domestic Violence

<b>Personal Characteristics</b>		
1. Are you Hispanic or Latino?		
Yes	No	I choose not to answer this question
2. Which race(s) are you? Check all that apply		
Asian	Native Hawaiian	
Pacific Islander	Black/African American	
White	American Indian/Alaskan Native	
Other (please write): _____		
I choose not to answer this question		
3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?		
Yes	No	I choose not to answer this question
4. Have you been discharged from the armed forces of the United States?		
Yes	No	I choose not to answer this question
<b>Family &amp; Home</b>		
6. How many family members, including yourself, do you currently live with? _____		
I choose not to answer this question		
7. What is your housing situation today?		
I have housing		
I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)		
I choose not to answer this question		
8. Are you worried about losing your housing?		
Yes	No	I choose not to answer this question
9. What address do you live at? Street: _____ City, State, Zip code: _____		
<b>Money &amp; Resources</b>		
10. What is the highest level of school that you have finished?		
Less than high school degree	High school diploma or GED	
More than high school	I choose not to answer this question	
11. What is your current work situation?		
Unemployed	Part-time or temporary work	Full-time work
Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____		
I choose not to answer this question		
12. What is your main insurance?		
None/uninsured	Medicaid	
CHIP Medicaid	Medicare	
Other public insurance (not CHIP)	Other Public Insurance (CHIP)	
Private Insurance		
13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits. _____		
I choose not to answer this question		

14. In the past year, have you or any family members you live with been <b>unable</b> to get any of the following when it was <b>really needed</b> ? Check all that apply.					
Yes	No	Food	Yes	No	Clothing
Yes	No	Utilities	Yes	No	Child Care
Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)			
Yes	No	Phone	Yes	No	Other (please write): _____
I choose not to answer this question					
15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.					
Yes, it has kept me from medical appointments or					
Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need					
No					
I choose not to answer this question					
<b>Social and Emotional Health</b>					
16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)					
Less than once a		1 or 2 times a week			
3 to 5 times a week		5 or more times a			
I choose not to answer this question					
17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?					
Not at all		A little bit			
Somewhat		Quite a bit			
Very much		I choose not to answer this question			
<b>Optional Additional Questions</b>					
18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?					
Yes	No	I choose not to answer this			
19. Are you a refugee?					
Yes	No	I choose not to answer this			
20. Do you feel physically and emotionally safe where you currently live?					
Yes	No	Unsure			
I choose not to answer this question					
21. In the past year, have you been afraid of your partner or ex-partner?					
Yes	No	Unsure			
I have not had a partner in the past year					
I choose not to answer this question					

# Screening Tools

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## The EveryONE Project

*Advancing health equity in every community*



“The Social Needs Screening tool screens for five core health-related social needs, which include housing, food, transportation, utilities, and personal safety, using validated screening questions, as well as the additional needs of employment, education, child care, and financial strain.”

### Project Toolkit

[www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/assessment.html](http://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/assessment.html)

### Project Guides and Assessment Tool

[www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/assessment.html](http://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/assessment.html)

# The EveryONE Project

Advancing health equity in every community



## Social Needs Screening Tool

### HOUSING

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?

- Yes  
 No

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)

- Bug infestation  
 Mold  
 Lead paint or pipes  
 Inadequate heat  
 Overcrowding or no working  
 No or not working smoke detectors  
 Water leaks  
 None of the above

### FOOD

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.<sup>3</sup>

- Often true  
 Sometimes true  
 Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.<sup>3</sup>

- Often true  
 Sometimes true  
 Never true

### TRANSPORTATION

5. Do you put off or neglect going to the doctor because of distance or transportation?

- Yes  
 No

### UTILITIES

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?<sup>4</sup>

- Yes  
 No  
 Already shut off

### CHILD CARE

7. Do problems getting child care make it difficult for you to work or study?<sup>5</sup>

- Yes  
 No

### EMPLOYMENT

8. Do you have a job?<sup>6</sup>

- Yes  
 No

### EDUCATION

9. Do you have a high school degree?<sup>6</sup>

- Yes  
 No

### FINANCES

10. How often does this describe you? I don't have enough money to pay my bills:<sup>7</sup>

- Never  
 Rarely  
 Sometimes  
 Often  
 Always

### PERSONAL SAFETY

11. How often does anyone, including family, physically hurt you?<sup>8</sup>

- Never (1)  
 Rarely (2)  
 Sometimes (3)  
 Fairly often (4)  
 Frequently (5)

12. How often does anyone, including family, insult or talk down to you?<sup>8</sup>

- Never (1)  
 Rarely (2)  
 Sometimes (3)  
 Fairly often (4)  
 Frequently (5)

13. How often does anyone, including family, threaten you with harm?<sup>8</sup>

- Never (1)  
 Rarely (2)  
 Sometimes (3)  
 Fairly often (4)  
 Frequently (5)

14. How often does anyone, including family, scream or curse at you?<sup>8</sup>

- Never (1)  
 Rarely (2)  
 Sometimes (3)  
 Fairly often (4)  
 Frequently (5)

### ASSISTANCE

15. Would you like help with any of these needs?

- Yes  
 No

### SCORING INSTRUCTIONS:

For the housing, food, transportation, utilities, child care, employment, education, and finances questions: Underlined answers indicate a positive response for a social need for that category.

For the personal safety questions: A value greater than 10, when the numerical values are summed for answers to these questions, indicates a positive response for a social need for personal safety.

Sum of questions 11-14: \_\_\_\_\_

Greater than 10 equals positive screen for personal safety.

### REFERENCES

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7. Aidana SS, Liljenquist W. Validity and reliability of a financial strain survey. *J Financ Couns Plan*. 1998;9(2):11-9.
8. Sherrin KM, Shacore JM, Li XQ, Zitter RE, Shakil A. HTS: a short domestic violence screening tool for use in a family practice setting. *Fam Med*. 1998;30(7):508-92.

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# ASK QUESTIONS!

**If you don't ask, they may not tell you.**

- **Do you feel lonely or isolated?**
- **Do you feel stressed trying to pay for food, housing, utilities, or medical care?**
- **Is it hard to get yourself to and from appointments, work, grocery shopping, etc?**

# What can we do to help?

Work together using a team approach!

## Call the Aging and Disability Resource Center (ADRC)

- **FREE** resource available through all Area Agencies on Aging
  - Call center staffed with certified information and assistance specialists who can answer questions about local community services
  - Schedule **FREE** in-home assessments to determine qualification for various programs/services



# Available Services

Home delivered meals (HDM)

Personal care

Transportation

Emergency response systems (ERS)

Home modifications

Homemaker services

Care Coordination

Home medical equipment

Nutrition counseling

Health coaching

Medication management

Social work counseling

And more!!!

# The problem with service coverage





# Medicare

Medicare is a federally funded health insurance program that is available to adults 65 and older (and some younger, disabled persons)

## Medicare does NOT cover:

- Long-term care in nursing facilities
- Assisted Living
- Adult Day Services
- Daily custodial care (i.e. assistance with eating, bathing, and dressing)



# What Medicare DOES cover

## Medicare Part A:

- Hospital costs after you pay a deductible (must be admitted – NOT observation status)
- Short stays in a nursing facilities (i.e. skilled care)
- Hospice care in the last 6 months of life

## Medicare Part B:

- Part of the costs for doctor's services, outpatient care, and other medical services that Part A does not cover
- Some preventive services, such as flu shots and diabetes screening

## Medicare Part D:

- Some medication costs

# Who pays for these services?

- **Private pay/personal funds** - higher income = out of pocket payments
- **Long term care insurance**
- **Medicaid Waiver services** - i.e. PASSPORT, Assisted living, etc
- **Older Americans Act** - limited funds available
- **Medicare Advantage Plans** - limited availability via the Chronic Care Act
- **Veterans Affairs (VA)** – may provide long-term care or at-home care for some veterans

*Qualifications based on individual circumstances*

# National Council on Aging (NCOA)

[www.ncoa.org/news/resources-for-reporters/get-the-facts/economic-security-facts/#intraPageNav2](https://www.ncoa.org/news/resources-for-reporters/get-the-facts/economic-security-facts/#intraPageNav2)

*Over 25 million Americans aged 60+ are economically insecure—living at or below 250% of the federal poverty level (FPL) (\$29,425 per year for a single person).*

# Resources

## Area Agencies on Aging

- Organizations designated by the state to address the needs and concerns of older adults at the state and regional level

## National Council on Aging

- Offers free service called BenefitsCheckUp® - Call 1-571-527-3900 or [www.benefitscheckup.org](http://www.benefitscheckup.org)
- Help find federal and state benefit programs to aid in paying for prescription drugs, heating bills, housing, meal programs, and legal services

## Benefits.gov

- Information on federal, state, and local benefits - 1-800-FED-INFO or [www.benefits.gov](http://www.benefits.gov)

# Resources

## National Institute on Aging

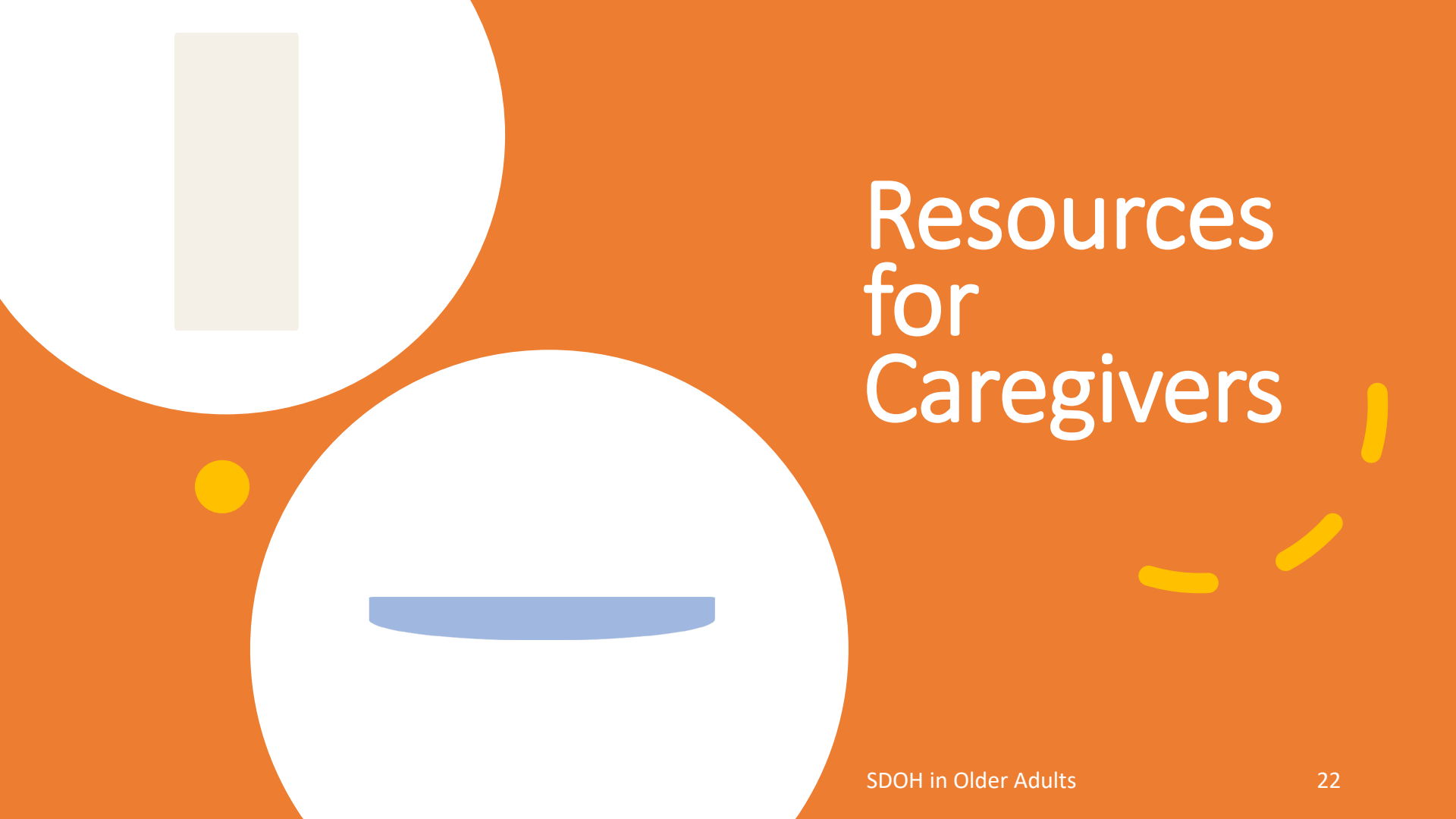
- <https://www.nia.nih.gov/health/paying-care>

## State Health Insurance Program (SHIP)

- Ohio Senior Health Insurance Information Program (OSHIIP)  
<https://www.insurance.ohio.gov/Consumer/Pages/OSHIIP.aspx>  
General Info: 614-644-2658; Consumer Hotline: 800-686-1526
- Counseling and assistance to people and their families on Medicare, Medicaid, and Medicare supplemental insurance (i.e. Medigap)

## US Department of Veterans Affairs (VA)

- May provide long-term care or at-home care for some veterans
- Visit [www.va.gov/health](http://www.va.gov/health) or [www.caregiver.va.gov](http://www.caregiver.va.gov)
- Call 1-877-222-8387

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# Resources for Caregivers

# Resources for Caregivers

## Area Agency on Aging and ADRC

- Family Caregiver Support Program
- Respite care
- Local community resources
- Information and education – Powerful Tools for Caregivers
- Support groups

## Alzheimer's Association

- <https://www.alz.org/help-support/caregiving>
- Information on what to expect during each stage of dementia
- Planning for the future
- Free online education
- Tips on caring for the caregiver

Take care  
of your  
body. It's  
the only  
place you  
have to  
live.

*~~Jim Rohn,  
author and  
motivational  
speaker*



# Resources for Caregivers

## Active Daily Living

- <https://dhad.dailylivingadvice.com/>
- Quick tips to make daily living easier
- Age in place guides
- Newsletters

## Dementia Friendly America

- <https://www.dfamerica.org/>
- Education on better communicating with and caring for someone with dementia
- Resource lists
- Community toolkits

Sometimes  
asking for  
help is the  
most  
meaningful  
example of  
self-  
reliance.

*~~from the poem  
"Sometimes" by  
US Senator Cory  
Booker*

A photograph of a woman in a white lab coat shaking hands with an older woman. The image is overlaid with a semi-transparent blue filter. The text is centered in the upper half of the image.

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**Thank you!**