



BRIDGING THE GENERATION GAP: A SOCIAL EXPERIMENT IN INTERGENERATIONAL LIVING

Maureen Mickus, Nancy Hock,
Lori Johnson, Corey Youngs, Colette Chapp
Department of Occupational Therapy
Western Michigan University

Objectives:

- 1. Demographic shifts in US society**
- 2. Implications of age segregation**
- 3. Intergenerational residential model**
- 4. Impact on students**
- 5. Impact on older residents**
- 6. Lessons learned**

The Great Transformation

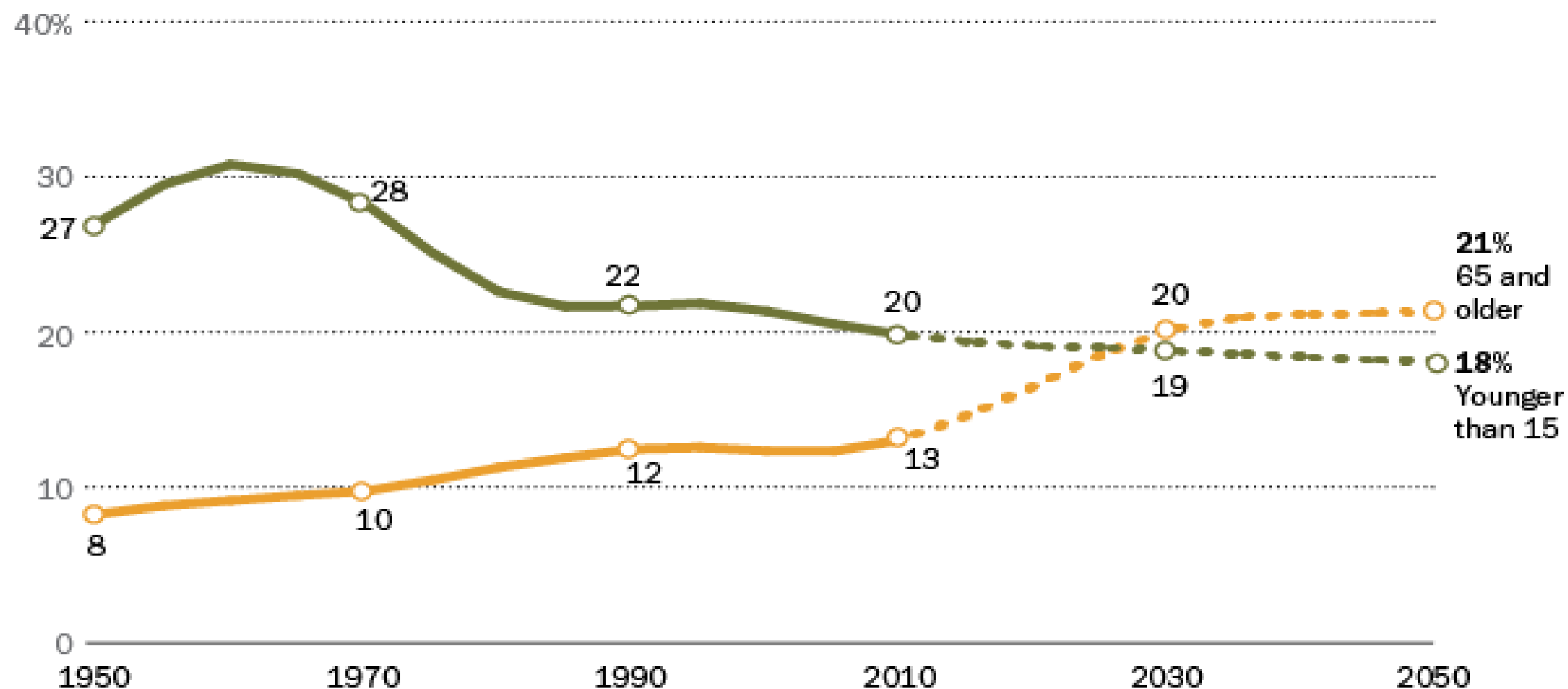


The number of Americans ages 65 and older is **projected to more than double** from 46 million today to over 98 million by 2060.

The 65+ age group's share of the total population will rise to from 15 to nearly 24 percent.

(Population Reference Bureau, 2016)

Percent of population younger than 15 and 65 and older in the U.S.

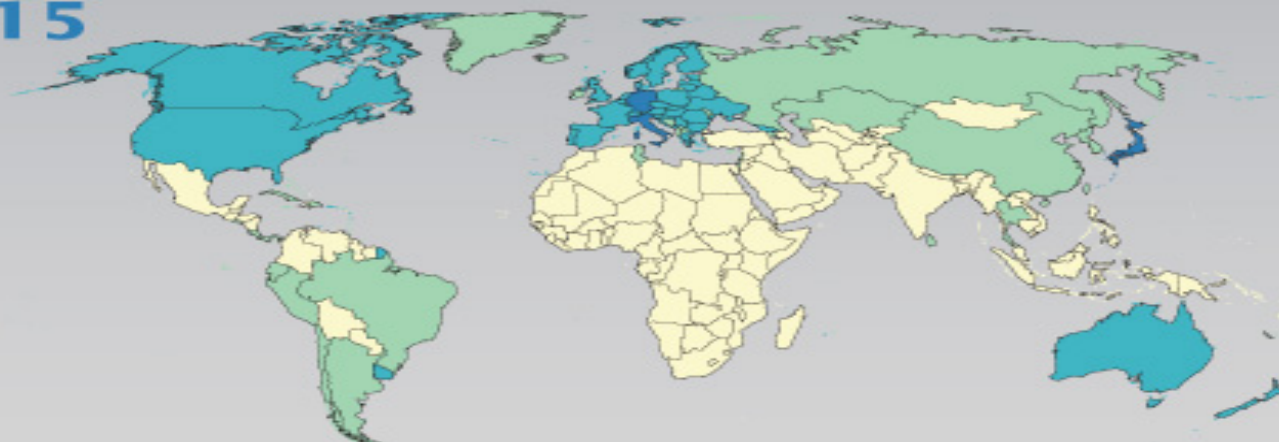


Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: 2012 Revision*, June 2013, <http://esa.un.org/unpd/wpp/index.htm>

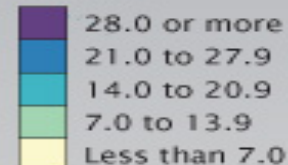
An Aging World

Percentage of the Population Age 65+ in 2015 and 2050

2015



Percent

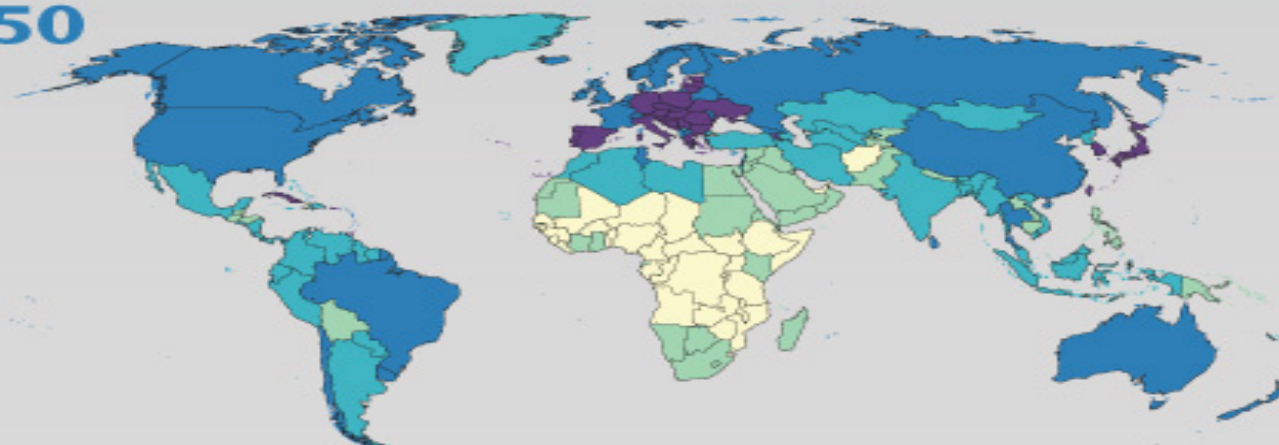


World percent

2015: 8.5

2050: 16.7

2050



Challenges



1. Geriatric Workforce Shortage

“Unless action is taken immediately, the health care workforce will lack the capacity (in both size and ability) to meet the needs of older patients in the future.”

*(The Institute of Medicine’s (IOM) Retooling for an Aging America:
Building the Health Care Workforce, 2008)*

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Nearly 3.5 million *additional* health care professionals and direct-care workers
will be needed by 2030



2. Age Segregation

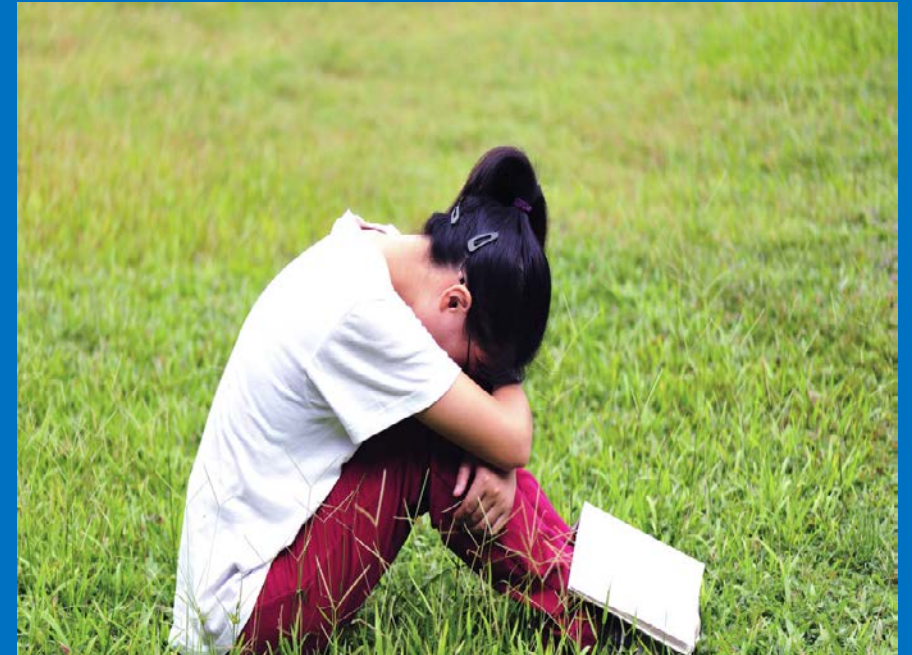
- Most individuals lack exposure to an age representative cross-section in US neighborhoods. (*Moorman, Stokes & Robbins, 2016*)
- Older and younger adults are moderately segregated at the similar level as segregation between Hispanics and non-Hispanic Whites. (*Winkler, 2013*)

A Generations United/Eisner Foundation 2017 survey included among 2,171 U.S. adults ages 18 and older.

- More than half of respondents (53 %) reported that aside from family members, few of the people they regularly spend time with are much older or much younger than they are.
- Young adults (ages 18-34) appear to be the most isolated from other generations, with 61 percent reporting a limited number of much older or much younger acquaintances.

3. Loneliness and Social Isolation

- Approximately 11% across the life course
- Curvilinear – Highest in adolescence
- Increasing prevalence
 - A 2016 General Social Survey estimates 1 in 4 have no confidant
 - 1 in 2 without a close contact if exclude family members



The rate of Americans who live alone has grown steadily.

1920 - 5% lived alone

2013 – 27% lived alone

(Current Population Survey, Census Bureau)

Risk factors for social isolation in *later life* include: advanced age, widowhood, male, functional impairments (physical and mental), limited mobility, rural.

Dutch Model

- Humanitas - Netherlands
- Students spend 30 hours per month acting as a good neighbor
 - *Watch sports, celebrate birthdays, companionship to seniors when they are ill.*
- Started following student complaints of noise and poor conditions in student housing
- 6 students/160 seniors

Design

Sample of convenience

- Letter out to all students – 5 initial interest
- Interviews including staff and residents
- Time frame of study (initially thought shorter)

Design

Measures

- Age Semantic Differential (ASD)
- Semi-structured interview baseline, 6, 12, & 19 months with residents, staff and students.
- Quip App
- Monthly meetings with students; intermittent meetings with staff.

Design

Student benefits

- Room and board (2 meals/day)
- Utilities, wifi, parking

Expectations

- Activities
 - *Group and individual activities, mealtime, conversation*
- 30 hours per month
- Good neighbor
- Follow facility guidelines

Resident Experience

Student Reflections: Living in an Assisted Living Facility

- Friendship
- Perspectives on Aging
- Implications for Occupational therapy
- View of the ALF culture

Friendship

- You are not entitled to friendships, friendships take time.
- Don't be a hero
- The power of touch
- Take care of yourself



Perspectives on Aging

- Positive outlook is critical
- Health status impacts loneliness
- People stick to what they know
- The unknown is scary



View of the Culture

- A culture of learned helplessness and a lack of independence.
- Activities aren't necessarily tailored to client needs.
- Residents engaging in occupations.
- Staff support groups.
- Creating roles amongst staff.
- Creating a mission that employees can buy into.



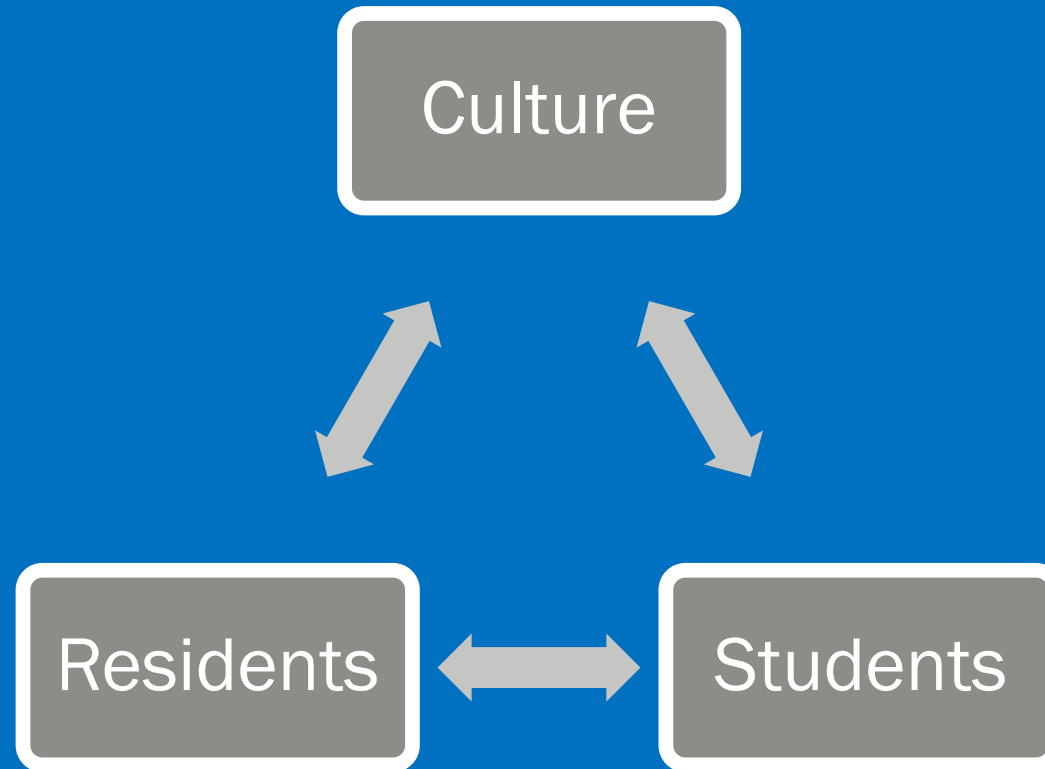
Implications for OT

- Activities should be tailored to client needs
- ALFs are at risk of having a culture of learned helplessness and a lack of independence
- Role continuation leads to greater fulfillment

What we have learned!

- Private rooms
- Better communication with broader staff
- Ensuring clear expectations regarding students' roles and responsibilities
- The specific facility culture shapes perceptions and experiences for the students beyond individual relationships.

Influences



Culture of Institutional Living

- Isolation (each other and families)
- Pride – willingness to accept help
- Level of disability/ability to engage/not conducive to independent living (physical/cognitive/depression)
- Lack of control (meals, fire, snow removal)
- High SES

Future Expectations

- Uncertain!

Questions???